

**PHASE 2 (GROUP 2 QUESTIONS) OF THE REPORTING INSTRUMENT
UNDER THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Canada
1.2	Information on national contact responsible for preparation of the report:	
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1.3	Signature of government official submitting the report:	
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1.4	Period of reporting	January 2007 - December 2009
1.5	Date the report was submitted	February 27, 2010

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE			
2.1.1	Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>			
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day	
MALES				
Current smokers				
		20.10 %		
Daily smokers				
		15.40 %	16.40	
Occasional smokers				
		4.70 %		
Former smokers				
		33.00 %		
Never smokers				
		46.90 %		
FEMALES				
Current smokers				
		15.70 %		
Daily smokers				
		11.60 %	13.00	
Occasional smokers				
		4.20 %		
Former smokers				
		24.47 %		
Never smokers				
		59.80 %		
TOTAL (males and females)				
Current smokers				
		17.90 %		
Daily smokers				
		13.46 %	14.90	
Occasional smokers				
		4.40 %		
Former smokers				
		28.70 %		
Never smokers				
		53.4 %		

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	Age 15+
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	<p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2008. Data is collected with one decimal.</p> <p>The Group 2 Reporting Instrument adjusts reported data into two decimal places implying a level of precision that is not accurate.</p>
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<p>Current smoker: includes daily smokers and occasional smokers. Determined from the response to the question "At the present time do you smoke cigarettes every day, occasionally, or not at all?"</p> <p>Daily smoker: refers to those who respond "Every day" to the question "At the present time do you smoke cigarettes every day, occasionally or not at all?"</p> <p>Occasional smoker: refers to those who respond "Occasionally" to the question "At the present time do you smoke cigarettes every day, occasionally or not at all?"</p> <p>Former smoker: was not smoking at the time of the interview, however, answered "YES" to the question "Have you smoked at least 100 cigarettes in your life?"</p> <p>Never smoker: was not smoking at the time of the interview and answered "NO" to the question "Have you smoked at least 100 cigarettes in your life?"</p>
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.
	Overall smoking prevalence has declined since 1999. Between 2004 and 2008, the decline in smoking prevalence is statistically significant. From year to year, the change was not statistically significant.

2.1.2	Smoking prevalence in the adult population (by age groups) <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES		
Current smokers ¹ Add age group	25-34	24.00 %
	35-44	21.00 %
	45-54	22.70 %
	55-64	16.90 %
	65+	8.50 %
FEMALES		
Current smokers ¹ Add age group	25-34	18.10 %
	35-44	16.80 %
	45-54	18.80 %
	55-64	16.40 %
	65+	7.10 %
TOTAL (males and females)		
Current smokers ¹ Add age group	25-34	21.10 %
	35-44	18.90 %
	45-54	20.70 %
	55-64	16.60 %
	65+	7.70 %

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:</p> <p>Cigarettes</p>
2.1.2.2	<p>Please indicate the year and source of the data used to answer question 2.1.2:</p> <p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2008. Data is collected with one decimal.</p> <p>The Group 2 Reporting Instrument adjusts reported data into two decimal places implying a level of precision that is not accurate.</p>
2.1.2.3	<p>Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.</p> <p>Prevalence has declined since Group One reporting in the youngest age groups while prevalence has remained steady or slightly increased among those aged 45+.</p>

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	2.40 %
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	FEMALES	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	TOTAL (males and females)	
	Current users	1.30 %
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%

2.1.3.1	<p>Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:</p> <p>Chewing tobacco, pinch, snuff</p> <p>Results for females are unreleasable due to low sample size</p>
2.1.3.2	<p>Please indicate the age range to which the data used to answer question 2.1.3 refer:</p> <p>15-24</p>
2.1.3.3	<p>Please indicate the year and source of the data used to answer question 2.1.3:</p> <p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2008.</p> <p>Data is collected with one decimal. The Group 2 Reporting Instrument adjusts reported data to 2 decimal places implying a level of precision that is not accurate.</p>
2.1.3.4	<p>Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.</p> <p>Used chewing tobacco, pinch, snuff in the past 30 days</p>
2.1.3.5	<p>Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.</p> <p>Overall use of smokeless tobacco remains very low - approximately 1% of the adult population (age 15+).</p>

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>			
		Age group (adults) <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Prevalence (%)</td> </tr> <tr> <td style="text-align: center;"><i>(please include all smokeless tobacco products in prevalence data)</i></td> </tr> </table>	Prevalence (%)	<i>(please include all smokeless tobacco products in prevalence data)</i>
Prevalence (%)				
<i>(please include all smokeless tobacco products in prevalence data)</i>				
MALES				
Current users ² <input type="text" value="Add age group"/>	n/a 	% 		
FEMALES				
Current users ² <input type="text" value="Add age group"/>		% 		
TOTAL (males and females)				
Current users ² <input type="text" value="Add age group"/>		% 		

² Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	n/a
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	n/a
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past three years or since submission of your last report.
	Age group results are not releaseable due to low sample size

2.1.5	Tobacco use by ethnic group(s)					
		Ethnic group(s)	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
			Males	Females	Total (males and females)	
	Current users ³			%	%	%
				%	%	%
		Add ethnic group		%	%	%
				%	%	%
			%	%	%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
	n/a					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
	n/a					
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:					
	Unavailable					

³ Please provide data on either all current users or daily users only, whichever is available.

2.1.6	Tobacco use by young persons			
	Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
Boys				
	Current users ⁴	Grade 5-9	12.20 %	2.50 %
	Add youth group	Grade 10-12	28.50 %	7.80 %
			%	%
			%	%
			%	%
Girls				
	Current users ⁴	Grade 5-9	10.40 %	0.70 %
	Add youth group	Grade 10-12	21.80 %	0.90 %
			%	%
			%	%
			%	%
TOTAL (boys and girls)				
	Current users ⁴	Grade 5-9	11.30 %	1.60 %
	Add youth group	Grade 10-12	25.30 %	4.20 %
			%	%
			%	%
			%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
	Smoking tobacco: cigarettes, pipe, cigars, cigarillos, bidis PAST 30 DAY USE Smokeless tobacco: chewing tobacco, nasal snuff, oral snuff PAST 30 DAY USE Other tobacco: water-pipe/hookah PAST 30 DAY USE			

⁴ Please provide data on either all current users or daily users only, whichever is available.

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	<p>Youth Smoking Survey (YSS) 2006/07.</p> <p>Data is collected with one decimal. The Group 2 Reporting Instrument adjusts reported data into two decimal places implying a level of precision that is not accurate.</p>
2.1.6.3	Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.
	For all tobacco products, current use has been defined as PAST 30 DAY USE
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.
	In Canada, tobacco use by youth has decreased dramatically since 1994. The most dramatic changes were seen among the youngest groups. The low rates of youth tobacco use are unchanged since last reporting.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.2.2	If you answered “Yes” to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	<p>All results for Canadian population, age 15+</p> <p>Exposed inside vehicle: 22.8%</p> <p>Exposed inside someones home: 25.1%</p> <p>Exposed on restaurant/bar patio: 29.2%</p> <p>Exposed inside restaurant: 3.9%</p> <p>Exposed inside bar/tavern: 4.9%</p> <p>Exposed at bus stop or shelter: 16.8%</p> <p>Exposed at entrance to a building: 52.8%</p> <p>Exposed at workplace: 22.1%</p> <p>Exposed at school: 7.5%</p> <p>Exposed at other public place: 30.8%</p> <p>Exposed on sidewalk or park: 54.8%</p> <p>Exposed anywhere else: 4.5%</p>
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	CTUMS 2008. Based on exposure in the past month.

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.3.2	If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 37209														
2.3.3	<p>If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.</p> <p>For 2002 (most recent Canadian data)</p> <table> <tr> <td>Malignant Neoplasms</td> <td>17,427</td> </tr> <tr> <td>Cardiovascular Diseases</td> <td>10,275</td> </tr> <tr> <td>Respiratory Disease</td> <td>8,282</td> </tr> <tr> <td>Intestinal Disease</td> <td>190</td> </tr> <tr> <td>Perinatal Conditions</td> <td>92</td> </tr> <tr> <td>Injury (Fire)</td> <td>55</td> </tr> <tr> <td>Passive Smoking</td> <td>831</td> </tr> </table>	Malignant Neoplasms	17,427	Cardiovascular Diseases	10,275	Respiratory Disease	8,282	Intestinal Disease	190	Perinatal Conditions	92	Injury (Fire)	55	Passive Smoking	831
Malignant Neoplasms	17,427														
Cardiovascular Diseases	10,275														
Respiratory Disease	8,282														
Intestinal Disease	190														
Perinatal Conditions	92														
Injury (Fire)	55														
Passive Smoking	831														
2.3.4	<p>Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:</p> <p>The Costs of Substance Abuse in Canada 2002 released in 2006. The full report and all the supporting tables are available on-line.</p> <p>http://www.ccsa.ca/Eng/Priorities/Research/CostStudy/Pages/default.aspx</p>														

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	<p>If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).</p> <p>The study of the social costs of substance abuse in Canada in 2002 was conducted within the framework of the revised International Guidelines for Estimating the Costs of Substance Abuse (Single et al., 2001) utilizing a modified prevalence-based human capital approach.</p> <p>The economic costs of tobacco abuse in 2002 were estimated at \$17.0 billion (CAD). The largest cost (approximately \$12.5 billion) was for lost productivity due to illness and premature death. Direct health care costs due to tobacco were estimated at about \$4.4 billion.</p>
2.4.3	<p>Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:</p> <p>The Cost of Substance Abuse in Canada 2002, which was released in 2006. The full report and all the supporting tables are available on-line.</p> <p>http://www.ccsa.ca/Eng/Priorities/Research/CostStudy/Pages/default.aspx</p>

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
	Product	Unit (<i>e.g.</i> <i>pieces, tonnes</i>)	Domestic production	Exports	Imports	
	Smoking tobacco products	Cigarettes	Pieces	13923867515. 00	4248560600 0.00	136355146 38.00
	Add product	Cigars	Pieces	23011291.00	11093489.0 0	541114860 .00
		Bidi	Pieces	0.00	0.00	403500
		Krets	Pieces	0.00	0.00	1972820.0 0
	Smokeless tobacco products	Smokeless	Kg	0.00	0.00	27377139. 00
	Add product					
	Other tobacco products	Pipe Tobacco	Kg	0.00	0.00	59364.39
		Fine Cut	Kg	728565.52	0.00	327941.89
	Add product	Kits	Pieces	96079375.00	0.00	0.00
	Tobacco	Leaves	Kg	18.23	0.00	0
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					

	<p>Health Canada reported figures are calculated using 2008 data submitted by the tobacco industry to Health Canada under Section 13 of the Government of Canada's Tobacco Reporting Regulations. Annex 1 to the report provides comparative data over a 3-year reporting period of 2006-2008. The data highlights a significant drop in domestic cigarette production and related rise in imports between 2006 and 2007. This is due to the move by the country's largest tobacco company (Imperial Tobacco Canada) to shift domestic production to facilities in Mexico.</p> <p>For comparison purposes, Public Accounts of Canada 2009 show excise duty revenue of \$1,209,760,374 on cigarettes collected by the Canadian Revenue Agency (domestic production) and excise duty revenue of \$1,150,911,725 on cigarettes collected by the Canadian Border Service Agency (imports). At regular excise duty rates (\$0.425 per 5 cigarettes), this would equal approximately 14,232 million domestic cigarettes and 13,540 million imported cigarettes.</p>
2.5.3	<p>Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:</p> <p>Health Canada reported figures are calculated using 2008 data submitted by the tobacco industry to Health Canada under Section 13 of the Government of Canada's Tobacco Reporting Regulations.</p>

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products	2008	Cigarettes (Cartons)	200 cigarettes(Carton)	379834.00
	Add row	2008	Cigarettes(Un marked bags)	200 cigarettes (bags)	753154.00
		2008	Raw Leaf	kg	18445
	Smoking tobacco products	2008	Fine Cut Tobacco	kg	71962.00
	Add row	2008	Cigars	Individual	178094.00
	Add row	2008	Cigars	kg	314.00
	Smoking tobacco products	2008	Pipe/other	kg	5035.00
	Add row	2008	Waterpipe Tobacco	grams	995090.00
	Add row				
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	<p>Please provide any further information on illicit or smuggled tobacco products.</p> <p>The surveillance, monitoring and enforcement of illicit tobacco products in Canada is jointly managed by the Canadian Border Services Agency (CBSA) and the Royal Canadian Mounted Police (RCMP). CBSA is primarily responsible for the surveillance, monitoring and enforcement of illicit tobacco products at ports of entry. The RCMP is responsible for the surveillance, monitoring and enforcement of illicit activity within Canada's borders. Canada's report on Article 15.5 reflects the combined activities of these two agencies.</p> <p>Clear plastic bags containing 200 cigarettes are the most popular and prevalent illicit product in Canada. They account for a significant proportion of seizures made by law enforcement. It should be noted that these cigarettes originate from different manufacturing facilities, ranging from small organized crime groups, to fully equipped industrial plants.</p>				

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>
2.6.6	Please indicate the source of the data used to answer questions in section 2.6: Data was provided by CBSA and RCMP

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender. Statistics Canada does not collect information specifically on the number of workers involved in tobacco-growing. However, Statistics Canada information does indicate that the number of tobacco farms has decreased from 0.4% of total farms in 2001 to 0.2% of total farms in 2006. The total number of farms in Canada declined during that period from 246,923 in 2001 to 229,373 in 2006. In 2009, approximately 120 licenses to grow tobacco were issued in the Canadian provinces of Ontario and Quebec.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. Based on 2006 data, Statistics Canada reports that 0.0002% of Canada's gross domestic product is a result of tobacco leaf growing.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7: 2001 (Statistics Canada) 2006 (Statistics Canada) 2009 (Provinces of Ontario and Quebec 2009)

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? Data Not Available
2.8.2	How are the excise taxes levied (what types of taxes are levied)? <ul style="list-style-type: none"> • Specific tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Ad valorem tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Combination of specific and ad valorem taxes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • More complex structure (<i>please explain:</i> Please see information provided under section 2.8.7))
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

		Product	Type of tax	Rate or amount	Base of tax ⁵
Smoking tobacco products Add product		Federal Excise Duty-Cigarettes	Specific Tax	17.00	200 Cigarettes
		Federal Excise Duty - Other manufactured tobacco, including fine cut (roll-your-own) tobacco	Specific Tax	2.89	per 50 grams or fraction of 50grams contained in the smallest consumer package
		Provincial/territorial tobacco tax rates on cigarettes and other manufactured tobacco, including fine cut (roll-your-own) tobacco vary by province or territory			Provincial/territorial tobacco tax rates range from \$20.60 to \$53.60 per 200 cigarettes and from \$0.085 to \$0.30 per gram of other manufactured tobacco
		Federal GST (5%) or HST (13%) depending on the province or territory	VAT		Sale Price
Smokless tobacco products Add product		Smokeless Tobacco Products - Federal Excise Duty	Specific Tax	2.89	per 50 grams or fraction of 50grams contained in the smallest consumer package
		Provincial and territorial tax rates for smokeless tobacco products vary by province or territory			Provincial/territorial tobacco tax rates for smokeless tobacco range from \$0.085 to \$0.30 per gram

⁵ The “base of the tax” should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer’s price, 30% of the retail price. In this case the “base” is the manufacturer’s price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

		Federal GST (5%) or HST (13%) depending on the province or territory			Sale Price
	Other tobacco products				
	Add product				
2.8.4	<p>Please briefly describe the trends in taxation for tobacco products in the past three years or since submission of your last report in your jurisdiction.</p> <p>Federal excise duty rates have increased for all categories of tobacco products. On July 1, 2008, the GST rate was reduced from 6% to 5% (14% to 13% for HST). Excise duty rates on tobacco products were simultaneously increased to offset the impact of the rate reduction. Provincial/territorial tobacco tax rates have either increased or stayed the same.</p>				
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p>				
2.8.6	<p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p>				
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> <p>During 2009 / as at April 1, 2009; Federal/Provincial/Territorial Statutes and Regulations, and other information available on government websites.</p> <p>Summary:</p> <p>Tobacco products are taxed by both federal and provincial/territorial governments in Canada. At the federal level, the Excise Act, 2001 imposes an excise duty on tobacco products manufactured in Canada at the time manufacturers package them and on imported tobacco products at the time of importation. Structuring federal excise duty to apply at this early stage in the production and distribution process provides the most secure tobacco tax base. Following packaging or importation, the excise duty is embedded in the price of the product.</p> <p>In contrast to federal excise duties, provincial tobacco taxes are consumption taxes that are imposed on the consumers who purchase tobacco products. The provinces secure their tax base by requiring wholesalers to remit an amount equal to the tax when they supply the tobacco product to other dealers. The dealers then recover this amount from their customers when the tobacco products are sold.</p> <p>For tobacco products, the final consumer selling price will include the federal excise duty, provincial tobacco taxes, GST/HST and, where applicable, provincial</p>				

sales tax.

Federal Excise Duties

Federal excise duties are applied on cigarettes, tobacco sticks, fine-cut tobacco (i.e., roll your own tobacco), cigars, and packaged raw leaf tobacco.

The federal excise duty rates (as of July 2008) for the domestic market are:

- for each 5 cigarettes or fraction of 5 cigarettes in any package: \$0.425
- per 50 grams or fraction of 50 grams of other manufactured tobacco, including loose or 'fine-cut' tobacco for rolling cigarettes and smokeless tobacco, in any package: \$2.8925

Note that other rates apply to cigars, tobacco sticks and packaged raw-leaf tobacco.

Provincial Tobacco Taxes

Provincial tobacco tax rates are set by the provincial/territorial ministries and therefore, vary by province/territory. Provincial tobacco taxes per 200 cigarettes vary from a low of \$20.60 in Quebec to a high of \$53.60 in the Northwest Territories. These rates are subject to change at any time by the province/territory.

Provincial Sales Tax

Two provinces charge provincial sales tax (PST) on tobacco products, Manitoba charges 7% and Saskatchewan charges 5%. These tax rates are consistent with the provincial tax charged on other consumer goods. New Brunswick, Newfoundland and Labrador and Nova Scotia all use the Harmonized Sales Tax (HST), see below, which is administered at the federal level by the Canada Revenue Agency.

Value Added Tax

The Goods and Services Tax/Harmonized Sales Tax (or GST/HST) is levied on most goods and services in Canada, including tobacco products. The GST is levied on an ad valorem basis, at a rate of 5% (13% for HST) of the final selling price.

2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>				
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.				
	Most widely sold brand			Number of units or amount per package	Retail price
Domestic	Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Players Rich Flavour Filter Regular			25	10.25
	DuMaurier Filter King			25	10.25
	Belmont Filter King			25	10.78
		Copenhagen Moist		34 gram	14.79
		Skoal Long Cut		34 gram	14.76
		Skoal Long Cut Mint		34 gram	14.76
			Captain Black (Pipe)	50 gram	22.50
			Old Port Mild (Cigar)	Pack of 8	7.50
			RBH #7 More (Fine Cut)	50 gram	10
Imported	More Menthol			20	9.45
	More 120 mm			20	9.46
	Camel Filter KS			20	9.38

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	January 2010 Ottawa Canada, Independent Smoke Shop
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	Reported in Canadian Dollars \$1 Can = \$0.95 US (January 2010)
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.
	<p>The legal market has been increasingly partitioned between discount and premium brand cigarettes. Canada has seen a decrease in the volume of cigarette sales, likely due to an increase in the availability of contraband. Despite this pressure on the legal market, the average price of legal cigarettes has continued to rise. The rise in the average price, however, has been driven mainly by price increases to premium brands, the market for which is the least affected by competition from contraband.</p>

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2	5.1	If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3	5.1	If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed		
		• a focal point for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a national coordinating mechanism for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5	If you answered “Yes” to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).			

	<p>The Government of Canada's Federal Tobacco Control Strategy (FTCS) is championed by the Controlled Substances and Tobacco Directorate (CSTD) of the Healthy Environments and Consumer and Safety Branch within Health Canada.</p> <p>CSTD supports a tobacco policy unit within the Office of Policy and Strategic Planning, a Litigation Support Division, an Office of Tobacco Research, Surveillance and Evaluation and an Office of Tobacco Regulations and Compliance. Furthermore, other elements within Health Canada have a role to play in tobacco control, including the Regions and Programs Branch, First Nations and Inuit Health and the Public Health Agency of Canada. Canada's Federal Tobacco Control Strategy is also supported by 6 regional offices which fund localized tobacco control initiatives and monitors regulatory compliance.</p> <p>A summative evaluation of the Federal Tobacco Control Strategy is required by Canada's Treasury Board Secretariat, and this work is conducted by CSTD's Evaluation Unit in cooperation with Health Canada's Departmental Evaluation Directorate. The evaluation examines success, cost effectiveness and relevance and covers all funded elements of the FTCS, including other federal government partners. A mid-term summative evaluation was conducted in 2006, looking at the first five years of the Strategy. Evaluation updates are produced annually based on ongoing reviews of community, regional and nationally contribution funded projects; and new estimates developed from econometric and cost effectiveness modelling.</p> <p>Overall, the evaluation of the FTCS continues to indicate success in reducing smoking in Canada and finds that the investment is producing significant cost savings to the health care system and productivity gains in the Canadian economy. Specifically the evaluation notes that - "Sharp declines in smoking in the early years of the FTCS can likely be attributed to the graphic warnings on packages, increases in tobacco control spending, increases in the strength of smoking bans, and increases in the real price of cigarettes". There is some evidence, however, that the impact of price (taxation) and smoking bans are declining, which corresponds to a slowing in the rate of decline of the national prevalence rate.</p> <p>During the fiscal period 2008-09 there were 152 staff positions dedicated to tobacco control with an annual expenditure for tobacco control activities of \$34 million and an additional \$16 million in grants and contribution funding.</p>
3.1.1.6	<p>Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past three years or since submission of your last report.</p>

	<p>Canada has made significant advancements post Group One reporting. New federal legislation, The Cracking Down on Tobacco Marketing Aimed at Youth Act amends existing provisions in the Tobacco Act. The new provisions include banning flavours in cigarillos (little cigars), cigarettes, and blunts (tobacco rolling papers), establishing a minimum package size of 20 for little cigars and blunt wraps and prohibiting tobacco advertising in publications.</p> <p>To reference the Act visit:</p> <p>http://www2.parl.gc.ca/HousePublications/Publication.aspx?Docid=4003270&file=4.</p> <p>Provincial and Territorial jurisdictions have introduced extensive Smoke-free legislation, legislation banning retail displays, and in some jurisdictions restrictions on the licensing of retail locations.</p>
3.1.1.7	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.1.2.1		<ul style="list-style-type: none"> - protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		<ul style="list-style-type: none"> - ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p> <p>Canada has reviewed the Article 5.3 Guidelines in relation to the Canadian policy, legal and constitutional context. Canada has adopted administrative measures, such as Health Canada's policy of not partnering with the tobacco industry on tobacco control programming. Lobbying at the federal level in Canada is regulated under the Lobbyist Registration Act and it is illegal for corporations of any kind to contribute political campaign contributions for electoral purposes. Some provinces also regulate lobbying. Furthermore, the Lobbyist Registration Act introduced a requirement that consultant lobbyists (ie: tobacco related activities) file a return with the Commissioner of Lobbying if they communicate with a designated public office holder (DPOH) under certain conditions. This registry can be searched by anyone through a publicly-accessible Website.</p> <p>Health Canada has discussed the Article 5.3 Guidelines with its federal partner departments and with relevant departments of provincial/territorial governments who are collaborators in the Federal Tobacco Control Strategy (FTCS). Health Canada is considering what, if any, further measures related to the recommendation of the Article 5.3 Guidelines may be appropriate and feasible in the Canadian context. Generally, in Canada the primary channels of communication between governments and the tobacco industry are limited to (i) technical discussions as required by national law in regard to both health and tax-related regulations and (ii) litigation-related responses, as required by national law and practice.</p>			

	<p>In Canada, many aspects of the tobacco industry's health policy, business and marketing activities are matters of public record. In addition, civil society organizations keep close track of tobacco industry activities and maintain web sites, publications etc for this and related purposes. The tobacco industry must report to government on its research and marketing activities pursuant to Regulations of the Tobacco Act. Public access to information about the tobacco industry which is reported to the government is governed by those Regulations and by the Access to Information & Privacy Act, which among other things takes into consideration Confidential Business Information.</p>
3.1.2.4	<p>Please provide a brief description of the progress made in implementing Article 5.3 in the past three years or since submission of your last report.</p> <p>Canada has reviewed the possible implications of Article 5.3 in the Canadian context, has taken steps to inform other federal government departments of the issues involved and is working with subsidiary levels of government to ensure that they are aware of the issues and how to manage them.</p>
3.1.2.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO <i>(with reference to Articles 6–14)</i>		
3.2.1	6	Price and tax measures to reduce the demand for tobacco <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past three years or since submission of your last report.			
	Canada was in compliance with Article 6 prior to ratification.			
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.2	8.2	Protection from exposure to tobacco smoke <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.2.2.1		– protection from exposure to tobacco smoke in indoor workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.2		If you answered “Yes” to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None
		• government buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• health-care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• educational facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• private workplaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• motor vehicles used as places of work (e.g., ambulances, delivery vehicles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify</i> : Designated smoking rooms (DSR) are permitted by a few sub-national jurisdictions in very limited circumstances (eg: in some cases on a compassionate basis) where traditional public spaces are deemed to be residential.(ie: palliative care and addiction treatment facilities where residents have permanent or extended residency). In most instances the compliance regulations renders the DSRs impractical and while permitted they are not widely used.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2.2.3		– protection from exposure to tobacco smoke in public transport?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.2.4		Complete	Partial	None
	<p>If you answered “Yes” to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:</p> <ul style="list-style-type: none"> • airplanes • trains • ground public transport (buses, trolleybuses, trams) • taxis • other (<i>please specify:</i>) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.2.5		– protection from exposure to tobacco smoke in indoor public places?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
3.2.2.6		If you answered “Yes” to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None
		• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify</i> : Group living facilities and specified hotel rooms. Extensive regulations exist for ventilation and for resident use only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2.2.7		Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
		• Protection from exposure to tobacco smoke in indoor workplaces			
		Canada has comprehensive smoke free legislation in public workplaces, primarily governed through sub national jurisdictions. Recognizing that over 98% of indoor workplaces in Canada are smoke free there does exist, in a limited number of jurisdictions, provisions for tightly regulated designated smoking rooms in indoor workplaces.			
		• Protection from exposure to tobacco smoke in public transport			
		National and sub-national jurisdictions provide for complete smoking bans in public transportation. A number of jurisdictions have implemented smoking bans in private vehicles where children are present. (The majority of jurisdictions identify children as under 16 with one jurisdiction under 19 years of age.)			
		• Protection from exposure to tobacco smoke in indoor public places			
		Canada has virtually eliminated smoking in all indoor public places with the exception of group living facilities and specified hotel rooms. The number of designated smoking rooms has been drastically reduced.			
3.2.2.8		Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past three years or since submission of your last report.			
		There have been extensive developments in implementing Article 8. Comprehensive smoke-free legislation has been passed in all sub-national jurisdictions and numerous municipalities in Canada have adopted bylaws or policies to prohibit smoking in public places such as patios, play grounds			

	<p>and parks.</p> <p>Health Canada continues to provide funding for the development of tools, resources, guidebooks and knowledge transfer impacting smoke-free places and the dangers of second hand smoke. NGOs, universities, other governmental departments and agencies have received project funding supporting web based and hard copy resource material impacting smoke-free spaces in the home, car, public places, workplaces and public health and educational facilities. A detailed report on activities supporting the implementation of Article 8 is attached as Annex 2 to Canada's Group 2 reporting document.</p>
3.2.2.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.3	9	<p>Regulation of the contents of tobacco products</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.5	<p>Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past three years or since submission of your last report.</p> <p>The Canadian Parliament recently passed an amendment to the Tobacco Act (The Cracking Down on Tobacco Marketing Aimed at Youth Act, assented to on October 8, 2009). One of the provisions of the new Act is to prohibit the use of additives in cigarettes, little cigars and blunts wraps that contribute to make these products more attractive to youth. The prohibited additives are listed in a new Schedule annexed to the new Act. This list includes most flavouring preparations, spices, seasonings and herbs, sugars and sweeteners, vitamins and mineral nutrients, fruits and vegetables, essential fatty acids, and other additives.</p>			
3.2.3.6	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.4	10	<p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past three years or since submission of your last report.</p>			
		<p>n/a</p>		
3.2.4.4	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			
		<p>The Tobacco Reporting Regulations enacted in 2000 have required that tobacco manufacturers report the content and emissions of consumer tobacco products sold in Canada.</p> <p>Health Canada is making constituents and emission data available upon request to the public. This data is of particular interest to research and health groups. Background and contact information is provided on the Health Canada website at:</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/reg/indust/constitu-eng.php</p>		

3.2.5	11	Packaging and labelling of tobacco products		
		<i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.5.1	11	– requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.2	11.1(a)	– requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.3	11.1(b)	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.4	11.1(b)(i)	– ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.5	11.1(b)(ii)	– ensuring that the health warnings are rotated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.6	11.1(b)(iii)	– ensuring that the health warnings are clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.7	11.1(b)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.9	11.1(b)(v)	– ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.5.10		If you answered “Yes” to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.11		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	<p>Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past three years or since submission of your last report.</p> <p>The Tobacco Products Information Regulations, which came into force in 2000, require pictorial health warnings, and either a toxic emissions statement or a toxic constituents statement on most tobacco products sold in Canada. However, some small-market-share products, such as narguileh, are not required to display a health warning, while some health warnings displayed on cigar packages and pipe tobacco packages do not occupy at least 30% of the main panels. Since Canada's last report, extensive work has been undertaken to fill in these gaps and to improve the overall effectiveness of the current labeling requirements.</p>			
3.2.5.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>Please refer to Annex 3 for activities on packaging and labelling of tobacco products.</p> <p>In responding to 3.2.5.5 regarding the rotational policy on health warning messages, Canada indicates that it has not adopted or implemented policies or programs for the rotation of health warnings. Canada has implemented a process of random display versus rotational for the display of health warning messages.</p> <p>Canada's health warnings are displayed in full colour and in English on one principle display and in French on the other side of the display panel. They</p>			

occupy 50% of the display surface and are positioned in a manner that ensures that none of the words of the warning are severed when the package is opened.

There are a total of 16 separate health messages that are randomly displayed through the market place.

Canada's health warning messages are defined in Federal Regulations (JUS-601413).

3.2.6	12	Education, communication, training and public awareness <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2	If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?			
		• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3	If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?			
		• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• educational background	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• socioeconomic status	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:		
		• health risks of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	12(f)	<ul style="list-style-type: none"> adverse economic consequences of 		
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> adverse environmental consequences of 		
		- tobacco production?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.5	12(e)	<p>– awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:</p> <ul style="list-style-type: none"> public agencies? nongovernmental organizations not affiliated with the tobacco industry? private organizations? other (<i>please specify:</i>)? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		<ul style="list-style-type: none"> health workers? community workers? social workers? media professionals? educators? decision-makers? administrators? other (<i>please specify:</i>)? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past three years or since submission of your last report.</p> <p>Reporting on activities prescribed in Section 3.2.6 presented challenges for Canada. Responsibility for education, communication, training and public awareness is shared between federal provincial and territorial governments. While a number of activities have national application, there are some that are supported in select sub national jurisdictions but not in others.</p> <p>To accurately report activities under Article 12, Canada has responded in the affirmative in instances where activities take place. Activities that vary between sub national jurisdictions are described in the following narrative.</p> <p>In response to question 3.2.6.2 of those jurisdictions that responded, 60% reported No for targeted programs for men, women and ethnic groups and that 60% reported Yes for programs targeted at pregnant women.</p> <p>In response to 3.2.6.3 of those jurisdictions that responded, 66% responded No for delivering educational and public awareness programs by gender and 75% reported No based on cultural background.</p> <p>In response to 3.2.6.5, 55% of the respondents indicated that they do not have participation of private organizations in the development and implementation of intersectoral programs and strategies for tobacco control.</p> <p>In responding to section 3.2.6.7 on the targeting of training program of those jurisdictions who responded 70% reported Yes for community workers, 40% for social workers, 15% Yes for media, 90% Yes for education, 60% Yes for decision makers and 75% Yes for administrators.</p> <p>A number of publications and programs have been developed/supported in implementing Article 12. Annex 4 provides a detailed description and web access as available.</p>
3.2.6.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>Amendments should be considered for future reporting instruments that would better capture sub national reporting data.</p>

3.2.7	13	Tobacco advertising, promotion and sponsorship <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3.				
3.2.7.2	If you answered “Yes” to question 3.2.7.1, does your ban cover:			
		<ul style="list-style-type: none"> display and visibility of tobacco products at points of sales? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the domestic Internet? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the global Internet? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> brand stretching and/or brand sharing? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> product placement as a means of advertising or promotion? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the depiction of tobacco or tobacco use in entertainment media products? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> tobacco sponsorship of international events or activities and/or participants therein? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> cross-border advertising, promotion and sponsorship originating from your territory? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.6	13.4(a)	– prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other media (<i>please specify: Signs in adult only locations and publications provided by mail to a named adult</i>)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past three years or since submission of your last report.			
	Cigarette advertising in Canada is restricted to signs in "adult only locations" such as in nightclubs and direct mail to named adults. Furthermore, Canada has legislated a prohibition of lifestyle tobacco advertising, including a total ban on sponsorship promotion by way of brand names and manufacturers' names.			
3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.8	14	<p>Demand reduction measures concerning tobacco dependence and cessation</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.8.1	14.1	<ul style="list-style-type: none"> - developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	<ul style="list-style-type: none"> - programmes to promote cessation of tobacco use, including: 		
		<ul style="list-style-type: none"> • media campaigns emphasizing the importance of quitting? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • programmes specially designed for women and/or pregnant women? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.3	14.2(a)	<ul style="list-style-type: none"> - design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: 		
		<ul style="list-style-type: none"> • educational institutions? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • health-care facilities? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • workplaces? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • sporting environments? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.8.4	14.2(b)	– inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:			
		• tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• education?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		• primary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialist health-care systems (<i>please specify:</i> Addiction centers)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		• primary health care	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems (<i>please specify:</i>)	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> medical? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are available for the treatment of tobacco dependence in your jurisdiction?			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• varenicline	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of treatment with these products covered by public funding or reimbursement?			
		• nicotine replacement therapy	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• bupropion	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• varenicline	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.13	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past three years or since submission of your last report.				
<p>Demand reduction, in the Canadian context, is a responsibility shared through federal policy and provincial/territorial service delivery. A number of projects have been developed/supported in implementing Article 14. Annex 5 provides a detailed description and web access as available.</p> <p>In responding to Section 3.2.8 Canada was challenged in reporting on variations between the sub national authorities. Responses are provided to those questions that had consistent answers by all jurisdictions. The following narratives addresses the variations between jurisdictions.</p> <p>In 3.2.8.6, of those jurisdictions that responded 50% provided programs for the diagnosis and treatment of tobacco dependence in specialized centers for cessation counseling and 28% responding as having programs in rehabilitation centers.</p> <p>In responding to 3.2.8.7 on reimbursements 22% had full and 88% had partial coverage in primary health care and 50% for full and partial in secondary health care programs. In responding to specialized health care 50% had partial with 25% with full and no coverage. Sixty percent reported partial coverage in specialized centers. In responding to rehabilitation centers 30% had full funding, 20% partial and 50% did not</p>					

	<p>provide funding.</p> <p>In responding to 3.2.8.8 indicating which health care professionals are involved in treatment/counseling programs, 50% of those responding indicated Yes for practitioners of traditional medicine, 71% for community workers, 62% for social workers.</p> <p>In responding to 3.2.8.9 on training curriculum, there was varied response from sub national jurisdictions as education is governed at the sub national level. Of the sub national jurisdictions that responded, 66% did not provide training in medical and dental programs, 57% did not provide training in nursing programs and 50% in pharmacy programs.</p> <p>In response to 3.2.8.10 50% responded Yes.</p> <p>In response to 3.2.8.12 on funding for NRT the majority of jurisdictions indicated support for partial funding. Specifically, 70% for NRT, 60% for bupropion and 71% for varenicline.</p>
3.2.8.14	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.3	15.2(a)	– requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.6	15.4(a)	– requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.7	15.4(a)	If you answered “Yes” to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.8	15.4(b)	– enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.9	15.4(c)	– requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.10	15.4(d)	– adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.12	15.6	– promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past three years or since submission of your last report.</p>
	<p>Starting in 2005, Canada implemented an enhanced compliance regime for tobacco manufacturers, an outreach and monitoring program for tobacco growers, and is preparing for the implementation of an enhanced tobacco stamping regime in 2010.</p> <p>Under the enhanced tobacco stamping regime, the current tear-tape stamp will be replaced with a paper stamp that contains multi-layer security features. Stamps will be produced under government contract and their supply will be subject to stringent controls.</p> <p>The new tobacco stamp will provide a reliable indicator of the duty-paid status of tobacco products, will make counterfeit products easier to identify and will provide an additional enforcement tool for federal and provincial authorities.</p>
3.3.1.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18 ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8.				
3.3.2.7	16.1(d)	If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> • to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past three years or since submission of your last report.</p> <p>In response to 3.3.2.5 two Canadian territories, Yukon and Nunavut have legislation prohibiting candy or sweets that look like tobacco products. In response to 3.3.2.7 regarding vending machines the federal Tobacco Act bans vending machines in public places except in bars.</p> <p>Several provinces/territories go further. Ontario, Quebec, NS, PEI and Nunavut have banned vending machines. So vending machines can remain legal in some parts of Canada.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	<p>Provision of support for economically viable alternative activities</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>			
		<p>Have you adopted and implemented, where appropriate, measures or programmes on any of the following:</p>			
3.3.3.1	17	<p>– promoting economically viable and sustainable alternatives for:</p>			
		<p>• tobacco growers?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Not applicable</p>
		<p>• tobacco workers?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Not applicable</p>
		<p>• tobacco individual sellers?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Not applicable</p>
3.3.3.2	<p>Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past three years or since submission of your last report.</p>				
		<p>Agriculture and Agri-Food Canada (AAFC) has been supporting tobacco producers who wished to exit the production of tobacco to transition to other crops or seek other sources of income. The federal Tobacco Transition Program provided about \$285 million in 2009 to tobacco producers to help them exit the sector. The majority of Ontario tobacco producers agreed to transition out of tobacco production under this program.</p> <p>For further information, visit: http://www.agr.gc.ca/cb/index_e.php?s1=n&s2=2009&page=n90105</p> <p>AAFC also provided funding (\$15 million over 3 years) to the Sand Plains Community Development Fund, as part of the Tobacco Transition Program, to assist rural communities in the tobacco growing regions of Southern Ontario to transition to a non-tobacco based economy. Priority sectors include agribusiness and food industry, tourism, green products, renewable energy, food processing and manufacturing. Preference is being given to projects that 1) support rural communities /stakeholders to identify, develop and plan for new economic opportunities in line with regional priorities and 2) support the development and implementation of targeted strategies to attract and retain workers, entrepreneurs, residents and visitors, and investment to the region.</p> <p>For further information, visit: http://www.sandplains.ca/</p> <p>Under Growing Forward, the new policy framework for Canada’s agriculture, agri-food and agri-based products industry, federal/provincial/territorial governments have launched a new suite of business risk management (BRM) programs. These programs, which include AgriInvest, AgriStability, AgriInsurance and AgriRecovery, are intended to help mitigate downward fluctuations in producer incomes from the whole farm entity, increase producer capacity to manage business risk</p>			

	<p>from unexpected events, and improve capacity to respond to and recover from risk events to animal-, plant-, and production-related resources. These BRM programs are the main vehicle used by governments to directly support the primary agriculture sector in Canada.</p> <p>The BRM programs are available to tobacco farmers. However, there are no BRM programs that are specifically designed for tobacco farmers to help them pursue economically viable alternative activities.</p> <p>In addition, under AAFC's federal/provincial/territorial Growing Forward agreement, federal funding is being used by some provinces to design and deliver business development programs that can offer access to expert advice, business planning services and farm training. Tobacco producers may be eligible participants in these programs, and this may help them plan their transition to other crops and provide them with an opportunity to acquire the skills they may need in order to grow a different crop.</p> <p>For further information, visit:</p> <p>http://www4.agr.gc.ca/AAFC-AAC/display-afficher.do?id=1244131188292&lang=eng#anc-1</p> <p>http://www4.agr.gc.ca/AAFC-AAC/display-afficher.do?id=1244131188292&lang=eng#anc-1a</p> <p>The following programs may also help tobacco farmers.</p> <p>Agriculture and Agri-Food Canada (AAFC) currently offers the Advance Payments Program (APP) to help farmers by improving their access to credit as a means of improving their cash flow.</p> <p>The Agricultural Marketing Programs Act (AMPA), which gives the authority for the APP, allows producers (including tobacco farmers) to receive a cash advance of up to a maximum amount of \$400,000 of which the first \$100,000 is interest-free, and as the producer sells his-her agricultural product, he/she repays the advance with the interest-free portion repaid first.</p> <p>AAFC also offers the Canadian Agricultural Loans Act (CALA) which is designed to help new and existing farmers and agricultural co-operatives with their financing needs by guaranteeing loans issued by financial institutions. Farmers can use these loans to establish, improve, and develop farms; while Agricultural co-operatives may also access loans to process, distribute, or market the products of farming. Borrowers benefit from advantageous interest rates, lower equity requirements, and flexible repayment terms.</p>
3.3.3.3	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>			
3.4.1	18	Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past three years or since submission of your last report.				
	Health Canada's Pest Management Regulatory Agency (PMRA) regulates pesticides for all agricultural crops, including tobacco. In doing so, it takes health and the environment into consideration.				
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	<p>Liability</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.4.2.1	19.1	– dealing with criminal and civil liability, including compensation where appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.2.4	<p>Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past three years or since submission of your last report.</p>			
		<p>All provinces have proposed or passed enabling legislation to pursue compensation for health damages by the tobacco industry.</p> <p>In March 2008, New Brunswick launched a health care cost recovery action against tobacco companies. In October 2009, Ontario launched a comparable action, seeking \$50 billion in damages. This is said to represent the health care costs borne by Ontario taxpayers since 1955. Québec has also stated its plan to sue tobacco companies for \$30 billion to offset the cost of tobacco related illnesses, claiming that smoking costs taxpayers in the province \$1 billion a year in direct and indirect costs.</p> <p>Moreover, all other provinces have passed or are in the process of passing legislation to enable the pursuit of health care cost recovery against tobacco companies.</p> <p>British Columbia's enabling legislation has been validated by Canada's Supreme Court allowing lawsuits to proceed.</p> <p>The following identifies Canada's provincial legislation:</p> <p>Tobacco Damages and Health Care Costs Recovery Act. sbc2000,C.30 (British Columbia);</p>		

	<p>Crown's Right of Recovery Act (Alberta);</p> <p>The Tobacco Damages and Health Care Costs Recovery Act (Saskatchewan);</p> <p>The Tobacco Damages and Health Care Costs Recovery Act (Manitoba);</p> <p>The Tobacco Damages and Health Care Costs Recovery Act, 2009 (Ontario);</p> <p>Loi sur le recouvrement du coût des soins de santé et des dommages-intérêts liés au tabac (Quebec);</p> <p>Tobacco Damages and Health Care Costs Recovery Act (New Brunswick);</p> <p>Tobacco Damages and Health Care Costs Recovery Act (Nova Scotia);</p> <p>Tobacco Damages and Health Care Costs Recovery Act (Prince Edward Island), and</p> <p>Tobacco Damages and Health Care Recovery Act (Newfoundland).</p>
3.4.2.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>The internet addresses for accessing those statutes are listed below:</p> <p>British Columbia:</p> <p>http://www.canlii.org/en/bc/laws</p> <p>Alberta:</p> <p>http://www.qp.alberta.ca/570.cfm</p> <p>Saskatchewan:</p> <p>http://www.publications.gov.sk.ca/details.cfm?p=12640</p> <p>Manitoba:</p> <p>http://web2.gov.mb.ca/laws/statutes/2006/c01806e.php</p> <p>Ontario:</p> <p>http://www.canlii.org/en/on/laws</p> <p>Quebec:</p> <p>http://www.assnat.qc.ca/fr/travaux-parlementaires/projets-loi/projet-loi-43-39-1.html</p>

New Brunswick:

<http://www.ijcan.org/en/nb/laws>

Nova Scotia:

http://www.gov.ns.ca/legislature/legc/bills/59th_1st/3rd_read/b222.htm

Newfoundland and Labrador:

<http://www.canlii.org/en/nl>

3.4.3	20	Research, surveillance and exchange of information <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other relevant information (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.4.3.4	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the cultivation of tobacco?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.5	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pertinent jurisprudence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.6	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
	<p>Canada has signed a Memorandum of Understanding (MOU) with DGSANCO. Furthermore Canada continues to participate in FCTC working groups, has presented in the Americas on smoke-free places, has signed a MOU with Brazil, and engaged with officials from the Tobacco Free Initiative (TFI). Other federal departments and agencies engage in supporting Article 20. The International Development Research Centre (IDRC) and the Research for International Tobacco Control (RITC) carries out its mission through a combination of research, dissemination, strengthening of capacity (mentorships, fellowships, etc) and coordination. Research at the centre advances five priority thematic areas: tobacco farming; health policy and systems interventions for tobacco control; poverty and tobacco; globalization and tobacco; and alternative forms of tobacco use. In addition, RITC supports the FCTC Ratification, Implementation and Evaluation at the country level and advances special projects such as the Gender Responsive Tobacco Control Research Initiative and the African Tobacco Situational Analyses (ATSA) initiative.</p> <p>Canada hosted visits with Mexican and Venezuelan officials addressing information sharing and technical and regulatory matters.</p>			
3.4.3.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	Canada notes that there are no FCTC guidelines for the implementation of on Article 20.			

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	<i>Article</i>	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			
Health Canada supports Articles 22 and 26 through a variety of contribution agreements, grants and contracts totaling in excess of \$1.9 million during the reporting period. These activities support such areas as capacity building, tobacco control policies, online courses, public awareness and central data bases. Annex F to Canada's report provides a listing of funded projects during the reporting				

period.

Supplementing the International Grant Program, Canada has funded the visit of officials from Ghana to work with public sector and NGO tobacco experts, funded sub-national officials to exchange information and best practices on smoke free spaces to developing countries in Central America, and supports the exchange of knowledge and strategies between countries with leading tobacco control programs.

4.8	Please provide information about any assistance provided or received in the space below.
	Please refer to Annex 6 for a detailed list of Canada's international cooperation and assistance.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
	n/a
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please refer to Article 26.4.)</i>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.
	Please refer to Annex 6 for a list of funded activities.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Working with other federal government partners to address the contraband issue, working with sub national jurisdictions to enhance cessation, continue our participation in FCTC working groups on articles 9, 10, 12 and 14 and participating in COP 4.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? <i>(Please refer to Article 21.1(b).)</i>
	nil
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:
	Greater reporting synergies and flexible reporting tools to collect sub

	national activity.
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End of reporting instrument