2025 – 2045



ONTARIO STAKEHOLDER'S NICOTINE ACTION PLAN

A Shared Roadmap to Reduce Nicotine Use Across Ontario

FOREWORD

Nicotine addiction, whether through smoking or vaping, remains one of the most significant public health challenges in Ontario. Despite decades of progress in tobacco control, commercial tobacco continues to take a profound toll on individuals, families, and communities. Smoking is still the leading cause of preventable death in the province, contributing to heart disease, stroke, cancer, and chronic respiratory illness.

At the same time, the growing prevalence of vaping, especially among youth and young adults, has introduced a new and rapidly evolving dimension to nicotine dependence. While often marketed as a “safer” alternative to smoking, vaping products carry real risks. The long-term health impacts remain unclear, and evidence is mounting the potential for addiction, respiratory harm, and the renormalization of nicotine use in a new generation. However, vulnerable populations, including people with mental health conditions, lower income communities, and Indigenous peoples, continue to experience disproportionately high rates of combustible tobacco use, reinforcing the need for equity-focused solutions that promote prevention, cessation, and true harm reduction when appropriate.

In response to these complex and evolving challenges, the Lung Health Foundation convened a diverse and passionate group of partners to form the Ontario Nicotine Action Table to co-create the Nicotine Stakeholder Action Plan (Action Plan). This collaboration brought together healthcare professionals, researchers, public health leaders, policy experts, frontline providers, and community-based organizations. The evidence and direction for policy level interventions needed to lower population wide consumption such as taxation/price, availability, legal age of use, enforcement to prevent contraband availability are well established and need enactment. However, the public health care system also needs to respond to this epidemic through meaningful interventions at scale. Together, we examined gaps in the current system, aligned on evidence-informed practices, and identified a set of strategic, actionable priorities that can be implemented across sectors.

The Action Plan represents a shared commitment to reducing nicotine use across Ontario through coordinated, evidence-informed action. Developed through collaboration among leaders from healthcare, public health, research, government, and community organizations, the Action Plan provides a strategic roadmap to strengthen prevention, expand equitable access to cessation supports, integrate nicotine treatment across systems of care, and improve accountability through shared measurement. Together, these actions position Ontario to achieve meaningful, long-term reductions in nicotine use while improving health equity and population health outcomes.

We are deeply grateful to the many individuals and organizations who generously shared their time, knowledge, and lived experiences to shape this work. Your contributions were invaluable in grounding this plan in both evidence and empathy.

Together, through ongoing collaboration and commitment, we can reimagine what nicotine cessation and prevention looks like in Ontario and ensure that no one is left behind on the journey toward better lung health and healthier futures.



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OUR SHARED VISION

The Action Plan is the result of a province-wide collaboration. It serves as both a strategic roadmap and a call to action, to integrate prevention and cessation into all levels of care, reduce barriers to access, and ensure that no one is left behind on their journey reducing nicotine use.

We are deeply grateful to all contributors for their insights, expertise, and commitment. This plan belongs to all of us, and together, we can transform the future of nicotine cessation in Ontario.

NORTH STAR GOAL

Ontario's shared ambition is to reduce nicotine use across all age groups to below 5% by 2045.

This goal builds upon Canada's Tobacco Endgame objective of reducing commercial tobacco use to below 5% by 2035, while recognizing that Ontario must also address emerging nicotine products, including vaping products and nicotine pouches. Achieving this goal will require coordinated action across prevention, cessation, policy, healthcare delivery, research, and community leadership.

> **"By 2035, reduce tobacco use to below 5%, and by 2045, reduce nicotine use to below 5% across all age groups in Ontario. Achieve this through equitable access to evidence-based prevention and cessation supports, delivered across integrated systems of care, including primary care, public health, community-based services, acute care, and long-term care—ensuring inclusivity regardless of geography, age, or socio-demographic background."**

Achieving this goal will take coordinated action from organizations across Ontario. Success will depend on strong partnerships, committed leadership, and meaningful engagement with communities, supported by ongoing measurement and continuous improvement. Reducing nicotine use to below 5% by 2045 is an ambitious goal, but can be supported with sustained investments and support of evidence informed tobacco and nicotine control measures.

PURPOSE AND SCOPE OF THE NICOTINE ACTION PLAN

The Action Plan is a 20-year strategic framework designed to bring provincial partners together around a shared vision and measurable North Star goal. It establishes complementary priorities to guide coordinated action across Ontario while allowing organizations the flexibility to implement them in ways that best fit their roles, resources, communities served, and areas of expertise.

This Action Plan serves four interrelated purposes:

1. STRATEGIC ALIGNMENT

Establishes a stakeholder-driven, unified provincial direction aligned with Ontario's North Star.

2. SYSTEM TRANSFORMATION FRAMEWORK

Defines high-impact opportunities to strengthen prevention, cessation, integration, equity, and accountability across the continuum of care.

3. PLANNING REFERENCE TOOL

Supports organizations in aligning internal strategic plans, operational workplans, funding proposals, and partnership strategies with shared provincial priorities.

4. POLICY AND ADVOCACY DIRECTION

Identifies priority policy reforms and system-level shifts that require coordinated advocacy across sectors.

This document operates at the strategic and system level. It does not prescribe detailed operational steps for individual organizations, nor does it represent a binding policy instrument or funding commitment.

The Action Plan is designed to complement and reinforce existing provincial strategies, including the Smoke Free Ontario Strategy, Roadmap to Wellness, Ontario Cancer Plan, Ontario Public Health Standards, and broader chronic disease prevention and health system quality improvement initiatives. Rather than creating a parallel nicotine strategy, ONAT focuses on strengthening system integration, access to evidence-based cessation supports, and shared accountability and collaboration across sectors. This approach is intended to reduce duplication, enhance alignment, and support coordinated implementation across provincial, regional, and community based systems.

Collective progress will depend on distributed leadership, cross-sector collaboration, and sustained investment over time.

RELATIONSHIP TO IMPLEMENTATION

The Action Plan establishes the shared strategic direction for reducing nicotine use across Ontario with two key milestones: 5% by 2035 for commercial tobacco use and 5% by 2045 for nicotine use. It identifies the priorities, system changes, and collective actions required to achieve ONAT's North Star. Responsibility for implementation rests with participating organizations, who will determine how best to integrate these priorities within their respective mandates, strategic plans, and operational contexts.

HOW TO USE THIS ACTION PLAN

This Action Plan is a shared strategic framework and coordination tool designed to guide collective progress toward Ontario's North Star goal. It provides direction for system-level action while allowing flexibility in implementation across diverse settings and mandates.

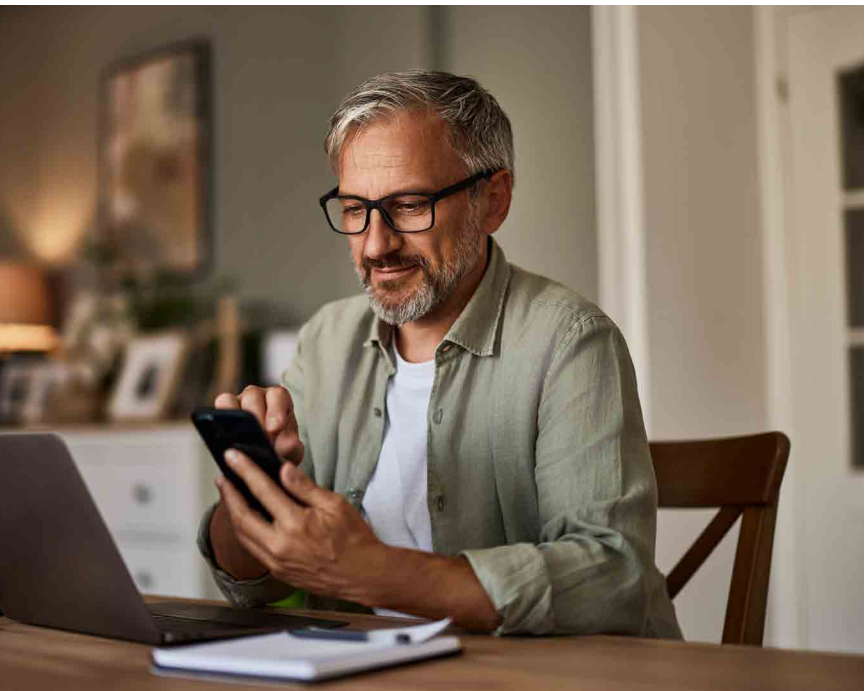
WHAT THIS ACTION PLAN IS — AND IS NOT

This Action Plan is:

- A shared 20-year strategic framework.
- A coordination tool to align planning, partnerships, and investment.
- A reference point for provincial accountability and progress tracking.

This Action Plan is not:

- A detailed operational manual.
- A prescriptive implementation checklist.
- A funding agreement or regulatory instrument.

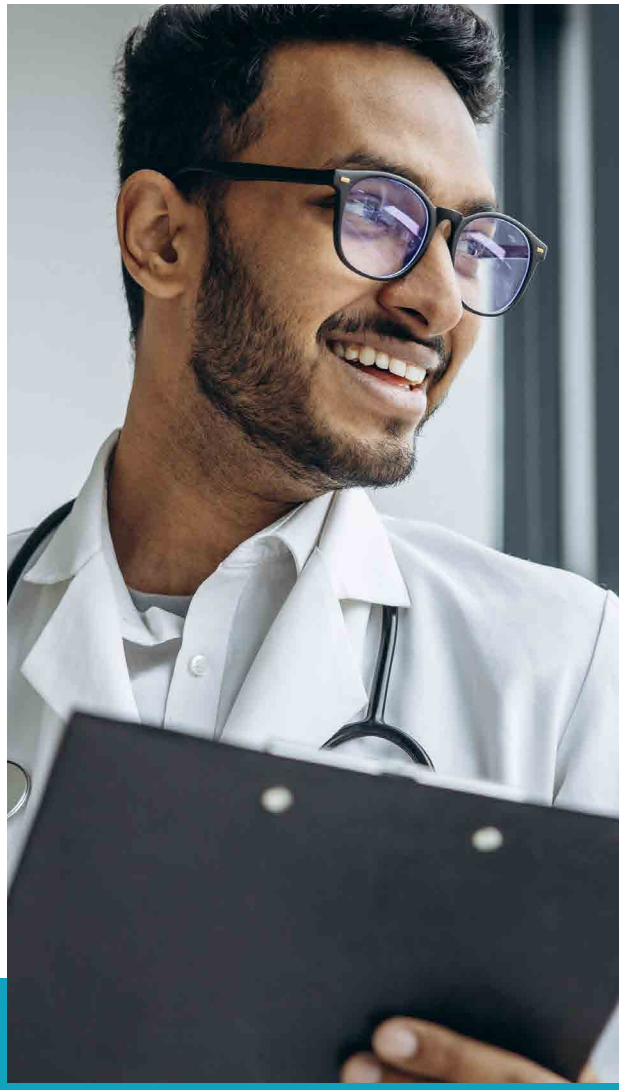


Organizations are encouraged to integrate relevant priority actions into their own strategic plans and operational work based on mandate, capacity, and context.

INTENDED AUDIENCES

This report is relevant to:

- Government and policymakers responsible for public health, healthcare delivery, and health equity
- Health system planners and leaders across primary care, public health, acute care, and long-term care
- Healthcare providers and professional organizations involved in prevention and cessation services
- Community-based and grassroots organizations working with populations most affected by nicotine use
- Researchers, evaluators, and data partners supporting evidence generation and monitoring
- Funders and partners interested in supporting scalable, equity-focused solutions



USING THE ACTION PLAN IN PRACTICE

Organizations and partners may use the Action Plan to:

- Identify priority actions to integrate into annual workplans.
- Inform funding proposals and partnership strategies.
- Benchmark internal programs against system-level direction.
- Strengthen cross-sector collaboration by aligning efforts around shared metrics and principles.

Partners are not expected to implement every action. Rather, progress depends on coordinated contribution, with each organization advancing areas where it can have the greatest impact.

The Action Plan intentionally balances clarity of direction with flexibility of implementation to accommodate Ontario's diverse health system landscape.

IMPLEMENTATION & GOVERNANCE

Implementation of the Action Plan will occur through distributed leadership across Ontario.

- ONAT Steering Committee: Provides strategic oversight and monitors progress toward the North Star. Reviews strategic priorities, approves key deliverables, and provides overall governance.
- Performance Measurement Working Group: Develops the provincial performance measurement framework and advises on progress toward the North Star.
- Policy & Advocacy Working Group: Develops policy recommendations that support implementation of the Action Plan.

This collaborative governance model enables coordinated provincial action while respecting the mandates and expertise of participating organizations.



STRATEGIC REINVESTMENT OF TOBACCO SETTLEMENT PROCEEDS

Canada's Tobacco Settlement, approved by the Ontario Superior Court in 2025, represents a landmark resolution of decades long litigation against major tobacco companies for the health harms associated with tobacco use. Under the court approved settlement, tobacco manufacturers will pay approximately $32.5 billion to resolve claims brought by provinces and territories seeking to recover smoking related healthcare costs, alongside compensation for affected individuals and funding for public interest disease prevention initiatives. A significant portion of the settlement will be allocated to provinces and territories over time, reflecting recognition of the substantial and ongoing burden tobacco use has placed on health systems across Canada.

The tobacco settlement offers Ontario a rare and time-sensitive opportunity to fund the system level transformation outlined in the Action Plan. These funds were secured to recover healthcare costs caused by tobacco-related disease. In this context, the Action Plan highlights the Tobacco Settlement as a timely opportunity for strategic reinvestment in evidence-based prevention, cessation, and system level integration that can reduce future health care costs while extending the public health gains achieved to date.

Reinvesting them directly into prevention and cessation is both fiscally responsible and aligned with the purpose of the settlement. This includes expanding equitable access to cessation services (e.g., behavioral counselling programs, and pharmacotherapy options), embedding consistent nicotine screening and referral across care settings, strengthening youth prevention efforts, and scaling evidence-based, personalized quit supports. Funds could also support provider training, standardized clinical pathways, improved access to pharmacotherapy, and better integration across primary care, public health, community services, long-term care, and hospitals.

Importantly, the settlement creates an opportunity to invest in the infrastructure required for lasting change. This includes real-time data systems to monitor progress, equity focused performance measurement, community led programming and sustained public awareness efforts. It can also support policy and enforcement efforts that reduce youth access, limit product availability, and prevent further renormalization of nicotine use.



WHY ACTION IS URGENT

Tobacco use continues to impose a substantial and preventable burden on Ontario's healthcare system. Each year, smoking-related harm drives significant demand across acute care services, including 125,384 emergency department visits, 3,718 hospitalizations for acute conditions, 33,395 ambulatory care visits, 1,384 intensive care admissions, and 86,887 additional acute care encounters[1].

Behind each of these figures are individuals and families experiencing avoidable illness, and a healthcare system absorbing preventable pressure. Ontario has made substantial progress in reducing tobacco use over the past several decades through the Smoke Free Ontario Act and Strategy, resulting in fewer smoking-related illnesses, avoided hospitalizations, and significant healthcare cost savings. These gains, driven by sustained public health action and system investment, demonstrate that tobacco control is both effective and highly cost-efficient. However, tobacco and nicotine use continue to impose a preventable burden on the health system. Strengthening access to evidence-based cessation supports represents an opportunity not only to sustain past progress, but to further reduce avoidable illness, healthcare utilization, and long-term costs, particularly as new nicotine products reshape patterns of use.

The economic impact further underscores the urgency for action. Smoking-related risk factors impose an estimated $7.0 billion in direct healthcare costs annually in Ontario[2]. This estimate does not fully capture the broader societal consequences, including lost productivity, disability, long-term care needs, and intergenerational health impacts.

At the same time, vaping and other nicotine products represent a growing and compounding public health concern, particularly among youth and young adults. Nicotine exposure during adolescence is well-established to disrupt brain development, affecting attention, learning, mood regulation, and impulse control, and increasing susceptibility to long-term dependence[3]. Early nicotine exposure is also associated with a greater likelihood of subsequent combustible tobacco use, contributing to sustained or increased lifetime exposure to smoking-related harms[4].

Emerging evidence indicates that vaping is not a benign alternative to combustible tobacco. Recent longitudinal and mechanistic studies have identified measurable cardiovascular and respiratory effects associated with electronic nicotine delivery systems, including airway inflammation, impaired lung function, and symptoms that mirror early tobacco-related disease pathways[5-7]. While long-term population data are still evolving, new findings also point to biological changes linked to carcinogenesis and DNA damage, raising concern about the potential future cancer burden of sustained vaping exposure[8]. In parallel, vaping is increasingly recognized as a distinct driver of nicotine dependence, particularly among youth, with patterns of frequent use, escalating consumption, and difficulty quitting that risk entrenching long-term addiction[4,9].

Together, tobacco smoking and vaping-related nicotine dependence represent interconnected and reinforcing pressures on the health care system. As vaping becomes more prevalent, evidence suggests that increased nicotine availability may sustain or increase overall tobacco consumption, potentially compounding healthcare costs and population health burdens over time. It is equally important to recognize the distinction between products that may contribute to nicotine dependence, and evidence-based interventions designed to treat it. The continued role of Nicotine Replacement Therapy (NRT) is a long-standing safe, effective, and evidence-based intervention for smoking cessation. When used as recommended, NRT remains a cornerstone of tobacco cessation treatment, helping individuals manage withdrawal symptoms while reducing the harms caused by tobacco use. The Action Table recognizes the importance that NRT plays in the broader nicotine ecosystem and supports its inclusion in strengthening access to evidence-based cessation supports as part of a comprehensive approach to addressing nicotine use in Ontario.

Reducing tobacco and nicotine dependence is a public health priority and a strategic health system imperative. Meaningful reductions in tobacco use represent one of the most cost-effective opportunities to improve population health, reduce avoidable healthcare utilization, and relieve long-term system pressure.

The scale and complexity of this challenge demand coordinated prevention efforts, expanded cessation supports across health system settings, and sustained commitment to evidence-informed action addressing both combustible tobacco and emerging nicotine products.

THIS ACTION PLAN SETS OUT A CLEAR PATH FORWARD. THE TIME FOR STRATEGIC AND SUSTAINED ACTION IS NOW.





DEVELOPING THE NICOTINE ACTION PLAN

The Action Plan was developed through a collaborative, evidence-informed process designed to advance equitable and effective approaches to nicotine prevention and cessation across Ontario. Recognizing the complexity of nicotine use and its evolving landscape, particularly with the rapid rise of vaping and new nicotine delivery products, the Lung Health Foundation convened a diverse and interdisciplinary group of partners to co-create a shared and coordinated path forward.

To ensure the Action Plan reflects the varied realities, challenges, and opportunities across the province, we engaged a broad network of experts and stakeholders with deep professional and sectoral expertise in nicotine cessation and prevention. Table partners represented multiple perspectives, including:

- Healthcare providers and clinical experts across primary care, specialty care, and allied health
- Public health leaders and policy professionals
- Community-based organizations working directly in prevention and cessation
- Researchers and academics with expertise in tobacco control, vaping, addiction, and health equity

Engagement took place through a series of structured planning sessions, facilitated roundtables, and targeted consultations. A consensus-based modified Delphi approach was used to support structured deliberation, incorporate diverse viewpoints, and build alignment across sectors. Through this process, Partners worked collaboratively to:

- Review the available evidence to develop a shared understanding of the current landscape, including best practices and emerging research related to nicotine use, prevention, and cessation.
- Align on a shared overarching goal, ensuring that all proposed strategies are evidence-informed, data-driven, and responsive to evolving population needs.
- Identify key priority areas and define clear, measurable action items for each, supporting coordinated implementation, accountability, and alignment across partners and sectors.
- Assess current challenges, service gaps, and emerging trends in nicotine use and cessation across populations and care settings, with particular attention to equity-deserving groups and broader system pressures.
- Prioritize scalable, feasible, and actionable solutions that can be implemented across diverse settings and sustained over time to drive meaningful, population-level impact.

This rigorous and transparent process ensured that the Action Plan is grounded in evidence, system expertise, and practical implementation considerations. The result is a cohesive, forward-looking plan that reflects cross-sector collaboration and provides a strong foundation for coordinated action across Ontario.



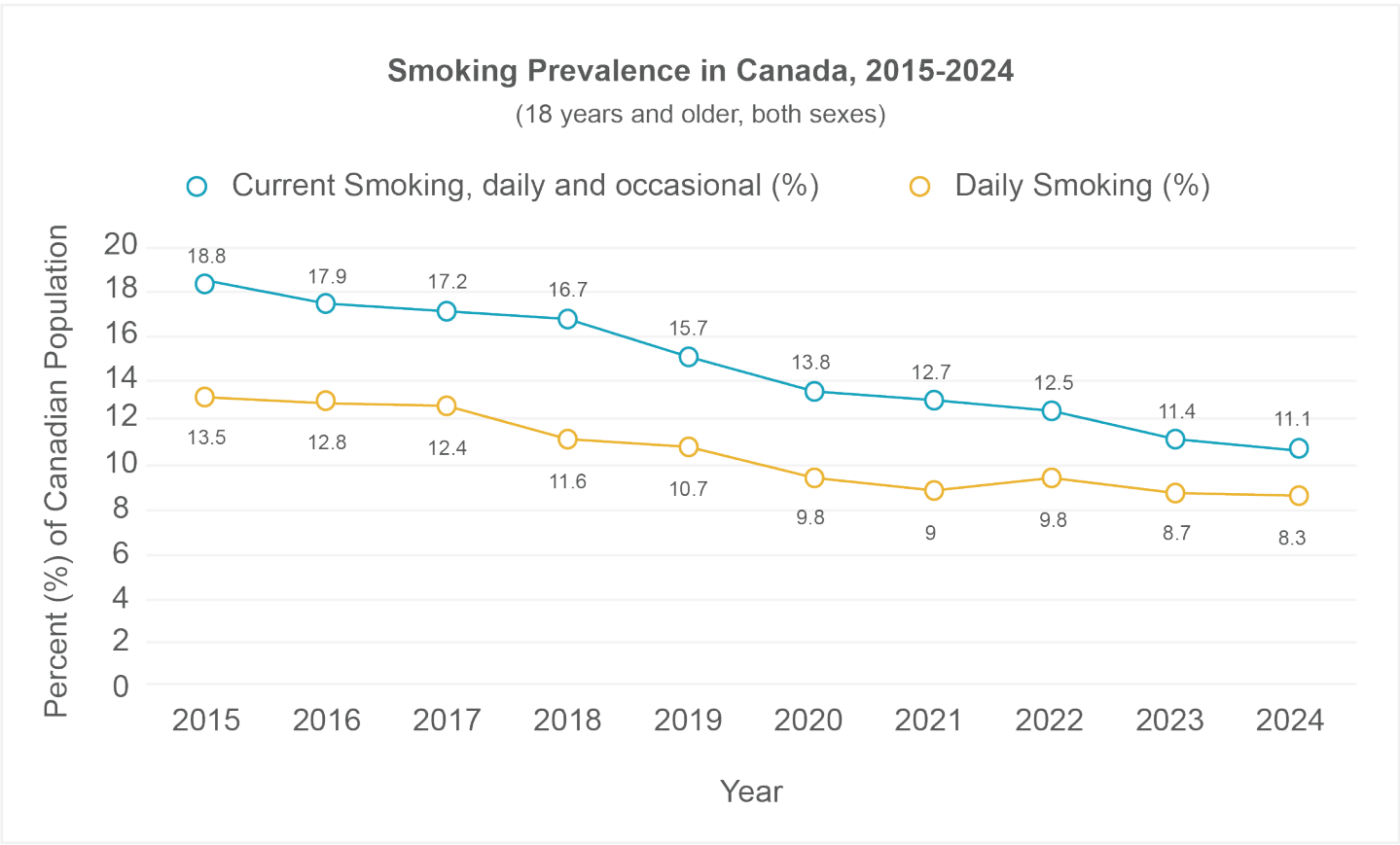
CURRENT TRENDS IN TOBACCO AND NICOTINE USE: WHAT THE DATA TELLS US

Canada has made meaningful progress in reducing tobacco use. Traditional cigarette smoking continues to decline, but the decline is slowing, and some groups continue to have high prevalence. Also, new nicotine products have attracted people who otherwise would not be using tobacco. Thus, nicotine dependence remains a major public health issue. The rapid growth of vaping devices for recreational purposes ensures their easy access, especially to youth, coupled with low uptake by people who continue to smoke, and ongoing disparities in access to cessation programs (e.g., behavioral counselling, NRT access) pose substantial challenges to the elimination of tobacco use in society. Some notable challenges related to equitable access to smoking cessation programs include lower socioeconomic status, limited access to primary care, insufficient tailored support like culturally relevant programs to marginalized groups, and gaps in service availability, particularly in rural areas[10-13].

While existing surveillance provides important insight into tobacco and nicotine use, delays in reporting and challenges measuring rapidly evolving products mean current data may not fully capture real-time patterns or emerging risks. These limitations reinforce the need for more timely, integrated data systems, as outlined later in this Action Plan, to support responsive decision-making and accountability.

TOBACCO AND NICOTINE USE AMONG ADULTS IN CANADA

Figure 1. *Smoking prevalence among adults in Canada (excluding Territories) from 2015 to 2024. Data from the Health Indicator Statistics – Annual Estimates 2025*[14]



According to Statistics Canada's Health Indicator Annual Estimates[14] smoking prevalence in Canada has been declining since 2015 (Figure 1). However, 3.6 million Canadians still smoked cigarettes daily or occasionally in 2024, unchanged from 2023[14]. Specifically, among Canadians adults aged 18 years and older, the rate of any cigarette smoking (i.e., daily or occasional) was 11%, unchanged from 2023. Between sexes in 2024, 13.1% of adult males and 9.2% of adult females currently report cigarette use to some degree[14]. Meanwhile, daily smoking among Canadian adults remained relatively stable, at 8.7% in 2023[14] and 8.3% in 2024[14], and by sex, daily cigarette use was 9.6% among males and 7% among females[14].

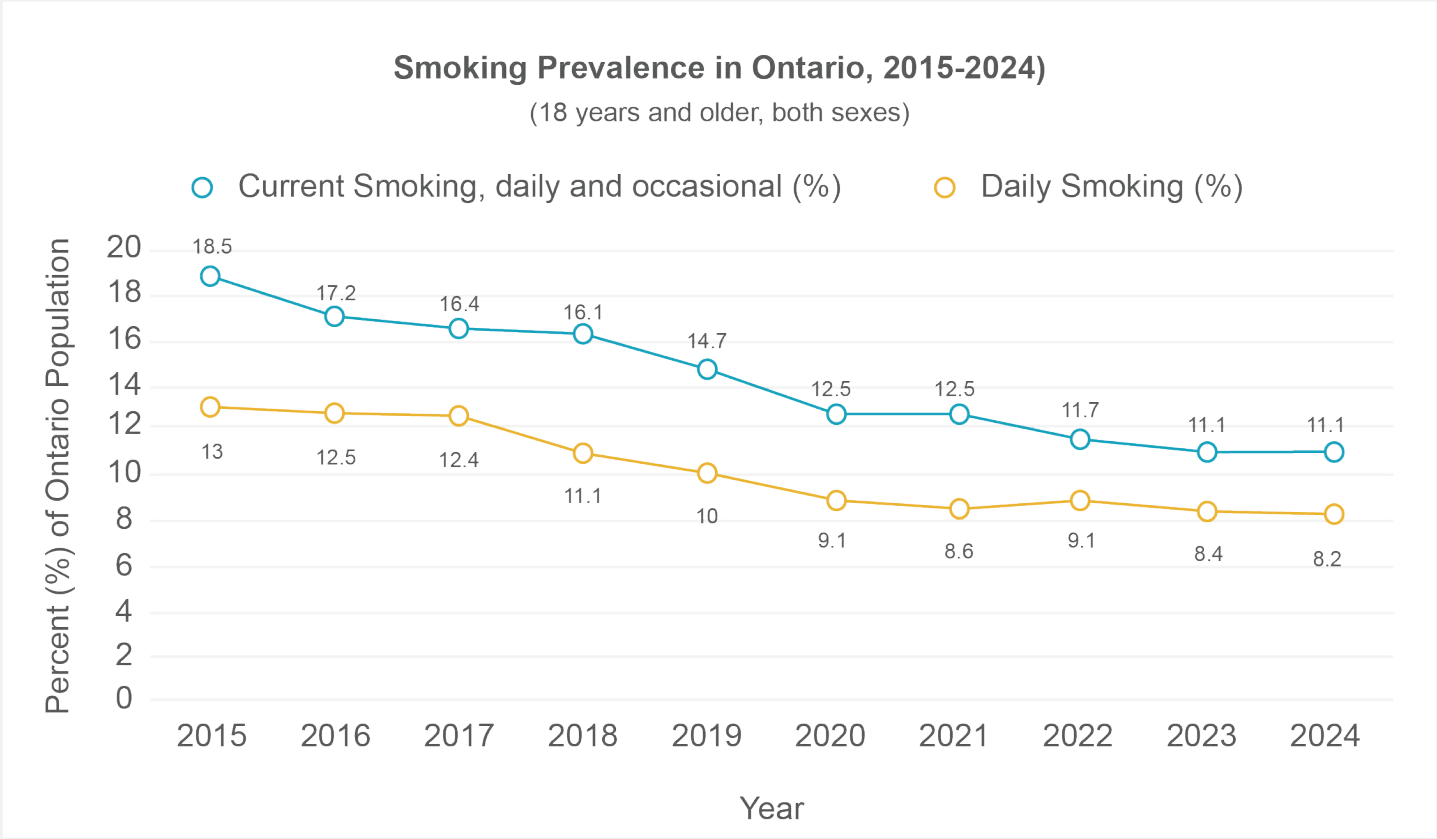
Regarding vaping, Statistics Canada reports that ever use of vaping devices among adults (18+) was 17.4% in 2023 and 18.0% in 2024, indicating a rising trend[14]. Further, the current vaping prevalence – defined as individuals who used a device within the past 30 days – stood at 5.9% among Canadians adults aged 18 years and older (males = 6.7% and females = 5.0%) in 2024[14].

Collectively, these findings illustrate that while progress has been made in reducing cigarette smoking, nicotine dependence remains widespread and persistent. The stability in the absolute number of people who smoke, alongside continued use of vaping products, underscores the need for a renewed and coordinated approach to prevention and cessation. Intentional system-level action is still required to address nicotine dependence and long-standing inequities in access to support. Without an integrated approach, current gains in nicotine dependence and smoking habits risk plateauing or reversing. By strengthening evidence-informed strategies with equity-inclusive perspectives, reductions in nicotine use can continue to decline across Ontario.



TOBACCO AND NICOTINE USE IN ONTARIO: CONTEXT WITHIN CANADIAN TRENDS

Figure 2. *Current and daily smoking prevalence among adults in Ontario from 2015 to 2024. Smoking prevalence among adults in Ontario from 2015 to 2024. Data from the Health Indicator Statistics - Annual estimates 2025[14].*



Over the past 20 years, the number of people who smoke tobacco in Ontario has steadily declined (Figure 2). As of 2024, approximately 11% of the adult population reported smoking (including occasional cigarettes), down from 15% in 2019[14]. However, overall tobacco use (14.7%) remains well above the Tobacco Endgame goal of less than 5% by 2035[14-16].

Further, while fewer Ontario adults are smoking tobacco, more are using vaping products[14,15,17]. Based on recent data from Statistics Canada, the proportion of adults in Ontario who had ever used a vaping device rose from 17.4% in 2023 to 18% in 2024, showing a shift in usage trends[14]. In addition to smoking cigarettes and vaping, in 2025, 6.4% of adults in Ontario used nicotine pouches, which are newer non-tobacco nicotine products that can lead to nicotine addiction and future tobacco use[18]. Similarly, among Ontario youth in grades 7-12, approximately 6% reported past-year use of nicotine pouches, with significantly increasing with grades[19]. This trend reflects a shift in nicotine dependence rather than its elimination.

The rising use of vaping products and nicotine pouches among Ontario youths signals the renormalization of nicotine consumption through new delivery systems that are not yet fully integrated into existing prevention and cessation frameworks[20-22]. Without intentional system redesign, gains made in reducing smoking risk may be offset or reversed by the emergence of a new generation of Canadians living with nicotine dependence.

TRENDS IN YOUTH VAPING ACROSS CANADA

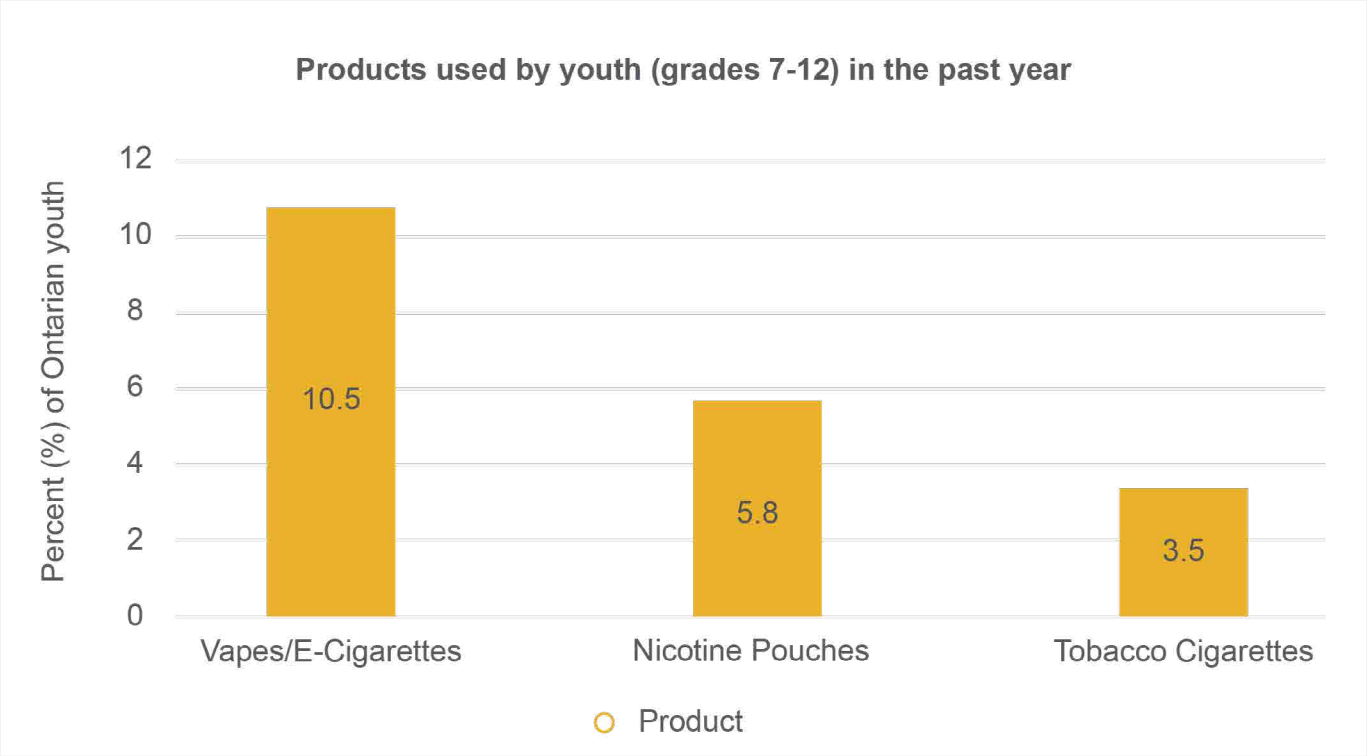
Vaping in Canada has increased significantly among youth over the past decade[23,24]. Initially marketed as a less harmful alternative for adults who smoke, vaping products, especially those containing nicotine, have raised growing public health concerns primarily due to their uptake by youth who were never smokers. Increased patterns of vaping use were observed among grades 9–12 in Ontario, where current use rose dramatically between 2013–14 and 2018–19[25]. Over comparable periods, Quebec and Alberta also experienced substantial increases, with prevalence in both provinces roughly doubling[25]. In more detail, according to the Canadian Tobacco and Nicotine Survey (CTNS), by 2022, 30% of youth aged 15 to 19 and 47.5% of youth aged 20 to 24 had ever tried vaping[26]. Furthermore, about 6% of Canadians aged 15 and older reported using a vaping product in the past 30 days. However, this rate was significantly higher among youth aged 15 to 19, at 14%[26]. This trend raises concerns about early adoption of vaping among young Canadians[19].

Understanding the barriers and motivators can inform strategies in addressing vaping and nicotine use among Canadian youth[27]. A commonly reported reason youth across Canada use vaping is to "relax or relieve tension," further driven by the marketing of youth-appealing flavourings[28,29,20]. The availability of various flavours, including their perceived better taste and reduced "harshness" from smoke inhalation, is believed to enhance their appeal among this age group[20,30,31]. According to the ITC Youth Tobacco and Vaping Survey, 63% of Canadian students in grades 7–12 who vaped nicotine in the past month reported using fruity flavours most often[32]. A similar survey found that among Canadian youth aged 15 to 19, fruit-, dessert-, or candy-flavoured products were most preferred, whereas mint- or menthol-flavoured products were less sought after[33]. The popularity of fruity and minty flavours indicates that flavouring may play a significant role in attracting young users.



YOUTH VAPING IN ONTARIO: A CONCERNING TREND

Figure 3. *Use of Vapes, e-Cigarettes and Tobacco-related products in grades 7-12 Ontario in the 2023-2024 school year*[19]



A concerning trend in Ontario is the rising rates of vaping among youth in grades 7-12, with most still too young to purchase vaping products legally[26]. According to the 2025 Ontario Student Drug Use and Health Survey (OSDUHS) report, approximately 11% of students in grades 7-12 reported vaping in the past year (i.e., beyond a few puffs; Figure 3)[19]. Among those who vaped in the last year, most (90%) reported using nicotine, and female students (14%) were twice as likely as male students (7%) to have vaped in the past year[19]. Notably, the likelihood of vaping increases significantly with each grade level, rising from 3% among 8th graders to 17% among 12th graders[19]. The 2025 OSDUHS report recorded nicotine pouch use for the first time; approximately 6% of students used nicotine pouches, and males (7%) and females (5%) were equally likely to use pouches[19].

RISK PERCEPTION AND AVAILABILITY OF NICOTINE PRODUCTS AMONG ONTARIO STUDENTS

Findings from the OSDUHS show that the harms of nicotine are perceived differently by product type. Many youth believe regular vaping is less risky than regular cigarette smoking[2,34]. In the 2025 OSDUHS survey, 58% of youth in grades 7–12 perceived regular vaping as a great risk of harm, while 67% of them perceived regular cigarette smoking as a great risk[19].

Easy access enables use. Youth often obtain cigarettes and vaping products through their social circle, meaning they get these items from trusted sources such as friends and family[19,26,28,35]. Current provincial survey data show that vaping devices and supplies are primarily obtained by buying off or sharing with a friend[19,26]. Fewer youth reported obtaining nicotine products through retail purchases, including convenience stores and gas stations (11%) or an online or physical vape shop (6%)[19]. Further, more than half of Ontario youth reported that nicotine products are readily available to them. For instance, 59.5% of grades 7 to 12 youth indicated that it is “fairly easy” or “very easy” to obtain vapes, an increase from 56% in 2021[19]. In comparison, only 42% of students reported that cigarettes are “fairly easy” or “very easy” to obtain[19].

Understanding how Ontario students perceive the risks associated with different nicotine products is critical. This includes products such as cigarettes, vapes, and emerging nicotine delivery systems. Additionally, it is important to know how easily and how youth access these products. They may access these products through retail outlets, social sources, online sales, or illicit markets. By analyzing these pathways, we can gain valuable insight into gaps in regulation, enforcement, and prevention efforts, and inform effective public health policy and education. Together, these data are essential for designing targeted, evidence-informed interventions that reduce nicotine initiation and support cessation among youth across Ontario.



BURDEN OF SMOKING IN ONTARIO

The burden of smoking-related illnesses in Ontario remains substantial. On average, 17% of deaths, 8.7% of hospitalizations, and 3.4% of emergency department visits from all causes, in people aged 35 and older living in Ontario, are attributed to smoking[1]. These percentages equate to thousands of deaths, hospitalizations, and emergency department visits that are directly attributable to smoking. These health outcomes place significant strain on individuals, families, and the healthcare system, yet are largely preventable.

ATTRIBUTABLE TO SMOKING

Table 1. *Burden of health conditions attributable to smoking in Ontario in 2023[1]*

	Cancer	Cardiovascular	Diabetes	Respiratory	TOTAL
Deaths	7,583	5,122	158	3,810	**16,673**
Hospitalizations	8,469	30,811	661	28,105	**68,046**
Emergency department visits	3,718	33,395	1,384	86,887	**125,384**

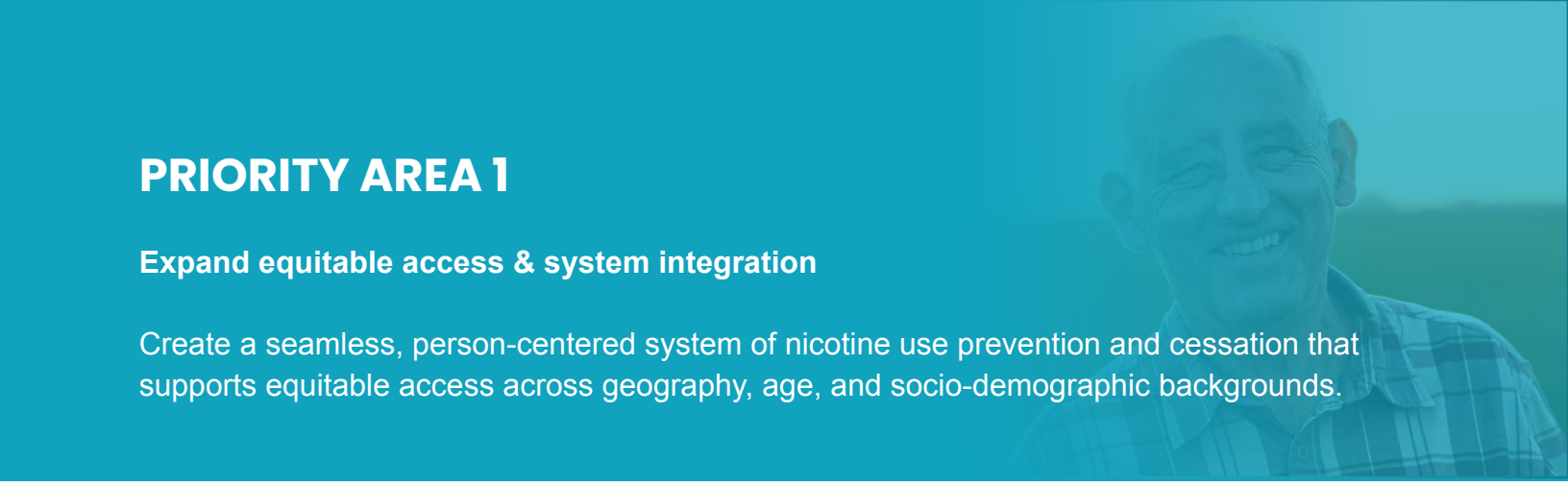
The economic costs of tobacco use further highlight the urgency for sustained investment in prevention and cessation. Each year, billions of dollars in healthcare costs and lost productivity are attributable to smoking in Ontario. The current estimate of the total economic burden of smoking-related risk factors imposes a direct cost of $7.0 billion CAD annually[2]. Unfortunately, this overwhelming amount does not account for the potential long-term impacts of vaping-related nicotine dependence. While vaping is an emerging health threat, available models suggest that greater availability may lead to increased tobacco consumption, associated healthcare costs, and health burdens[31,36].

Alas, these smoking-related harms are not evenly distributed. Populations facing social, economic, and health inequities continue to experience disproportionate impacts. Factors worsening these impacts include ongoing economic stress, structural inequality and racism, limited resources, targeted tobacco marketing, and environmental factors like high retailer density surrounding these populations[37,38]. An integrated approach that is person-centered, forward-thinking, and culturally safe for nicotine prevention and cessation, is necessary.

While progress has been made, the persistence of smoking-related harm and the rise of vaping reinforce the importance of system-wide action that is equitable, integrated, and responsive to emerging trends.

PRIORITY AREAS FOR COORDINATED ACTION

Drawing on the evidence, trends, and gaps outlined above, the following priority areas translate insight into action – identifying where coordinated, equity focused efforts can drive the greatest impact toward reducing nicotine use in Ontario.



PRIORITY AREA 1

Expand equitable access & system integration

Create a seamless, person-centered system of nicotine use prevention and cessation that supports equitable access across geography, age, and socio-demographic backgrounds.

To meaningfully reduce nicotine use to below five percent by 2045, Ontario must build a health and social support system in which every person can access timely, culturally appropriate, and high-quality nicotine prevention and cessation services, regardless of where they live or who they are. While effective cessation interventions exist such as behavioral counselling and NRT, access to these supports remains uneven. Services are often fragmented across sectors, inconsistently funded, and difficult to navigate, particularly for individuals facing barriers related to geography, income, age, language, disability, or experiences of stigma and discrimination.

Equitable access must include equitable funding. Currently, individuals may encounter situations where the same cessation service, sometimes delivered by the same provider, is publicly funded for some populations but requires out-of-pocket payment for others. This creates unnecessary inequities in access and undermines the principle of a universal, person-centered approach. Achieving system equity therefore requires that prevention and cessation pathways be supported by consistent, provincewide funding mechanisms, including OHIP covered access to evidence-based counselling and pharmacotherapy, so that ability to pay does not determine access to care.

This priority area focuses on moving from a fragmented landscape to a truly integrated system of care. It calls for embedding consistent nicotine screening, brief intervention, treatment, and referral pathways into all relevant points of contact, including primary care, hospitals, public health programs, schools, pharmacies, community health centers, long-term care homes, shelters, correctional settings, and youth-serving organizations. Integration across these settings is essential to ensure that nicotine use is routinely identified and addressed, rather than treated as a standalone or optional concern.

Equitable access also requires aligning clinical and community-based services so individuals can move seamlessly between prevention, cessation, and follow-up supports as their needs change over time. This includes strengthening referral pathways, improving information sharing, and reducing administrative and financial barriers that prevent people from accessing evidence-based support, including counselling and pharmacotherapy. Attention must be paid to populations that experience disproportionately high rates of nicotine use and related harms, ensuring services are culturally safe, trauma-informed, and responsive to lived experience.

By coordinating services around the needs of individuals rather than institutional silos, and by ensuring that access is both functionally and financially equitable, Ontario can close longstanding gaps in access and improve continuity of care. A connected, person-centered system will not only improve quit outcomes but also increase efficiency, reduce duplication, and support sustained change. Building this equitable and integrated foundation is essential to achieving the North Star goal and ensuring that progress in nicotine reduction benefits every population across the province.

Health Service Delivery

- Develop and formally endorse a provincewide clinical care standard outlining requirements for nicotine screening, documentation, referral pathways, and follow-up care.
- Implement consistent EMR (electronic medical record) and PMS (pharmacy management system) fields, documentation requirements, and automated prompts to support routine nicotine screening and referral across care settings.
- Design and deploy a centralized, provincewide referral system to streamline access to evidence-based cessation supports.
- Integrate standardized nicotine screening, documentation, and cessation metrics across relevant health and community settings, leveraging existing EMR functionality and quality levers to support consistency, continuity, and system improvement without increasing administrative burden.
- Require standardized screening protocols across hospitals, primary care, public health, cancer centers, chronic disease programs, Ontario Health at Home, long-term care, schools, shelters, correctional/transitional settings, and community hubs.
- Implement screening at minimum annually, or at each new episode of care.
- Ensure screening results and referral status are visible across settings to reduce duplication and improve continuity of care.

Research

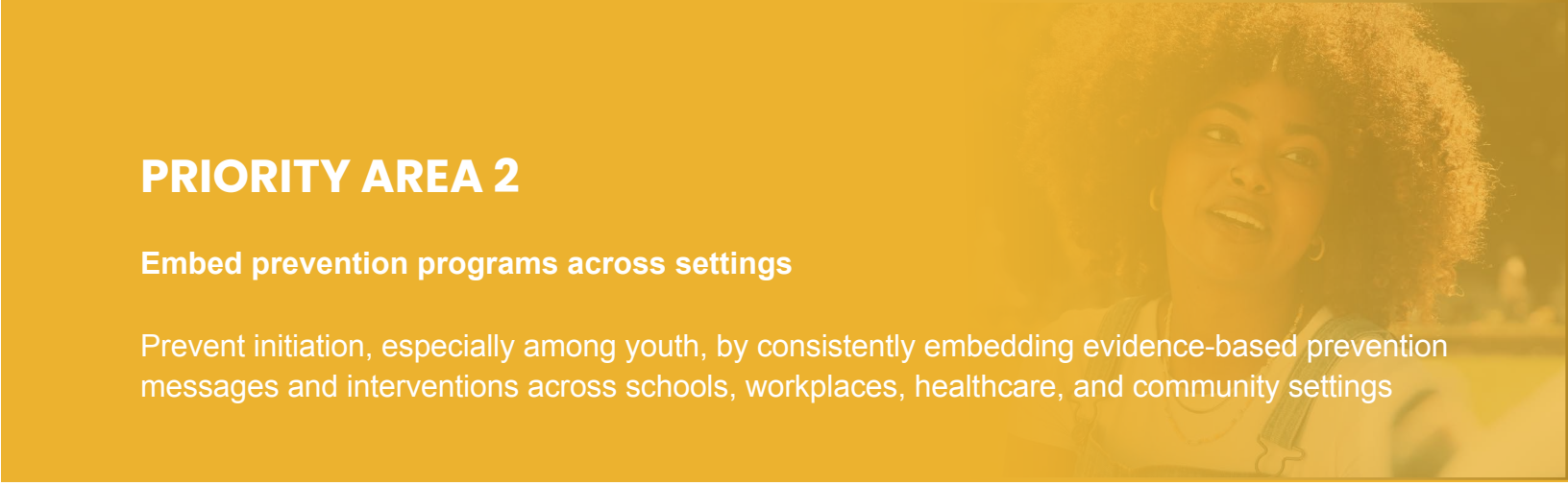
- Analyze selected service performance indicators, such as wait times, dropout rates, referral conversion, and service utilization, across population and geographic dimensions (e.g., rural, remote, urban), as defined by a dedicated working group, to identify disparities and inform quality improvement opportunities.
- Conduct equity focused research, guided by priorities established through a dedicated working group, to identify barriers, assess intervention effectiveness, and generate actionable evidence to improve access and outcomes for priority populations, including Indigenous, racialized, 2SLGBTQ+, low income, youth, and rural/remote communities.

WHAT DOES SUCCESS LOOK LIKE?

By 2045, the above actions will:

- Ontarians, no matter where they live or who they are, can connect with cessation services that meet their needs and context.
- See significant increases in service use in rural, remote, and equity-deserving communities, supported by intentional outreach and partnerships.
- Leverage pharmacies, virtual care, and mobile teams as core components of a flexible, person-centered cessation network.
- Establish consistent use of screening and referral processes across care settings, from hospitals to community organizations.
- Create a more equitable system where all populations experience similar levels of access and success in their quit journey.





PRIORITY AREA 2

Embed prevention programs across settings

Prevent initiation, especially among youth, by consistently embedding evidence-based prevention messages and interventions across schools, workplaces, healthcare, and community settings

Preventing nicotine use before it begins is one of the most effective and sustainable strategies for achieving long-term reductions in prevalence. Most people who use nicotine initiate during adolescence or early adulthood, and early exposure significantly increases the likelihood of long-term dependence and associated health harms. Despite this, prevention efforts across Ontario remain uneven in both reach and intensity and are often disconnected from the everyday environments where young people and adults live, learn, work, and socialize.

Embedding prevention across multiple settings reinforces consistent, nicotine-free norms and reduces mixed messaging. When individuals encounter aligned prevention messages from educators, healthcare providers, peers, employers, and trusted community leaders, those messages are more likely to influence attitudes, beliefs, and behaviors. Engaging families, caregivers, and mentors is also critical, as social environments play a powerful role in shaping initiation and experimentation, particularly among youth.

Equity must be central to prevention efforts. Communities that experience higher exposure to nicotine marketing, social stressors, or barriers to health information require tailored, community-driven prevention approaches. Digital platforms and social media, while presenting risks, also offer important opportunities to reach youth and young adults with credible, engaging, and timely prevention content. Interventions to prevent glamorizing nicotine use, advertising bans and ensuring age verification on online platforms need to be enforced.

Prevention is the most efficient long-term strategy to achieve the North Star goal. By reducing initiation, Ontario can decrease future demand for cessation services, limit the emergence of new nicotine dependence, and protect the next generation from avoidable harm. Embedding prevention consistently across settings will be essential to sustaining progress and ensuring that declines in nicotine use are both durable and equitable.

Health Service Delivery

- Integrate age appropriate nicotine prevention and cessation education into school settings, while leveraging existing roles and trusted touchpoints—including educators, public health unit staff, primary care and community health providers, digital platforms, and peer educators—to reinforce consistent, evidence-informed prevention messaging.
- Implement integrated public health media campaigns that support nicotine prevention among youth and cessation across all ages, using consistent and culturally safe messaging.
- Embed prevention during children, adolescent, and young adult health touchpoints such as immunization visits, school health touchpoints and other preventative encounters (dental screenings); while treating mass media as a complementary initiative with its own metrics.
- Leverage and strengthen existing provincial programs (e.g., Not An Experiment) to standardize and scale high-quality prevention programming across Ontario.
- Establish a systematic approach to track and monitor exposure to nicotine-related marketing among youth and young adults across digital, retail, and social environments. This should include surveillance of advertising volume and placement, influencer and social media promotion, point-of-sale marketing, sponsorship activities, and emerging product promotion strategies.
- Co-design and implement a provincial youth engagement framework to support the meaningful involvement, leadership, and empowerment of young people in nicotine prevention and cessation efforts.

Policy & Advocacy

- Advocate for inclusion of comprehensive, evidence-informed nicotine prevention education in provincial curricula aligned with education standards.

Research

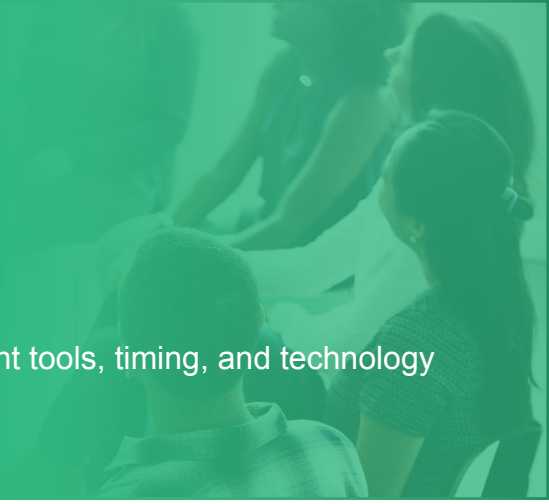
- Evaluate the effectiveness of prevention interventions and adapt programming over time based on evidence and implementation experience.
- Monitor and analyze emerging nicotine products, trends of nicotine use, prevention efficacy, and behavior change across different life stages.
- Invest in longitudinal research to better understand the short- and long-term health, developmental, and behavioral impacts of vaping across the life course. This should include studying respiratory and cardiovascular outcomes, neurodevelopmental effects among youth, patterns of nicotine dependence, dual use with combustible products, mental health impacts, and long-term cessation trajectories. Research should also examine differential impacts across priority populations and generate evidence to inform clinical guidance, regulatory policy, and public health messaging.
- Evaluate the effectiveness of different prevention models (e.g., peer-led, digital, arts-based) across communities.

WHAT DOES SUCCESS LOOK LIKE?

By 2045, the above actions will:

- Normalize nicotine prevention as a shared responsibility across classrooms, clinics, community hubs, and workplaces.
- Create stronger partnerships between educators, public health professionals, families, and youth to ensure messages are aligned and effective.
- Ensure prevention efforts are culturally responsive and relevant to the real-world experiences of young people in every community.
- Work with communities that face higher exposure to nicotine marketing or limited access to health education to co-design prevention strategies that meet their needs.
- Ensure that every Ontarian, regardless of background, has access to clear, credible information that helps them make informed decisions about nicotine use.





PRIORITY AREA 3

Scale up evidence-based cessation interventions

Deliver quit support that meets people where they are, with the right tools, timing, and technology

Quitting nicotine is not a one-size-fits-all process. Individuals vary widely in their patterns of use, motivations to quit, health needs, and lived experiences. Effective cessation support must account for differences in age, cultural context, mental and physical health, socio-economic circumstances, and readiness to change. Yet many Ontarians who want to quit continue to encounter barriers, including stigma, limited access to evidence-based medications, long wait times, digital exclusion, or services that are not designed to reflect their realities or preferences.

This priority area focuses on delivering person-centered cessation supports that are flexible, responsive, grounded in evidence, and empathy. Meeting people where they are means offering multiple pathways to quit, including in-person counselling, virtual and hybrid care models, digital tools and apps including text messaging, peer and community-based support, pharmacist and nurse-led prescribing, and integration with primary care and mental health & addiction services. It also means ensuring that support is available at different points in an individual's journey, recognizing that quitting often involves multiple attempts and periods of relapse.

Accessibility and trust are critical to success. Cessation services should be embedded in settings that people already use and trust, such as pharmacies, community health centers, addiction and mental health programs, schools, workplaces, housing programs including long-term care, shelters, and correctional and transitional settings. Reducing financial barriers to counselling and pharmacotherapy, simplifying referral pathways, and providing services in multiple languages and formats are essential to improving uptake and outcomes.

Equity must remain central to scaling cessation interventions. Populations that experience higher rates of nicotine use, including people with mental health and substance use challenges, Indigenous communities, low-income populations, and those facing housing or employment instability, require tailored approaches that are culturally safe, trauma-informed, and co-designed with lived experience. Technology can play a powerful role in expanding reach, but it must be implemented in ways that do not exacerbate digital inequities.

Strengthening access to evidence-based cessation supports is a core priority for Ontario's health system. Primary care and pharmacies represent two of the most scalable and trusted platforms for delivering cessation interventions, particularly when individuals are attached to regular sources of care and have timely access to cessation pharmacotherapy. Expanding patient attachment in primary care and enabling pharmacy-based prescribing can improve reach, continuity, and effectiveness of quit support, while reducing fragmentation and avoidable downstream health-system use.

By expanding access to personalized, evidence-based cessation supports, Ontario can improve quit success, reduce relapse, and ensure that more people are able to move toward nicotine-free lives. Scaling these interventions across settings and populations will be essential to achieving the North Star goal of reducing nicotine use to below five percent by 2045 and ensuring that progress is both effective and equitable.

Health Service Delivery

- Continue to enable and support health professionals (e.g., pharmacists, nurse practitioners, dentists) to prescribe evidence-based cessation pharmacotherapy within their existing scope of practice, while addressing system barriers related to training, integration, and equitable funding.
- Establish a comprehensive, province-wide program that provides free, universal access to evidence-based nicotine replacement therapy (NRT) and cessation pharmacotherapies to remove cost as a barrier regardless of age, insurance status, or care setting.
- Develop an Ontario-specific smoking cessation clinical care standard, applicable across all institutions providing chronic and acute care. Coordinate audits & QI; align with Ottawa Model where applicable; define requirements for screening, documentation, referral pathways, access to evidence based cessation supports (e.g., counselling and pharmacotherapy), and annual audits for all newly diagnosed patients within these pathways.
- Embed cessation into existing cancer, chronic disease (e.g., cardiovascular, lung disease, diabetes), mental health, lung screening, and long-term care pathways by integrating cessation into routine care standards, standardized protocols, aligned incentives, and partnerships with community support organizations.

Policy & Advocacy

- Advocate for permanent funding for population-specific cessation programs (e.g., LGBTQ2S+, Indigenous, newcomers).

Research

- Analyze real-world usage data to identify which populations benefit most from which types of interventions
- Study quit attempt rates, success rates, and relapse factors across intervention models.
- Evaluate cost-effectiveness and return on investment of various cessation strategies.

WHAT DOES SUCCESS LOOK LIKE?

By 2045, the above actions will mean:

- Ontarians who want to quit nicotine can easily access personalized, evidence-based cessation supports when, where, and how they need them.
- Cessation support is embedded into trusted and accessible settings, including primary care, long-term care, pharmacies, shelters, schools, community hubs, correctional facilities, workplaces, and virtual care platforms.
- A full range of quit options is available, including in-person counselling, digital tools, mobile apps, hybrid services, pharmacist-led prescribing, peer-based coaching, and mental health-integrated care.
- Cessation services are responsive to each person's unique context, including age, cultural background, mental and physical health, housing status, and readiness to quit.
- All regions in Ontario offer low- or no-cost access to both counselling and pharmacotherapy, with simplified referral pathways and multilingual support.
- Providers across sectors use standardized prompts, EMR tools, and care pathways to consistently identify nicotine use and offer timely intervention.



PRIORITY AREA 4

Monitor progress and drive accountability with real-time data

Use timely, disaggregated data to guide decisions, adjust strategies, and measure equity in reach and outcomes



Achieving meaningful and sustained reductions in nicotine use requires a shift from periodic, retrospective reporting to real-time, responsive data systems that support continuous learning and improvement. While Ontario has strong surveillance data, current reporting mechanisms are often delayed, fragmented across sectors, and insufficiently granular to guide timely decision-making. Without detailed, disaggregated data, it is difficult to identify which populations are being reached, where interventions are effective, and where gaps or inequities persist.

This priority area focuses on strengthening data infrastructure that is transparent, accessible, and integrated across health and social systems. It calls for the routine collection and use of key indicators across the prevention and cessation continuum, including initiation rates, quit attempts, relapse rates, service reach, and cessation outcomes. These indicators should be disaggregated by relevant socio-demographic factors such as geography, age, income, gender, ethnicity, and other equity-relevant characteristics, while respecting privacy and data governance requirements.

Monitoring progress also requires making data visible and actionable for those responsible for implementation. Timely reporting and accessible dashboards can support providers, system planners, community organizations, and policymakers to assess performance, identify emerging trends, and adapt strategies in response to real-world conditions. Sharing data transparently fosters accountability, enables cross-sector learning, and builds trust among partners and communities.

Importantly, real-time data supports a learning health system approach, where evidence is continuously generated, applied, and refined. By embedding measurement and feedback loops into program design and delivery, Ontario can move beyond static targets to dynamic, equity-focused improvement. This approach ensures that progress toward the North Star goal is not only measurable but responsive, inclusive, and sustained over time.

Health Service Delivery

- Monitor outcomes such as quit attempts, quit success, product use trends, and re-engagement in services. Start with a minimum viable indicator set (quit attempts/success, reengagement, youth initiation, product trends), quarterly equity disaggregated reporting.
- Establish a real-time province-wide data and surveillance system that leverages existing data sources to track standardized indicators and inform decision-making and quality improvement
- Define and resource provincial data stewardship, including governance, data standards, reporting cadence, and public facing dashboards
- Integrate and link STOP, ICES, ODB, and program-level data to generate near real-time insights and support longitudinal outcome tracking, aligned with OTRU surveillance methodologies and best practices.
- Develop and implement equity-focused measurement frameworks (e.g., Health Equity Impact Assessment [HEIA]) to systematically assess, monitor, and mitigate disparities in program design, delivery, and outcomes.

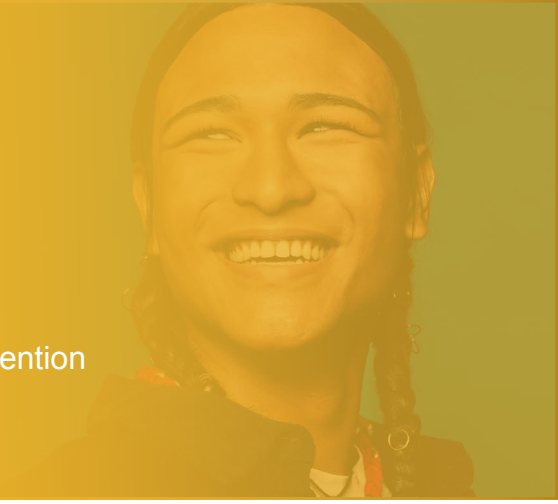
Research

- Study disparities in data collection and reporting practices; build capacity where gaps exist
- Evaluate the impact of real-time feedback loops on service improvement and client outcomes.

WHAT DOES SUCCESS LOOK LIKE?

Together, the above actions will lead to outcomes that:

- Build a real-time, equity-focused data system that helps us learn from what's working and respond to gaps more quickly.
- Make information accessible to the people who need it, whether they are providers, policymakers, or community organizations, so they can act with confidence.
- Collect and use data in a way that respects people's identities and privacy, while still highlighting where inequities exist and where support is most needed.
- Support service planning with tools that show who is being reached, who is quitting successfully, and where services could be improved.
- Shift from reactive reporting to proactive learning, using data to improve care for specific groups such as Indigenous youth, pregnant individuals, or those with mental illness.
- Empower communities and providers with the evidence they need to advocate for tailored, culturally safe programs backed by permanent funding and sustained investment.



PRIORITY AREA 5

Mobilize communities to lead localized action

Empower communities and grassroots organizations to drive prevention and cessation efforts from the ground up tailored to local needs

Communities possess deep, place-based knowledge about the lived realities, priorities, and challenges faced by the people they serve. They also hold relationships of trust that are essential for influencing behavior change, particularly among populations that may be underserved or hesitant to engage with formal healthcare systems. Local organizations, youth leaders, Indigenous communities, peer networks, and grassroots advocates are therefore critical partners in advancing nicotine prevention and cessation strategies that are relevant, credible, and sustainable.

This priority area recognizes that communities are not simply stakeholders to be consulted, but leaders in designing and delivering solutions. Empowering community leadership requires intentional investment in community-led initiatives, including stable funding, capacity-building supports, and flexible program design that allows for local adaptation. Peer-led, culturally grounded, and trauma-informed programs are particularly effective in addressing nicotine use within specific populations and contexts, and should be prioritized and scaled where evidence supports their impact.

Mobilizing communities also means shifting power and decision-making closer to those most affected by nicotine-related harms. This includes ensuring that local voices are meaningfully represented in planning, governance, and evaluation processes, and that community organizations have the autonomy to define success in ways that reflect their values and realities. Indigenous-led approaches, in particular, must be supported through distinctions-based, self-determined models that respect Indigenous knowledge systems and sovereignty.

Community-driven action is essential to reaching populations that system-led programs often fail to engage, including youth, people experiencing poverty or housing instability, newcomers, and those facing intersecting social and health inequities. When communities are resourced to lead, prevention and cessation efforts are more likely to resonate, adapt, and endure over time. This localized leadership will be a key driver of equity, effectiveness, and sustainability in achieving Ontario’s goal of reducing nicotine use to below five percent by 2045.

Health Service Delivery

- Fund and equip grassroots organizations, cultural groups, and Indigenous-led initiatives to deliver culturally relevant prevention and cessation programming. Resource public health units and existing Tobacco Control Area Networks (TCANs) as system anchors, not only as partners, to coordinate local action, reduce duplication, and strengthen integration across community-based tobacco and nicotine control efforts.
- Support the development of community-driven nicotine reduction plans led by local groups, ensuring meaningful involvement of grassroots organizations and honoring the lived and living experience of people who use nicotine and their communities. These initiatives should be aligned with regional and provincial planning structures, including public health units, TCANs, and other system partners.
- Integrate community voices into the design and evaluation of regional health service plans, ensuring responsiveness to local priorities.

Research

- Evaluate practices and innovations emerging from grassroots initiatives.
- Research barriers and enablers of community mobilization, particularly in historically underserved areas.
- Use minimum evaluation standards (mixed methods, common outcomes) to allow aggregation while preserving local tailoring.

WHAT DOES SUCCESS LOOK LIKE?

By 2045, the above actions will ensure:

- Communities across Ontario are leading the charge in nicotine prevention and cessation, bringing local insight, trust, and creativity to the forefront.
- Strong partnerships exist with grassroots organizations, youth leaders, Black communities, and Indigenous organizations that reflect the values and priorities of their communities.
- Community-led initiatives are supported through stable funding and capacity-building investments, enabling locally relevant and culturally safe programming.
- Peer-driven models are embedded across settings, reaching individuals who may be less likely to engage with formal health systems.
- Community voices are central to planning, governance, and evaluation — shaping service delivery and defining what success looks like.
- Municipalities are empowered to implement policies aligned with their local nicotine reduction goals, including smoke-free environments and retailer zoning strategies.



TOBACCO & NICOTINE POLICY

Tobacco control policy continues to be the bedrock on which prevention and cessation achieve measurable results. Policy recommendations are beyond the scope of this document. As part of the governance structure of the Ontario Nicotine Action Table, a separate working group (Policy & Advocacy Working Group) is being established to develop a complimentary document focused on advocacy and policy measures that address tobacco and nicotine use in Ontario.

MOVING FROM VISION TO ACTION

Achieving a nicotine-free future for Ontario is bold, but it is possible. The Action Plan lays out a shared vision for what's next: a province where every person has equitable access to the support, care, and resources they need to live free from nicotine dependence.

But vision alone isn't enough. Real change happens when we move from intention to implementation, when commitments become action, and action leads to impact.

No single organization or sector can drive this transformation alone. Progress depends on the collective will and leadership of healthcare providers, system planners, policymakers, researchers, community organizations, and people with lived and living experience. By working together, across silos and disciplines, we can deliver more coordinated, culturally safe, and person-centered cessation support across the province.

As we move into action, we must also commit to reflection and learning. That means tracking progress, sharing outcomes, and being open to adaptation. It means lifting up what works and being honest about what needs to change. Most importantly, it means holding ourselves accountable to the people we serve.

The path ahead won't be without challenges. But it is filled with opportunity, and with a growing network of leaders who believe in a future where no one is left behind. Together, we can move beyond vision and take bold, coordinated action to transform nicotine cessation in Ontario.

Success will mean more than achieving a numerical target. It will mean an Ontario where every individual has equitable access to high-quality prevention and cessation services; healthcare providers routinely identify and address nicotine use as part of standard care; communities are empowered to lead locally relevant solutions; policy decisions are informed by timely data; and fewer Ontarians experience the health, social, and economic harms associated with nicotine dependence. This is the future envisioned by the Ontario Stakeholder Nicotine Action Plan.

LET'S CHOOSE THAT FUTURE, STARTING NOW.

APPENDIX

STEERING COMMITTEE - ONTARIO NICOTINE ACTION TABLE

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Angeline Ng *– Vice President of Professional Affairs, Ontario Pharmacists Association*

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Carolyn Gall-Casey *– Director, Guidelines and Knowledge Translation, Canadian Cardiovascular Society*

Dr. Charles Gardner *– Former Medical Officer of Health*

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