

Tobacco Use

Definitions

Smoking Tobacco

Daily: 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?"

Occasional: refers to those who respond "Occasionally" to the question "At the present time do you smoke cigarettes every day, occasionally or not at all?"

Smokeless Tobacco

Daily: Numbers are less than 1% in all categories, thus are not provided.

Occasional: Answered "yes" to the question "In the past 30 days, did you use any chewing tobacco, pinch or snuff?"

Core Questions:
Price and Tax Measures to Reduce the Demand for Tobacco

6.2(b) Prohibiting or restricting sales to and/or importations by international travellers of tax- and duty-free tobacco products?

Visitors to Canada and seasonal residents are permitted to bring the following amounts of tobacco into Canada without paying duty:

- 200 cigarettes;
- 50 cigars or cigarillos;
- 200 grams (7 ounces) of manufactured tobacco; and
- 200 tobacco sticks.

If additional quantities are brought into the country full duty and taxes on the excess amount must be paid. Travelers must be out of Canada for at least 48 hours to be eligible to claim these entitlements again.

Core Questions: Protection from Exposure to Secondhand Smoke

Smoke-free legislation exists at three levels of government in Canada: federal, provincial/territorial and municipal. When smoke-free legislation exists at provincial/territorial and municipal levels the strongest measures are generally enforced.

At the federal level, the *Non-smokers' Health Act* (Appendix 3-D) restricts smoking in federally regulated workplaces such as federal government offices, banks and inter-provincial transportation. Section 3(1) of this *Act* requires that “Every employer, and any person acting on behalf of an employer, shall ensure that persons refrain from smoking in any work space under the control of the employer”. However, the *Act* also allows for designated smoking rooms and designated smoking areas.

In addition to the *Non-smokers' Health Act*, the Treasury Board of Canada (the primary employer for the federal government) further restricts smoking in federal government buildings, allowing for designated smoking rooms in limited situations – for example buildings built prior to 1989 do not have to have separately ventilated smoking rooms (see Appendix 4-I for a copy of the policy). The Treasury Board also suggests that departments take measures to reduce the effects of tobacco smoke at building entrances.

Correctional Services Canada also prohibits smoking indoors in all federally regulated prisons. Smoking on prison grounds is restricted to designated areas (see Appendix 4-C).

Six provinces and territories have virtual bans on smoking in both the workplace and public places. A virtual ban means that workplaces and public places are almost 100% smoke-free; designated smoking rooms are only permitted in specific long-term care/residential settings or in designated hotel/motel accommodation. See Section 2 of the appendices for copies of all provincial and territorial smoke-free legislation.

At the municipal level a large number of cities and municipalities have implemented smoke-free legislation. In many cases cities were the catalyst for provinces making the decision to go smoke-free.

The document published by the Non-Smokers' Rights Association entitled “Compendium of 100% Smoke-free Public Place Municipal By-Laws” (Appendix 4-B) contains more information on municipal by-laws restricting smoking. This document also notes municipalities in which outdoor smoking is prohibited (e.g. on bar and restaurant patios and in public parks).

In indoor workplaces

As of December 1, 2006 six provinces and territories (Manitoba, Ontario, New Brunswick, Nova Scotia, Nunavut and the Northwest Territories) have virtual bans on smoking in the workplace. By May 2008, the province of Quebec will also achieve that status.

Some provinces, in addition to their legislation, have policies that prohibit smoking in provincial government buildings.

Please refer to Table 1 for a full breakdown of where smoking is prohibited in indoor workplaces based on federal, provincial and territorial jurisdictions.

In public transport

Due to a combination of the *Non-smokers Health Act* and voluntary restrictions on the part of public transportation providers, Canadians are largely protected from secondhand smoke on almost all public transportation which is under federal regulations. Exceptions would include enclosed smoking rooms in some airports.

In addition, all provinces and territories prohibit smoking in public transport. A number of provinces and territories also prohibit smoking in public transit shelters and stations.

In indoor public places

As of October 1, 2006, nine provinces and territories have virtual bans on smoking in indoor public places (Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Newfoundland and Labrador, the Northwest Territories and Nunavut) meaning that smoking is prohibited and designated smoking rooms are generally not permitted.

Please refer to Table 2 for a full breakdown of where smoking is prohibited in indoor public places based on federal, provincial and territorial jurisdictions.

**Table 1
Smoking Restrictions in Indoor Workplaces**

As of November 1, 2006

Jurisdiction	Government Building	Health Care Facility	Educational Facility	Private Workplace	Residential Care Facility
Federal	Partial ⁱ	N/A	N/A	N/A	Partial ⁱ
Alberta	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ
British Columbia	Full ⁱⁱⁱ	Partial ⁱ	Partial ⁱ	Partial ⁱ	Partial ⁱ
Manitoba	Full	Full	Full	Full	Partial ⁱ
New Brunswick	Full	Full	Full	Full	Partial ⁱ
Newfoundland & Labrador	Partial ^{iv}	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱ
Northwest Territories	Full	Full	Full	Full	Partial ⁱ
Nova Scotia	Full	Full	Full	Full	Partial ⁱ
Nunavut	Full	Full	Full	Full	Partial ⁱ
Ontario	Full	Full	Full	Full	Partial ⁱ
Prince Edward Island	Full	Full	Full	Partial ⁱ	Partial ⁱ
Quebec	Full	Full	Full	Full (2008)	Partial ⁱ
Saskatchewan	Full	Full	Full	Partial ⁱ	Partial ⁱ
Yukon	Full ⁱⁱⁱ	Full ⁱⁱⁱ	Full ⁱⁱⁱ	None	Partial ⁱ

ⁱ Designated smoking rooms required where smoking is permitted.

ⁱⁱ Designated smoking rooms required and those under 18 are not permitted to enter.

ⁱⁱⁱ A provincial/territorial policy is in place prohibiting smoking.

^{iv} Smoking rooms permitted for employees only

**Table 2
Smoking Restrictions in Indoor Public Places**

As of November 1, 2006

Jurisdiction	Cultural	Bars & Nightclubs	Restaurants	Recreational Facility
Federal	Partial ⁱ	Partial ⁱ	Partial ⁱ	Partial ⁱ
Alberta	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ	Partial ⁱⁱ
British Columbia	Partial ⁱ	Partial ⁱ	Partial ⁱ	Partial ⁱ
Manitoba	Full	Full	Full	Full
New Brunswick	Full	Full	Full	Full
Newfoundland & Labrador	Full	Full	Full	Full
Northwest Territories	Full	Full	Full	Full
Nova Scotia	Full	Full	Full	Full
Nunavut	Full	Full	Full	Full
Ontario	Full	Full	Full	Full
Prince Edward Island	Full	Partial ⁱ	Partial ⁱ	Full
Quebec	Full	Full	Full	Full
Saskatchewan	Full	Full	Full	Full
Yukon	Partial ⁱⁱⁱ	Partial ⁱⁱⁱ	Partial ⁱⁱⁱ	Partial ⁱⁱ

ⁱ Designated smoking rooms are required where smoking is permitted.

ⁱⁱ Smoking permitted only if location is not accessible to persons under 18 years of age.

ⁱⁱⁱ The two largest cities in Yukon Territory have strict smoking bylaws. Whitehorse has full smoking restrictions in all public places and Dawson City restricts smoking in all public places accessible to persons under 18 years of age.

Core Questions:

Legislative, executive, administrative and other measures

Regulation of tobacco product disclosures

Canada has adopted tobacco product testing and reporting regulations by way of federal legislation. The *Tobacco Act* (Appendix 3-E), section 7(a-d), authorizes the government to establish standards for tobacco products, including prescribing ingredients (what may or may not be added to tobacco products during manufacture) and test methods for determining toxic emissions and contents. The same section also authorizes the government to prescribe the information manufacturers must provide about tobacco products and their emissions.

Under the *Tobacco Act*, the government has adopted the *Tobacco Reporting Regulations* (Appendix 3-E-4), and the *Regulations Amending the Tobacco Reporting Regulations* (Appendix 3-E-4-a) which outline the information tobacco manufacturers and importers must provide to the Minister of Health. These *Regulations* specify the reporting requirements for the ingredients, manufacturing procedures, sales, constituents, emissions and smoke toxicity by specific product categories (cigarettes, loose tobacco, cigars, kreteks, bidis, etc.). Information collected on constituents and emissions is available from Health Canada by request. For more information on how this information can be obtained please visit: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/legislation/reg/indust/constitu_e.html

The Canadian province of British Columbia was the first jurisdiction in the world to require tobacco manufacturers to disclose on a brand-by-brand basis the contents of cigarettes and the levels of potentially toxic chemicals in tobacco smoke. Section 11(2)(b-c) of British Columbia's *Tobacco Sales Act* (Appendix 2-B-3) allows for regulations "respecting the testing and analyzing of tobacco that is sold, distributed, advertised or promoted in British Columbia" and "requiring a manufacturer, distributor, wholesaler or retailer of tobacco in British Columbia to submit samples for testing or analysis." Test methods, data collection, and reporting for tobacco additives, ingredients and emissions are outlined in the *Tobacco Testing and Disclosure Regulation* (Appendix 2-B-3-b). Information about the smoke constituents in cigarette brands having at least 1.25% market share in B.C. is posted on the provincial website at <http://www.healthservices.gov.bc.ca/ttdr/index.html>

Core Questions:

Legislative, executive, administrative and other measures

Illicit trade in tobacco products

15.2(a) Requiring marking of packaging to assist in determining the origin, destination and legality of the product?

Part 3 of the federal *Excise Act, 2001* (Appendix 3-B) is specific to “Tobacco”; sections 32 to 38 of this *Act* cover the stamping (duty-paid), marking (non-duty-paid) and package requirements for products: manufactured in Canada, imported into Canada and exported from Canada.

Information required on the tobacco product packaging includes the name and address or the licence number of the manufacturer. The place of origin can be determined indirectly from the name or licence number of the manufacturer.

The *Stamping and Marking of Tobacco Products Regulations* (Appendix 3-B-4) enacted under the *Excise Act, 2001* detail the stamping, marking and other information required on tobacco product packages.

The stamp on the ‘unit packets’, (‘CANADA DUTY PAID DROIT ACQUITTE’) indicate that the federal duty has been paid. An absence of the stamp means the product cannot be sold in the duty-paid market in Canada. Markings (‘NOT FOR SALE IN CANADA’ and ‘DUTY NOT PAID CANADA DROIT NON ACQUITTE’) indicate that the tobacco product cannot be sold in the domestic duty-paid market. These markings may be required on the package or case. Possession of unstamped tobacco is regulated in Canada and is restricted to persons licensed under the *Excise Act, 2001* and who are permitted to possess that tobacco product.

In addition to these federal regulations, all provinces and territories have legislation and regulations around the marking and stamping of tobacco products for sale within their respective jurisdictions.

15.3 Requiring that packaging information is in legible form and/or appears in its principal language or languages?

The *Stamping and Marking of Tobacco Products Regulations* enacted under the authority of the *Excise Act, 2001*, requires the stamping and marking information to be in both official languages, with minimum font size, font style and other requirements.

The cartons, cases and containers that contain tobacco products may also be required to have other information to identify the intended market as well as determining the quantity and weight of tobacco products. The regulations require that this information be provided in legible type.

15.4(b) Enacting or strengthening legislation against illicit trade in tobacco products?

In July 2005, the CRA released a discussion paper entitled “Tobacco Stamping Regime – Review and Recommendations”. This Discussion Paper (Appendix 4-I) proposes changes to enhance the tobacco-stamping regime by implementing new covert and overt identifiers to strengthen the integrity of the stamping regime. Implementation of the new stamping regime is planned for the fall of 2008.

The penalties and punishments under the *Excise Act, 2001*, provide appropriate remedies against illicit tobacco trade. A penalty of up to 200% of applicable duty is imposed for diversions of tobacco contrary to the *Excise Act, 2001*. Additional penalties and punishments apply, including forfeiture of proceeds and property derived from criminal activity and possible incarceration.

The *Excise Act, 2001* also contains provisions making the possession and laundering of proceeds of crime resulting from the more serious tobacco-related offences an offence. Similar provisions also exist in the Criminal Code for the same types of offences. Penalties range from fines to incarceration, or both. Under both *Acts*, the property related to the commission of these offences is subject to forfeiture.

Section 109.1 of the *Customs Act* (Appendix 3-A) states that every person who fails to comply with any provision of the *Act* or a regulation is liable to a penalty. Section 110 of the same *Act* allows officers to seize as forfeiture any conveyance he believes was made use of in the contravention of this *Act*.

Section 160 of the *Customs Act* stipulates that a person who contravenes certain sections of the *Act* is guilty of 1) an offence punishable by summary conviction or 2) an indictable offence and is liable to a fine and/or imprisonment. A summary conviction encompasses the more minor offences in the Criminal Code of Canada and is considered a less serious offence with a maximum penalty sentence of 6 months of imprisonment, fine of \$2,000 or both. An indictable offence is more serious, with penalties ranging from a fine of not more than \$500,000.00 or imprisonment not exceeding 5 years or both.

In addition to the federal legislation, all provinces and territories in Canada have legislation in place to counter illicit tobacco.

15.4(e) Enabling the confiscation of proceeds derived from the illicit trade?

Section 267 of the *Excise Act, 2001* allows anything to be forfeited if found to be used to contravene the *Excise Act, 2001*. Penalties and punishments apply for contraventions of the *Excise Act, 2001*, including additional penalties for proceeds of crime.

Section 110 of the *Customs Act* stipulates that an officer may, with reasonable grounds, seize goods involved in a contravention of the *Customs Act*. Subsection 117(2) provides that raw leaf tobacco or tobacco products seized under this *Act* shall not be returned to the person from whom they were seized or any other person unless they were seized in error.

Section 462.37 (2) of the *Criminal Code* also allows for the forfeiture of proceeds of crime.

15.7 Licensing or other actions to control or regulate production and distribution?

The *Excise Act, 2001* requires tobacco manufacturers and tobacco dealers to be licensed. The warehouses that possess non-duty-paid tobacco also require a licence. Licensees are required to file returns concerning their production and distribution activities. CRA undertakes regular audits and other regulatory activities to ensure compliance with the legislation.

In addition, all provinces and territories require that wholesalers have a permit or licence to sell tobacco within their respective jurisdictions. Most provinces and territories (with one exception) also require a retailer licence to sell tobacco.

Core Questions: Legislative, executive, administrative and other measures

Sales to and by minors

16.1 Prohibiting the sales of tobacco products to minors?

Subsection 8(1) of the *Tobacco Act* states that “No person shall furnish a tobacco product to a young person in a public place or in a place to which the public reasonably has access”. For the purposes of this *Act* a young person is defined as a person under the age of 18 years. ‘Furnishing’ under the *Act* means “to sell, lend, assign, give or send, with or without consideration, or to barter or deposit with another person for the performance of a service”.

Five provinces and one territory set the age for legal sale higher than that found in the federal *Tobacco Act* by prohibiting tobacco sales to minors under the age of **19 years**. These include (see Section 2 of the Appendices for copies of these *Acts*):

Nova Scotia: Subsection 5(1) *Tobacco Access Act*

New Brunswick: Subsection 5(1) *Tobacco Sales Act*

Newfoundland and Labrador: Subsection 4(1) *Tobacco Control Act*

Ontario: Subsection 3(1) *Smoke-Free Ontario Act*

British Columbia: Subsection 11(2)(g) *Tobacco Sales Act*

Nunavut: Subsection 3(1) *Consolidation of Tobacco Control Act*

16.2 Prohibiting or promoting the prohibition of the distribution of free tobacco products to the public, especially to minors?

Section 29(a-c) of the *Tobacco Act* prohibits manufacturers or retailers from providing incentives for the purchase of tobacco products, providing free tobacco products or free merchandise with brand logos. This section also prohibits cash rebates and games or contests for tobacco products.

16.3 Prohibiting the sale of cigarettes individually?

Under subsection 10(1) of the *Tobacco Act* cigarettes must be sold in a package that contains “at least 20 cigarettes or at least a prescribed number of cigarettes, which shall be more than 20”. In addition, the *Excise Act, 2001* requires that cigarettes must be sold in the original package.

The province of Saskatchewan also restricts packages of cigarillos to “a package that contains no fewer than five cigarillos” - Subsection 5(2) of the Saskatchewan *Tobacco Control Act* (Appendix 2-L-2).

16.6 Providing for penalties against sellers and distributors?

Part VI “Offences and Punishment” of the *Tobacco Act* outlines penalties and fines for contravening the *Act*, including sales to youth and the distribution of free tobacco products. Both retailers and distributors are subject to these penalties. Penalties for these types of offences can

range from \$3,000 to \$50,000 and can include imprisonment for a term not exceeding six months.

In addition, all provinces and territories who issue licenses for wholesalers and retailers of tobacco also include provisions for the revocation of licenses for various offences under their respective tobacco tax acts.

Core Questions:

Legislative, executive, administrative and other measures

Liability

Tobacco Damages and Health Care Costs Recovery Act

There is a growing movement in Canada to enact enabling legislation to permit governments to seek health care cost recovery legislation from the tobacco industry. In 1998, British Columbia became the first jurisdiction in Canada and the Commonwealth to launch a lawsuit against the tobacco industry for the recovery of tobacco-attributable health care costs related to allegations that the industry did not disclose in a timely way what it knew about the effects of its products. The tobacco industry challenged the constitutionality of the legislation. In September 2005, the Supreme Court of Canada unanimously upheld the province's right to sue the tobacco industry and concluded that the *Tobacco Damages and Health Care Costs Recovery Act* is constitutional. In September 2006, the British Columbia provincial Court of Appeal held that the BC courts have jurisdiction over foreign tobacco companies named in BC's action.

Since 1998 four other provinces have enacted similar legislation:

New Brunswick (2006): *Tobacco Damages and Health Care Costs Recovery Act* (Appendix 2-D-2)

Newfoundland and Labrador (2006): *Health Care Costs Recovery Act* (Appendix 2-E-3)

Nova Scotia (2005): *Tobacco Damages and Health-care Costs Recovery Act* (Appendix 2-G-3)

Manitoba: *Tobacco Damages and Health Care Costs Recovery Act* (Appendix 2-C-2)

Legal Action

As well, the federal and a number of provincial governments have initiated legal action against one of the Canadian tobacco manufacturers for its alleged involvement in smuggling activities during the nineties.

Core Questions: Legislative, executive, administrative and other measures

Regulation of the contents of tobacco products

The federal *Tobacco Reporting Regulations* and the *Regulations Amending the Tobacco Reporting Regulations* (Appendix 3-E-4) outline reporting requirements for all manufacturers and importers of tobacco. In addition to requiring reports on ingredients, constituents, emissions and toxicity from designated tobacco products the *Regulations* mandate how often and in what format reports should be submitted.

The *Tobacco Products Information Regulations* (Appendix 3-E-3) set out the information that manufacturers are required to display on tobacco packaging. In addition to the graphic health warnings found on the principal display surface of most smoked products, manufacturers are required to display health information on tips and benefits of quitting smoking and information on toxic emissions and toxic constituents.

The *Cigarette Ignition Propensity Regulations* (Appendix 3-E-5) require that manufacturers ensure “that the cigarette of every brand that it manufactures on or after October 1, 2005 burn their full length no more than 25% of the time” based on a specified testing method. The purpose of this requirement is to reduce the likelihood of residential cigarette-caused fires.

Testing and measuring the contents of tobacco products?

Consumer tobacco products (cigarettes, cigarette tobacco, leaf tobacco, cigars, pipe tobacco, tobacco sticks, smokeless tobacco, kreteks, bidis and any kit involving tobacco ‘sticks’ or fine-cut tobacco and filter tubes) are subject to strict reporting requirements under the *Tobacco Reporting Regulations* and the *Regulations Amending the Tobacco Reporting Regulations*.

The *Tobacco Reporting Regulations* outline the methods for collecting information, sampling, the number of replicates, how to adjust for moisture and for determining pH levels. In all, manufacturers must report on 26 different constituents in whole tobacco. The official test method of each constituent for which manufacturers are required to report is listed in Schedule 1 of the *Regulations*.

The *Regulations Amending the Tobacco Reporting Regulations* set out testing requirements for the toxicity of cigarette emissions.

The *Tobacco Reporting Regulations*, under section 11, also require every manufacturer of a consumer tobacco product, including cigarette rolling papers, tubes and filters to report on the total quantity and cost of every ingredient (see Appendix 4-H for a copy of the reporting template).

In addition, the *British Columbia Tobacco Testing and Disclosure Regulation* requires that every manufacturer submit quarterly reports for 1998 - April 2001, then annually thereafter, to the Minister of Health, which identify and list, by brand, all ingredients and additives in every brand of cigarette or cigarette tobacco of the manufacturer that is sold, offered for sale, distributed, advertised or promoted in British Columbia.

Testing and measuring the emissions of tobacco products?

The *Tobacco Reporting Regulations*, section 14, requires that manufacturers of a subset of the market known as “designated” products (cigarettes, cigarette tobacco, leaf tobacco, tobacco sticks, and kreteks) report on the emissions from both mainstream and sidestream smoke. The *Regulations* dictate the contents of the reports and the sampling method, among other detailed requirements. The methods for data collection are further outlined under Schedules 2 and 3 of the *Regulations*. Schedule 2 describes forty-one toxic emissions from mainstream smoke to be measured and lists the official test method for each emission. Schedule 3 lists the official methods for the collection of toxic emissions from sidestream smoke.

The *British Columbia Tobacco Testing and Disclosure Regulation* requires manufacturers to test both mainstream and sidestream smoke. This smoke is tested for a number of smoke constituent chemicals and two physical characteristics (i.e., filter efficiency and pH). The number of smoke chemicals was reduced for the reporting years 2001 and beyond for all sidestream Intense Puff Regimes. The regulation requires annual tobacco smoke constituent reports for brands of cigarettes having 1.25% or more share of the domestic cigarettes sold in BC per annum for 2001 and beyond. These reports must be filed with the Minister of Health on or before April 30th of the following year for brands having 2% or more share of the BC domestic cigarette sales, and July 31st for brands having 1.25% or more of the BC cigarette market.

Regulating the contents of tobacco products?

Canada’s *Tobacco Act* under section 7(a)(i) and (ii) authorizes the government, through the establishment of regulations, to both prescribe the amount of substances contained in products and to prescribe substances that may not be added to tobacco products. No regulations to that effect have yet been adopted.

Regulating the emissions of tobacco products?

Canada does not regulate the emissions of tobacco products.

Core Questions: Legislative, executive, administrative and other measures

Packaging and labelling of tobacco products

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?

Section 20 of the *Tobacco Act* states “No person shall promote a tobacco product by any means, including by means of packaging, that are false, misleading or deceptive or that are likely to create an erroneous impression about the characteristics, health effects of health hazards of the tobacco product or its emissions”. In 2005, the Quebec Court of Appeal struck down the phrase “or that are likely to create an erroneous impression”. The Government has appealed that ruling to the Supreme Court of Canada and the matter will be heard in February 2007.

In November 2006, the Competition Bureau of Canada reached an agreement with the three major cigarette manufacturers to stop using the descriptors “light” and “mild”, and variations thereof, on cigarette packages. The companies will phase out these descriptors on affected brands and products, commencing no later than December 31, 2006 and ending no later than July 31, 2007. A total of 79 brands of cigarettes and 18 varieties of fine-cut tobacco will be affected.

11.1(b) Requiring that packaging carry health warnings describing the harmful effects of tobacco use?

The *Tobacco Act*, through its regulations, requires that information be displayed on tobacco products about the product and its emissions, including the health effects and health hazards associated with the product.

Specifically, the *Tobacco Products Information Regulations* require that manufacturers (including importers) of tobacco products include health warnings (s. 5-6), and in some cases, health information (s. 7) and information on toxic emissions or toxic constituents (s. 8-11) on packaging of most tobacco products.

See Appendices 4-D and 4-E for information on the health warnings and health information required for tobacco products.

11.1(b)(1) Ensuring that the health warnings are approved by competent national authority?

Information to be displayed on packaging must be generated from the government’s source document – section 3(2) of the *Tobacco Products Information Regulations*. Health warnings on packaging may be attributed, at the discretion of the manufacturer, but only to the health authority (Health Canada) as stated in section 4 of the *Tobacco Products Information Regulations*.

11.1(b)(ii) Ensuring that health warnings are rotating?

Currently, Health Canada requires manufacturers to ensure equal display of the 16 different picture-based warnings on packages of cigarettes, cigarette tobacco, tobacco sticks, leaf tobacco and kreteks as stated in its *Tobacco Products Information Regulations*. Four different graphic warnings must be used on cigars in boxes or bundles and pipe tobacco in pouches. All of these warnings must be displayed equally throughout the year (see Appendix 4-E for examples). Product-specific textual warnings are also placed on bidis, chewing tobacco, oral snuff and nasal snuff.

In addition to this, manufacturers are required to include health information messages (16 different messages) on the inside of all cigarette packages. This information outlines the hazards of tobacco use (lung cancer and second-hand smoke, for instance) and provides tips on quitting smoking.

New proposed regulations are currently being developed to refresh the existing picture-based warning and to develop picture-based warnings for other products such as bidis, chewing tobacco, snuff, etc. (see Appendix 4-G for the consultation document “Proposal for New Health-related Information on Tobacco Product Labels”). The consultation document is also available on the Health Canada website at: http://hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/advert-publicite/index_e.html

11.1(b)(iii) Ensuring that the health warnings are large, clear and visible?

Subsection 3(3) of the *Tobacco Products Information Regulations* requires that all written information be in both official languages and that it be legible and prominently displayed. All health warning and health information to be printed on tobacco products must come from the government electronic source document, thus ensuring that requirements are met.

Under the same regulations, subsection 5(2) also requires that information be displayed in such a way as to ensure that none of the words of the warning are severed when the package is opened.

11.1(b)(iv) Ensuring that the health warnings occupy at least 50% of the principal display area?

Manufacturers of bidis, cigarettes, cigarette tobacco, kreteks, leaf tobacco, chewing tobacco, snuff, tobacco sticks and some forms of pipe tobacco are required to ensure that the health warnings occupy at least 50% of the principal display surfaces (section 5(2) of the *Tobacco Products Information Regulations*).

The current regulations set specific size standards for health warning labels placed on pipe tobacco pouches, cigar boxes and cigar bundles, which result in health warnings occupying from 80% to 10% of the package side on which they are displayed.

New regulations are being developed (Appendix 4-G) to ensure that health warnings on all tobacco products, including cigars and others previously exempt from this size requirement, will now occupy no less than 30% of the principal display surfaces of their packaging.

11.1(b)(v) Ensuring that the health warnings are in the form of pictures or pictograms?

Currently, pictorial health warnings appear on the following types of products: cigarettes, cigarette tobacco, tobacco sticks, leaf tobacco, kreteks, cigars and pipe tobacco. See Appendix 4-E or visit the Health Canada website at http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/legislation/label-etiquette/graph/index_e.html for examples of current picture warnings.

11.2 Requiring that packaging and labelling contains information on relevant constituents and emissions of tobacco products?

Section 9 of the *Tobacco Products Information Regulations* requires the display of information on toxic emissions on packages of cigarette, cigarette tobacco, leaf tobacco and kreteks, while section 10 requires information on toxic constituents on packages of chewing tobacco and snuff. In the case of the toxic emissions information on the amount of tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide, and benzene in the mainstream smoke must be shown as a range of values. In the case of the three toxic constituents, information on the amount of nitrosamines, lead, and nicotine in the product itself must be shown as a single value.

Schedules 1 and 2 of the *Tobacco Products Information Regulations* list the official test methods that must be used to determine the values to be displayed.

11.3 Requiring that the warnings and other textual information appear on each unit package, and on any outside packaging and labelling in your principal language or languages?

Every manufacturer is required to display the mandated health warnings, the health information and the toxic emission and toxic constituent statements on tobacco products for retail sale, including cartons and kits (as outlined under question 11.1(b)(v)) in both English and French.

Core Questions:

Legislative, executive, administrative and other measures

Tobacco advertising and sponsorship

13.3 Applying restrictions, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship?

Tobacco advertising, promotion and sponsorship are comprehensively restricted in Canada. Under the *Tobacco Act*, ‘lifestyle’ advertising is defined and prohibited (section 22). Section 24 of the same *Act* prohibits sponsorship promotion.

Other provisions within the *Act* prohibit testimonials and endorsements (s. 21), sales promotions (s. 29) and some forms of tobacco product-related brand displays (s. 27).

The *Tobacco Act* permits tobacco promotion defined as “information” [“information advertising” means advertising that provides factual information to the consumer about (a) a product and its characteristics; or (b) the availability or price of a product or brand of product] and “brand preference” advertising [“brand preference advertising” means advertising that promotes a tobacco product by means of its brand characteristics], in:

- (a) a publication that is provided by mail and addressed to an adult who is identified by name;
- (b) a publication that has an adult readership of not less than eighty-five per cent; or
- (c) signs in a place where young persons are not permitted by law.

The *Tobacco Act* also prohibits any tobacco advertising “that could be construed on reasonable grounds to be appealing to young persons”.

In 1988 the federal *Tobacco Products Control Act* banned all forms of tobacco advertising. Sponsorship advertising by way of manufacturers’ corporate names (not cigarette brand names) was permitted. After the constitutionality of the *Act* was challenged, the Supreme Court of Canada ruled in 1995 that there was insufficient evidence that a total ban on advertising was required to reduce smoking and struck down key sections of the *Tobacco Products Control Act*.

In April of 1997 the *Tobacco Act* was passed into law. The *Tobacco Act* was designed to accommodate the concerns expressed in the Supreme Court of Canada’s ruling, by restricting tobacco advertising, promotion and sponsorship.

13.3 Restricting or instituting a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory?

The *Tobacco Act*, more specifically subsection 31 (3), prohibits the importation or transmission into Canada by way of foreign media on the part of anyone *in Canada* of tobacco advertising that is banned. The law does not address tobacco advertisements that may originate on Canadian territory, but are directed to points outside of Canada. At the present time, no such advertising is known to exist.

13.4(a) Prohibiting all 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?

See response to Article 11.1(a).

13.4(b) Requiring that health or other appropriate warnings or messages accompany all tobacco advertising and promotion and sponsorship?

Section 33 of the *Tobacco Act* permits the adoption of Regulations to require that messages accompany tobacco advertising. Such regulations are currently under development (see Appendix 4-A for the consultation paper). A summary of the responses received with regard to these proposed regulations is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/consultation-advert-publicite/index_e.html

13.4(c) Restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?

Section 29 of the *Tobacco Act* prohibits manufacturers or retailers from providing incentives for the purchase of tobacco products, providing free tobacco products or free merchandise with brand logos.

In addition, some provinces, such as Québec, have enacted legislation that further discourages the purchase of tobacco products by the public by making it illegal to sell tobacco in bars, at sporting and cultural events, and in buildings intended for sports, recreational, cultural or artistic activities.

13.4(d) Requiring the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet permitted?

The *Tobacco Reporting Regulations* require that manufacturers produce semi-annual reports that outline by brand family, and where applicable by brand, and by type of consumer product the following information:

- Advertisements in Publications
- Sponsorship
- Packaging
- Services
- Display at Retail
- Accessories
- Other Products

See Appendix 4-H for a template outlining the information provided by manufacturers.

13.4(e) Restricting tobacco advertising, promotion, sponsorship on radio, television, print media and other media, such as the Internet?

Tobacco advertising, promotion or sponsorship are not allowed on either radio or television. However, information and brand-preference advertising is permitted but restricted to a few forms of publications, which can be either in print or on the internet (see answer in 13.3). Subsection 31(2) specifically exempts imported publications and re-transmissions of radio and TV broadcasts from the *Act*'s restrictions.

13.4(f) Prohibiting or restricting tobacco sponsorship of international events, activities and/or participants therein?

Under section 24 of the *Tobacco Act*: “No person may display a tobacco product-related brand element in a promotion that is used, directly or indirectly, in the sponsorship of a person, entity, event, activity or permanent facility.”

Core Questions: Program and Plans

Have you developed and implemented comprehensive multisectoral tobacco control strategies, plans and programmes?

New Directions for Tobacco Control in Canada: A National Strategy

Within Canada tobacco control is the shared responsibility of federal and provincial/territorial governments. In order to coordinate activities among all interested stakeholders (federal and provincial/territorial governments and non-governmental organizations), a comprehensive and integrated national strategy to reduce tobacco use in Canada was adopted by both the federal and provincial/territorial ministers of health in 1999.

The National Strategy (see Appendix 6-E-3) for tobacco control is based on a population health approach and addresses a range of factors that determine health such as social, economic and physical environments, personal health practices, individual capacity and coping skills, and health services. The strategy is intended to affect the entire population and create opportunities for the integration of tobacco issues within population health initiatives. The National Strategy is a collaborative agreement between federal and provincial/territorial governments as well as non-governmental organizations and serves as an umbrella strategy.

The four goals are:

- **Prevention:** Preventing tobacco use among young people.
- **Cessation:** Persuading and helping smokers to stop using tobacco products.
- **Protection:** Protecting Canadians by eliminating exposure to second-hand smoke.
- **Denormalization:** Educating Canadians about the marketing strategies and tactics of the tobacco industry and the effects the industry's products have on the health of Canadians in order that social attitudes are consistent with the hazardous, addictive nature of tobacco and industry products.

Progress Reports on the National Strategy are produced annually (see Appendix 6-E-3 for recent copies of the National Strategy and Progress Reports) and made available to the Canadian public. These can also be viewed at http://hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/index_e.html

Federal Tobacco Control Strategy (FTCS)

In addition to the National Strategy, the Government of Canada has implemented the Federal Tobacco Control Strategy (See Appendix 6-E-2). This strategy was launched on April 5, 2001 and is a made-in-Canada approach intended to fit Canadian realities.

The FTCS is built on successful interventions drawn from Canada and elsewhere in the world, where comprehensive, integrated and sustained government actions have been the keys to success. A strong emphasis is placed on the importance of collaboration between the federal government and other levels of government in recognition of the fact that effectiveness in implementation of the Strategy will depend on actions of those stakeholders. Most provinces and

territories now have tobacco control strategies. Therefore, the need to coordinate in order to increase leverage and synergies is more important than ever.

The five objectives of the FTCS are:

- Reduce smoking prevalence to 20% from 25% (level in 1999).
- Reduce the number of cigarettes sold by 30%.
- Increase retailer compliance regarding youth access to tobacco from 69% to 80%.
- Reduce the number of people exposed to environmental tobacco smoke in enclosed public places.
- Explore how to mandate changes to tobacco products to reduce health hazards.

Tobacco control measures in Canada are also undertaken through legislative and administrative actions. The *Tobacco Act* defines the role of the federal government with regard to tobacco control activities. In addition to this, legislation and regulations exist to further support the *Tobacco Act*, including the *Non-Smokers' Health Act*, the *Excise Act, 2001*, *Tobacco Reporting Regulations*, *Cigarette Ignition Propensity Regulations* and various taxation measures.

Ensuring compliance with all tobacco-related *Acts*, and undertaking intelligence-gathering activities potentially leading to enforcement actions against non-compliance are other key areas of the Federal Tobacco Control Strategy. This work is achieved through a coordinated approach between Health Canada, as lead Department, and the Department of Public Safety and Emergency Preparedness Canada (PSEPC), the Royal Canadian Mounted Police (RCMP), the Department of Justice, the Canada Revenue Agency (CRA) and Canada Border Services Agency (CBSA). Compliance activities range from application of the various tobacco-related *Acts*, monitoring and intelligence-gathering around contraband, to enforcement and prosecution through fine collection.

In addition to the Federal Tobacco Control Strategy, most provinces and territories have also developed their own tobacco control strategy. A list of provincial and territorial strategies is available at: <http://www.cctc.ca/cctc/EN/frameworks>

General Obligations

5.2(a) A national coordinating mechanism or focal point(s) for tobacco control?

Health Canada's Tobacco Control Programme (federal government), through both the Federal Tobacco Control Strategy and the National Strategy acts as the coordinating mechanism for tobacco control in Canada. Provinces and territories as well as non-government organizations feed into activities undertaken at the national level.

In addition, each province and territory also has its own tobacco control strategy and is the focal point for activities within their respective jurisdictions.

5.3 Protection of policies from the commercial and vested interests of the tobacco industry?

The Federal Tobacco Control Strategy is implemented separately from industry activities and it is Health Canada's policy not to partner with the tobacco industry on tobacco control programming. However, the federal government does consult directly with the tobacco industry on issues that affect the industry and/or tobacco workers (for example, on the development of regulations). The government also pre-publishes proposed regulations in the Canada Gazette and invites stakeholder feedback, thus providing another avenue for industry consultation.

Legislation and regulations on tobacco control are often challenged through the judicial system by the tobacco industry. Federal, provincial and municipal governments, with the help of non-governmental organizations, have repeatedly defended their legislation from tobacco industry court appeals.

Core Questions: Program and Plans

Education, communication, training and public awareness

12(a) Broad access to effective and comprehensive educational and public awareness programmes on the health risks?

One of the primary goals of the *Tobacco Act* is “to enhance public awareness of the health hazards of using tobacco products”.

As part of the FTCS, a broad-based, integrated and sustained approach to education has been undertaken through mass media and public education and informing Canadians about the health risks of tobacco consumption and of exposure to second-hand smoke happens at many levels across the country. At the national level information is made available to Canadians through a wide-variety of channels. National programs are further supported by provincial and territorial, regional and municipal activities.

Statistics demonstrate that generally Canadians are very knowledgeable about the risks associated with smoking. According to a recent survey, more than 95% of Canadian adults believe that the harm to health caused by smoking cigarettes is either “very serious” (77 per cent) or “somewhat serious” (18 per cent).¹ Youth (under the age of 20) have similar ratings to the adult population when asked the same question.

Canadians also appear to be relatively confident in the information provided by the federal government and its partners with regard to the health risks of smoking. According to one study, “Canadians primary source for health risk information is health care practitioners (85%), followed by NGOs (64%), Health Canada (60%), regional or local health authorities (55%), university scientists/journals (55%), television news (54%), stories or articles in the newspaper (51%), friends and relatives (51%)”.²

In addition to the information provided by the federal government, a number of provincial/territorial and non-governmental organizations provide in-depth information on tobacco risks and tobacco control activities in Canada.

Some examples include:

- Alberta Alcohol and Drug Abuse(AADAC) (www.aadac.ca)
- British Columbia Centre of Excellence for Women's Health (www.bccewh.bc.ca)
- Canadian Cancer Society (www.cancer.ca)
- Canadian Council on Tobacco Control (www.cctc.ca)
- Canadian Lung Association (www.lung.ca)

¹ Ekos Research Associates. Public Perceptions of the Relevance and Progress of Tobacco Control in Canada. Final Report, November 14, 2006.

² Public Opinion Research Quarterly Report. Eye on Health, Spring 2006. Public Opinion Research and Evaluation Division, Communications, Marketing and Consultation Directorate.

- Canadian Tobacco Control Research Initiative (www.ctcri.ca)
- Centre for Addiction and Mental Health (www.camh.net)
- Conseil québécois sur le tabac et la santé (in French only) (www.cqts.qc.ca)
- Heart and Stroke Foundation of Canada (www.heartandstroke.ca)
- New Brunswick Anti-tobacco Coalition (www.nbatc.ca)
- Non-Smokers' Rights Association (www.nsra-adnf.ca)
- Ontario Tobacco Research Unit (www.otru.org)
- Physicians for a Smoke-free Canada (www.smoke-free.ca)
- Prevention Source BC (www.preventionsource.org)
- Program Training and Consultation Centre (Ontario) (www.ptcc-cfc.on.ca)
- Quebec coalition on tobacco control (www.cqct.qc.ca)

12(a) Broad access to effective and comprehensive educational and public awareness programmes on the health risks?... targeted at adults and/or the general public?

The Government of Canada has implemented a broad campaign to ensure that Canadians can access information about the health effects of smoking, tobacco products and exposure to second-hand smoke.

All Government of Canada publications include contact information for Canadians who wish to obtain more information on a specific topic. Interested persons can call a toll-free Government of Canada number (1-800-O-CANADA) to order resources on tobacco control issues (i.e. second-hand smoke, cessation, legislation, etc.) they can contact Health Canada's Tobacco Control Programme (TCP) directly through a toll-free number or through the TCP website (www.gosmokefree.ca), or they can order free materials and resources online in both English and French.

Web-based information

In 2004, 59% of Canadian households had an internet subscription and 73% of adult Canadians had Internet access.³ Given the level of connectivity, the web provides easy access to information for the majority of Canadians. As such, the Tobacco Control Programme hosts an extensive website (www.gosmokefree.ca) to provide access to tobacco prevention, education, protection and cessation resources, programs and best practices. Resources on the website are also divided by audience type (i.e. general public, health professionals, teachers, quitters, decision-makers) to help ensure that people are accessing the information that is most pertinent to them.

Mass media campaigns

The federal government has undertaken a number of mass media campaigns to help support its programs and policies. These media campaigns traditionally include one or more of the following tactics: television advertising, print ads in national publications, billboards, bus shelter ads, targeted websites, pamphlets, posters and other fulfillment pieces.

³ Report to the Governor in Council. Status of Competition in Canadian Telecommunications Markets. October 2005.

In addition to national mass media campaigns, funding is provided to provincial/territorial governments and non-governmental organizations to produce regional media campaigns targeted to specific groups. These campaigns promote smoke-free lifestyles, provide education around second-hand smoke and encourage smokers to quit. Examples are provided below under section 12(b).

Some recent national-level campaigns are listed below. Copies of fulfillment pieces are available in Appendix 6-D.

- ***Quitting: Bob and Martin***

This campaign, targeted at adult smokers aged 35+, uses a series of eight television ads featuring a Canadian character, “Bob” (“Martin” in French ads), to portray the common challenges of quitting. The campaign uses positive and encouraging messages to bring smokers from contemplation, preparation, action through to the maintenance stage. Each ad ends with a clear call-to-action directing people on how to get help to quit smoking.

- ***Second-hand Smoke – Workplace***

This ad featured a testimonial by a middle-aged woman named Heather Crowe. Although she had never smoked a day in her life she was dying of smoking related lung cancer due to working as a waitress in smoky restaurants her whole life. The tag line for this ad states “Some tobacco companies say second-hand smoke bothers people. Health Canada says it kills. Are you a target?”

- ***Second-hand Smoke – Workplace Aboriginals⁴ Component***

To coincide with the second-hand smoke workplace campaign (referenced above) there was an Aboriginal second-hand smoke campaign developed. The primary objective was to inform Aboriginal people of the dangers of exposure to second-hand smoke in the workplace. The target audience was Aboriginals, both on and off-reserve.

- ***Second-hand Smoke - Home and Car***

Health Canada's second-hand smoke Home and Car campaign is aimed at reducing the number of children exposed to second-hand smoke in the home and vehicle by focusing on the source and eventual solution to this issue, parents who smoke or allow smoking around their children.

Partnerships with health professionals

Health professionals are an integral part of the Federal Tobacco Control Strategy and a source of trusted information for Canadians. As such, the federal government has partnered with numerous health organizations to encourage health professionals to be more proactive in helping patients understand the dangers of tobacco use and in providing cessation counselling. Some groups we have partnered with include doctors, pharmacists, dentists, nurses, occupational therapists and respiratory therapists (see Section 12(d) for information on training for health professionals).

⁴ Aboriginal refers to First Nations, Inuit and Métis peoples.

One example of widespread partnership is the *fax referral program*. This program allows a variety of health professionals to refer their patients to local toll-free quitlines for cessation services simply by faxing the patient information (with informed patient consent) directly to quitline specialists.

Working with employer groups

Working with employer groups is another way of reaching out to the Canadian public. Resources made available to employers/employees include:

- Resources on the health risks associated with smoking and second-hand smoke
- Guides to smoking cessation and referrals to smoking cessation programs
- Guides to creating smoke-free environments in the workplace

In addition, Health Canada has partnered with some employer groups to distribute cessation resources to employees. For example, 25,000 copies of *On the Road to Quitting: Guide to Becoming a Non-Smoker* were distributed through the Canadian Autoworkers Association.

12(a) Broad access to effective and comprehensive educational and public awareness programmes on the health risks?... targeted at children and youth?

Across the country there are numerous initiatives to address the issue of smoking with children and youth. As school curriculum is set by each province and territory, most of these activities take place regionally. National work is carried out in collaboration with the provinces and territories as appropriate. Examples include:

- Interactive and hands-on programming to help youth learning
- Youth-driven projects
- Linguistically and culturally sensitive resources

Mass Media

- ***Second-hand Smoke - Youth***

The 2002 youth campaign theme was generated in consultation with youth and introduced the s.s.d. (second-hand smoke diseases) branding. The rationale behind s.s.d. was to draw a parallel to sexually transmitted diseases (STDs), an idea that is familiar to youth and therefore easier to communicate and remember. The objective of this campaign was to increase youth awareness of second-hand smoke and its health effects as well as to encourage youth to create personal and public smoke-free spaces.

- ***Second-hand Smoke - Youth Aboriginal⁵ Component***

To coincide with the mainstream second-hand smoke youth campaign a second-hand smoke Aboriginal campaign was developed to target Aboriginal youth aged 15-19 years of age both on and off-reserve. The primary objective of this campaign was to inform Aboriginal youth of the dangers of being exposed to second-hand smoke. The tag line “That’s the good you can do” was used and a new message of “Second-hand smoke: You’ll never know what you’ll get” was introduced.

⁵ Aboriginal refers to First Nations, Inuit and Métis peoples.

- ***Spend Money on Living***
This campaign aims to reduce the prevalence of smoking among teenagers. Entitled “Spend Money on Living” the campaign is targeted at youth aged 12 to 18 in New Brunswick and Prince Edward Island and addresses denormalization, prevention and cessation. The goal of the media campaign is to encourage more young smokers to participate in Health Canada’s Quit 4 Life program (see section 14.2(d) for a full description of the program).

Resources for youth

- ***Science, Tobacco & You***
An education package with activities designed to help students in grades 4-6 learn about tobacco and its negative effects on the human body. This program contains an easy-to-use, interactive CD-ROM, and a teachers' guide, flash cards and exercise sheets.
- ***Smoke-free Spaces Toolkit***
The Smoke-free Spaces Activist Toolkit supports Canadian youth in taking action against second-hand smoke and in creating smoke-free spaces in their schools and communities. The program includes a CD-ROM that teaches about second-hand smoke and activism, as well as a facilitator’s guide (Appendix 6-G-5).
- ***Quit4Life***
This 4-step program is designed to help Canadians aged 13 to 19 quit smoking. The Quit 4 Life program is designed around 4 central steps: Get Psyched, Get Smart, Get Support and Get On With It. It was developed with the principles of social cognitive theory, using cognition behavioural techniques to promote individual behaviour change. The guide is available both in hard copy (Appendix 6-B-3) and on-line (www.quit4life.com).
- ***Not on Tobacco***
Since 2003, Manitoba has been offering a teen smoking cessation program called Not On Tobacco (NOT) to Manitoba schools throughout the province. This program provides teens with the information, motivation and support to quit smoking.

Youth engagement activities to educate on health risks

- ***Youth Action Committee (YAC)***
The Youth Action Committee (YAC) was formed in 1999 to give advice to Health Canada about tobacco control programs targeted to youth and to provide ways to reach a young audience. YAC is comprised of members aged 14 to 19 from across Canada, reflecting the diversity of the Canadian society. YAC members are also involved in health and tobacco groups in their own provinces and territories as well as in their own communities and schools. YAC members were instrumental in organizing Canada’s first ***National Forum on Youth and Young Adults Tobacco Control Issues***.

- ***The Building Leadership for Action in Schools Today (BLAST) program***
BLAST is a youth leadership conference for students in grades 7 - 9 that takes place in the fall of the school year. At the BLAST conference youth strive to identify the social influences prompting their peers to smoke and to learn the skills necessary to resist those influences. Each school is given the task of developing an action plan to educate their peers on the dangers of tobacco and influence the reduction of tobacco use. Students are responsible for implementing that plan in their school or community.
- ***Stupid.ca***
This program, undertaken by the government of Ontario, includes a mass media campaign, supported by a website (www.stupid.ca) that, educates about chemicals in tobacco smoke, and harms of tobacco use and supports a tobacco-free social norm among youth. The campaign also encourages teenagers to become involved in the anti-tobacco movement through linkages with a network of local youth action alliances and high school activities, and other initiatives.
- ***La Gang Allumée***
La Gang Allumée is a program, undertaken by the government of Quebec, available in all regions of the province. The program provides support to youth to help them prevent tobacco use, educate their peers about the dangers of smoking and to help smokers to quit. There are currently more than 343 youth groups working on anti-tobacco programming within their schools and local community centres across the province.
- ***Teaming up for Tobacco Free Kids***
This is a tobacco youth prevention program for kids in grades 4- 6. The program is comprised of 5 main elements, including a teachers' resource kit, classroom role model visits, poster contest, t-shirt and website (www.tobaccostinks.com).
- ***Graduating Tobacco Free***
Saskatchewan's Minister of Healthy Living Services challenged all 2006 graduating grade 12 classes in Saskatchewan to achieve the goal of graduating as a tobacco-free class. Successful graduating classes received a framed certificate for their participation; students received a gym bag and a personally signed certificate from the Minister.

Tobacco-Free Schools

More and more provinces and territories are requiring that schools at all levels (elementary, middle and secondary) be tobacco-free, including on outdoor school grounds. One example of a comprehensive strategy that ensures that tobacco awareness and education services are clearly linked to both health and safe environment programs, and key cessation services and supports can be found in New Brunswick.

- ***New Brunswick Tobacco-Free Schools***
New Brunswick initiated a grant-to-schools program to help reduce tobacco use by students, and to help schools become 100% tobacco free. Over the three-year grant

period, 97% of high schools have accessed funding. Because research indicates that student involvement is important in influencing health choices and behaviour, a key criterion for eligibility is a comprehensive school health approach--active student and student group participation.

Factsheets, posters and resources

Printed factsheets and other resources that outline the health risks related to smoking are available on the Health Canada website (www.gosmokefree.ca) and are distributed through a variety of channels, including doctors' offices and direct mail-outs to schools and families with young children.

A variety of resources targeted at youth which display the health risks of smoking and the dangers of second-hand smoke are available through the website and have been widely distributed through workshops, conferences and other meetings. An example of the poster "It Will Never Happen to Me" is included in Appendix 6-G-3).

In addition there is extensive information for youth available on the website and as printed resources that have been developed to help empower youth to resist the temptation the smoke and to help them exercise their rights to smoke-free environments (see section 12(B) for more information on available programs).

A number of resources targeted at parents have also been developed. These include resources for parents to educate themselves on the dangers of secondhand smoke such as the "Make your home and car smoke-free: a guide to protecting your children from second-hand smoke" and "Help your child stay smoke-free: a guide to protecting your child against tobacco use". These resources are available through Health Canada (Appendix 6-D).

The Province of Manitoba has also developed a resource for parents called 'Cutting through the Smoke: A Parent's Guide to Talking to your Kids about Tobacco', available at this web address: <http://www.gov.mb.ca/health/cuttingthrough.html>.

12(b) Public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles?

Health Risks of Tobacco Consumption

Information distributed through awareness campaigns often addresses the health risks of tobacco consumption. Given that organized tobacco control activities have been taking place in Canada for more than 20 years, most Canadians are well aware of the risks of tobacco consumption.

According to a recent study "when asked, top-of-mind, what specific human health effects or diseases can be caused by smoking cigarettes, Canadian adults are most likely to mention lung

cancer (51%), followed by cancer in general (40%), heart attack/disease/angina (35%), emphysema (26%), lung disease (22%)...”.⁶

In addition to work at the national level (covered under section 12(a)), a number of regional and/or provincial media campaigns have been undertaken to target specific sub-population groups and to address cultural issues.

Provinces and territories are also using new techniques to engage people in tobacco control activities. Two examples include:

- ***Tobacco Reduction Counsellors***

In the province of Alberta, 30 trained professionals provide on-the-ground awareness, program delivery and some cessation support for youth and the general public. These counselors are the point of contact for all tobacco reduction measures within individual communities.

- ***ActNow BC***

This program is the health promotion platform that is helping British Columbians live healthier lives by being more physically active, eating better foods, living tobacco free and making healthy choices. The tobacco goal is to reduce prevalence by a further 10 per cent (see Appendix 6-B-1 for a copy of the resource).

Health Risks of Exposure to Tobacco Smoke

Efforts have been undertaken at the federal, provincial and municipal levels to inform Canadians of the dangers of exposure to second-hand smoke. National and regional mass media campaigns, warning labels on cigarettes, information to support smoke-free legislation and the distribution of a broad range of resources have led to an increase in awareness among both smokers and non-smokers of the risks associated with exposure to second-hand smoke.

In general, the Canadian public is increasingly aware of the risks associated with exposure to second-hand smoke. For example, majorities of Canadian adults strongly agree that second-hand smoke can cause asthma attacks in children (64%), lung cancer in non-smokers (59%), and bronchitis (57%) and chest infections in children (52%).⁷

In addition to the national mass media campaigns outlined under question 12(a), a number of regional campaigns warning of the dangers of second-hand smoke have also taken place. Some examples include (see Appendix 6-F for copies):

⁶ Environics Research Group. Wave 11 Surveys: The Health Effects of Tobacco and Health Warning Messages on Cigarette Packages. Survey of Adults and Adult Smokers. Final Report, April 2006.

⁷ Environics Research Group. Wave 11 Surveys: The Health Effects of Tobacco and Health Warning Messages on Cigarette Packages. Survey of Adults and Adult Smokers. Final Report, April 2006.

- ***Smoke-Free Homes and Cars***
A guide on making your home and car smoke-free was designed as a fulfillment piece to the national mass media campaign (discussed under question 12a).
- ***STARSS: Start Thinking About Reducing Second-hand Smoke***
A mass media campaign geared to low-income, single mothers who smoke and whose children are 0 to 6. It encourages mothers to smoke away from their children and resulted in more intentions to quit.
- ***Rouler sans fumée***
This French-language resource is a social marketing campaign targeting both drivers and passengers that raises awareness of the risks associated with being exposed to second-hand smoke in confined spaces (such as cars) even for brief periods of time.
- ***Commando oxygène***
This project increases knowledge about the dangers of second-hand smoke among young people between 12 and 18 years of age through a short play put on in schools, youth centres and recreation centres.

Benefits of Cessation & Tobacco-Free Lifestyles

The national mass media cessation campaign (discussed under 12a above) was complemented by the distribution of a quit smoking resource entitled ***On the Road to Quitting: Guide to becoming a non-smoker***. In addition to the national campaign, many regional and provincial campaigns also take place. Quit smoking guides and programs are also available across the country (see section 14.2(d) for addition details).

- ***I love you but ... [I'm] moving on smoke-free***
This program, aimed at young adults, offers concrete help to young adult smokers to become smoke-free in the form of a QuitPack (containing tools and resources – from brochures to gum and mints – to inform smokers about the quitting process). Young adult smokers enroll in the program and are followed for six months. The program is complemented by a mass media component (billboards, posters, postcards, radio, big screen ads, etc.).
- ***You Can Get Better***
This campaign targeted 20-30 year-old blue collar BC smokers and ran January 2005 and February 2006. The objectives were to encourage this group to move towards cessation by quitting, reducing the amount of tobacco used and or by preparing to quit in the future.

12(c) Public access to a wide range of information on the tobacco industry

A number of community groups have been provided with funding to undertake mass media projects that have been very explicit of the tactics used by the industry to attract youth as life-long smokers. One is example is:

- ***Exposé***
Exposé is an innovative, bilingual smoke-free initiative that aims to reduce the youth smoking rate and cigarette consumption among youth by encouraging them to analyze the tobacco problem in an intense and meaningful way. The project encourages youth to explore tobacco addiction, tobacco industry promotion of their products, the pain and suffering associated with tobacco use, the effects of second-hand smoke, and the global tobacco epidemic (see Appendix 6-G-1 for a copy of the resource).

12(e) Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control?

As noted under section 12(a), non-governmental organizations were instrumental in developing the National Strategy in Canada. These organizations play a key role in providing tobacco control programming in Canada and many of these organizations receive partial funding from Health Canada to carry out their tobacco control activities (see partial list under section 12(a)).

In addition, through the Federal Tobacco Control Strategy, Health Canada works with a very broad range of partners, including health organizations, educators, researchers, other levels of government, employers, Aboriginal organizations, women's organizations, youth organizations, professional associations, advocacy organizations and international organizations to undertake activities at the international, national, regional and local levels.

Core Questions: Program and Plans

Demand reduction measures concerning tobacco dependence and cessation

Cessation activities are undertaken primarily at the provincial level in Canada. While provinces generally have responsibility for health care delivery, both federal and provincial governments are involved in health promotion and awareness.

At the federal level funding has been directed toward identifying best practices, to run national and regional cessation media campaigns and to develop cessation materials for the general public.

14.1 Comprehensive and integrated guidelines based on scientific evidence and best practices to promote cessation of tobacco use and adequate treatment for tobacco dependence?

Examples of some current guidelines and best practices available in Canada include:

- ***Clinical Tobacco Intervention***
Clinical tobacco intervention (CTI) programs exist in a number of provinces across Canada. These programs tend to be made up of partnerships between various health professional organizations (i.e. physicians, dentists, pharmacists). CTI provides techniques for brief interventions, covers the 5As model (ask, advise, assess, assist, arrange), informs on how to motivate people to quit and how to prevent relapse, and discusses pharmacotherapy options.
- ***Nursing Best Practice Guidelines***
This best practice guideline is intended to provide direction to practicing nurses during daily practice in all care settings, both institutional and community. The program includes a summary table of recommendations and an online learning component (Appendix 6-A-2).
- ***Quitlines***
Each province in Canada offers free telephone support from trained specialists who help smokers develop a personal quit plan or provide counselling to family and friends of smokers. Counselling is based on proven cessation techniques. A number of Canadian quitlines use online cessation programs to complement their telephone counselling services (Appendix 6-B-4).
- ***Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Post-Partum Girls and Women***
This report is an examination of better practices in tobacco cessation during pregnancy. It concentrates on interventions designed to reduce or eliminate smoking during pregnancy and examines these interventions using a Better Practices methodology (Appendix 6-A-1).

- ***Stepped-Care Model***

This model has been extensively tested in Canada and uses a valid, reliable and practical triage tool (algorithm) to aid health care providers (including physicians, dentists, nurses, pharmacists, and smokers helplines) to refer Canadian smokers to appropriate levels or types of treatment for smoking cessation. The model has been adopted for use in Canada, the UK and the US (Ohio) – (Appendix 6-A-4).

14.2(d) Facilitation of accessibility and affordability for treatment of tobacco dependence including pharmaceutical products

The province of Quebec currently provides the most comprehensive access to cessation services in Canada. This includes coverage for nicotine replacement therapies (NRT), cessation support through toll-free quitlines and online cessation programs, access to over 150 cessation clinics across the province and training for health professionals on how to provide cessation counselling to their patients.

Other provinces such as Prince Edward Island and Nova Scotia cover the costs of NRTs for some targeted groups, such as those who are already enrolled in group help programs.

Coverage of nicotine replacement therapies and wellbutrin is also provided through the Non-Insured Health Benefits Program for registered First Nations and Inuit peoples (coverage is limited to 84 patches and 945 pieces of gum over the course of one year).

In addition, a number of medical insurance plans (including the medical insurance plan in place for federal government employees) cover smoking cessation medications up to a set amount per year or a set amount per person.

Elsewhere in Canada, Canadians have access to toll-free smoking cessation quitlines and a variety of other services, including:

- ***Quit4Life***

This 4-step program is designed to help Canadians aged 13 to 19 quit smoking. The Quit 4 Life program is designed around 4 central steps: Get Psyched, Get Smart, Get Support and Get On With It. It was developed with the principles of social cognitive theory, using cognition behavioral techniques to promote individual behavior change. The guide is available both in hard copy (Appendix 6-B-3) and on-line (www.quit4life.com).

- ***On the Road to Quitting***

Available both online and in hard copy (Appendix 6-B-5), this program, based on the stages of change model, helps smokers to learn about why they smoke and provides them with tools to become smoke-free (www.gosmokefree.ca).

- ***Pregnets***

Pregnets is an online program developed for health care providers, educators and researchers and provides the essential components to address smoking cessation among

pregnant and postpartum women. It includes a toolkit of best practices for addressing the issue of smoking and pregnancy (www.pregnets.org).

- ***e-Quit***

e-Quit is program that sends daily messages to smokers for an 8-week period to help them through the quitting process (www.gosmokefree.ca).

- ***Smoking cessation clinics***

For the most part, the provision of direct medical care and counselling falls under the purview of provincial and territorial governments, guided by the provisions of the *Canada Health Act*. Provinces and territories offer smoking cessation services through doctors' offices and some also offer access to specialized cessation clinics through public health offices and through group help programs such as Nicotine Anonymous.

Core Questions: Program and Plans

Provision of support for economically viable alternative activities

17 Promotion of economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.

The Government of Canada's position is that the decline in demand for tobacco is gradual and it should be feasible for farmers to reduce production through diversification and retirement over the longer term ("tobacco transition").

To date the largest single government expense in support of its demand-reduction focussed tobacco control policies has been transitional adjustment policies to farmers to help them exit the industry.

Between 1986 and 1999, the federal government contributed \$69.5M towards a tobacco diversification plan (provision of crops or non-farm economically viable alternatives for tobacco growers) which included a buy-out of some basic production quota (BPQ).

Again, in 2005, the federal government, through the Tobacco Adjustment Assistance Program (TAAP) purchased BPQ from 120 farmers for a total of \$67.17 million. The objective of the TAAP was to assist in the repositioning of the Canadian tobacco growing industry by permanently retiring BPQ. These farmers then exited from tobacco.

During the same year, the Province of Ontario committed \$50 million to Ontario tobacco producers with \$35 million for producers exiting under the federal government-led TAAP while the Province of Quebec committed to \$10 million and \$5.3 million for Quebec BPQ holders.

Optional Questions: Programs and Plans

Education, communication, training and public awareness

12(d) Appropriate training or awareness programmes on tobacco control addressed to persons such as health, community and social workers, media professionals, educators, decision-makers, administrators and other concerned persons.

Training and awareness programs are available for a wide-variety of tobacco control stakeholders in Canada. However, availability of these programs varies across the country.

General Training

- ***National and Regional Conferences***
Tobacco control conferences are held at regular intervals in Canada. These conferences, which include both national and regional conferences, provide a rich environment for participants to receive training in various areas of tobacco control. Bursaries and scholarships are available to help youth, young adults and people from remote areas attend these conferences.
- ***Ontario Tobacco Research Unit (OTRU) Online Tobacco Control Course***
This online course was developed to provide training to those who work in the field of tobacco control. The course is available to anyone in Canada (though you must apply to the organization for a password) and covers topics such as protection, prevention and cessation in both English and French.
- ***Laval University – Contrôle du tabagisme: problèmes, enjeux et perspectives***
This post-graduate course (available in French only) is offered online to anyone wishing to learn about tobacco control issues from a public health perspective.
- ***Program Training and Consultation Centre (PTCC)***
The PTCC provides training, consultation, information, networking opportunities and referral services related to tobacco control to Ontario health intermediaries. Services are provided to health units, community coalitions, community health centres, voluntary organizations, health care providers, occupational health workers.
- ***Strategic Training Program in Tobacco Use in Special Populations (CAMH and CIHR)***
The Canadian Institutes for Health Research and the Centre for Addiction and Mental Health have funded a Strategic Training Program in Tobacco Use in Special Populations that provides outstanding training opportunities for graduate students, PhD postdoctoral fellows, MD research fellows and both new and established investigators.

- **Canadian Tobacco Control Research Initiative (CTCRI)**
CTCRI provides grants to graduate and post-doctoral students (up to \$10, 000) in order to create new opportunities for students in Canada to undertake independent research projects related to tobacco control and nicotine addiction interventions.

Cessation Training

- ***Training Public Health Staff in Smoking Cessation for Pregnant Women and Parents (PTCC)***
This training program is designed to build the skills of Ontario public health unit staff in offering smoking cessation support to pregnant women and parents with children in the home.
- ***Mobilisation des ordres professionnels (Québec)***
The province of Quebec has undertaken a large-scale training program to engage and train health professionals in the area of smoking cessation. Through this program, general practitioners, nurses, dentists, pharmacists, respiratory technicians and dental hygienists have all received training on how to encourage and support their clients quit smoking attempts.
- ***Telephone Counselling Protocols for Pregnant and Post-Partum Women***
Specific protocols and training were developed to help quitline counsellors provide specialized cessation advice to pregnant and post-partum women. These protocols are based on the available best practices.
- ***Smoking Cessation Education Program for Pharmacists***
Different levels of training were developed so that Canadian community pharmacists can offer varying intensities of tobacco cessation interventions for their clients. Pharmacists are able to obtain accreditation from the Canadian Council for Continuing Education in Pharmacy once they have completed the course.
- ***Training Facilitators for Smoking Cessation (Yukon)***
This project involved the building of a network of trained facilitators to provide group smoking cessation programming in the Yukon. The program, based on Dr. David Aboussafy's stage-matched smoking cessation model, uses motivational interviewing techniques. The program was successful in training a number of facilitators who provide cessation counseling in remote areas of the Yukon.
- ***Techniques for Continuing Education Programs and an Intervention Toolkit for Dental Hygienists***
A web-based continuing education program on tobacco cessation services for dental hygienists was developed in order to increase the number of dental hygienists who are providing tobacco cessation services in their clinical practices.

- ***Training Enhancement in Applied Counselling for Health (TEACH) Program***
The Centre for Addiction and Mental Health in Ontario has developed a core curriculum for moderate intensity cessation counselling for health care professionals from a variety of disciplines. Specialty trainings for special populations, e.g., pregnant women, are also offered.

Media Training

- ***Global Media Training on Cessation***
Health Canada has provided funding for this international initiative to create a toolkit to help cessation stakeholders with the design, implementation and evaluation of cessation media activities.

Retailer Training

- ***Retailer Toolkit for Tobacco Sales***
Saskatchewan Health, Health Canada and the Saskatchewan Tobacco Retailers Advisory Committee partnered to create a “Retailer Toolkit for Tobacco Sales”, a policy and procedure resource for owners, managers and clerks of tobacco retail outlets. The toolkit is designed to help prevent tobacco sales to minors and help to comply with legislation respecting the display of tobacco.
- ***First Nations Tool Kit for Tobacco Sales***
First Nations and Inuit Health Branch of Health Canada have also developed a “First Nations Tool Kit for Tobacco Sales” which they use to educate tobacco retailers on First Nation land.
- ***Quebec Retailer Toolkit***
This retailer toolkit, developed by the Province of Québec, outlines the legal obligations with regard to point of sale for all retailers. The kit is available for download at:
http://www.msss.gouv.qc.ca/sujets/santepub/tabac/index.php?retailers_tobacco_products

Training for Other Concerned Persons

- ***Policy Guideline on Second-hand Smoke***
The BC Lung Association developed a policy guideline to deal with issues related to second-hand smoke for tenants and landlords, and developed and delivered educational presentations for landlord associations, housing co-ops, non-profit housing and other stakeholders.
- ***Federation of Canadian Municipalities***
A bulletin and information on creating smoke-free spaces was sent to the mayor of every Canadian city through the Federation of Canadian Municipalities. This information helped to increase awareness around second-hand smoke and generate momentum around creating smoke-free bylaws in Canadian cities.

12(f) Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption?

As noted under questions 12(a) and 12(b) above, a larger number of initiatives are in place to ensure that Canadians are aware of the adverse health risks of tobacco consumption.

A number of activities are also underway to educate decision-makers with regard to the economic consequences of tobacco consumption, particularly in the workplace. The Conference Board of Canada recently published an update to their report *Smoking and the Bottom Line*. The report established the cost of smoking employees to their employers by examining employee absenteeism, employee productivity, group health benefit premiums and facilities modifications.

In addition, the Canadian Centre for Substance Abuse has published a major study entitled *The Cost of Substance Abuse in Canada* (Appendix 6-C-3) which looks at the social costs of tobacco, alcohol and illicit drugs in Canada.

There are a few studies in Canada that look at the costs of smoking to the economy. Executive summaries of these reports can be found in Appendix 6-C-2:

- *The Cost of Smoking in British Columbia and the Economics of Tobacco Control*
- *The Cost of Smoking in New Brunswick and the Economics of Tobacco Control*
- *The Cost of Smoking in Newfoundland and Labrador and the Economics of Tobacco Control*

In addition, work has been done to counter myths that bans on smoking in public places have an adverse economic impact on workplaces. Some examples of reports on this topic include (see Appendix 6-C-3):

- *The Economic Impact of Smoke-Free Workplaces: an Assessment for Newfoundland and Labrador*
- *The Economic Impact of Smoke-Free Workplaces: an Assessment for Nova Scotia*

The environmental consequences of tobacco production are not generally discussed in Canada as they are minimized through strict environmental regulations. However, Canadian organizations have undertaken work to identify the costs of tobacco in other countries. The document *At What Cost* (Appendix 6-C-1) outlines some of this research.

Optional Questions: Programs and Plans

Demand reduction measures concerning tobacco dependence and cessation

14.2(a) Design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments?

A number of programs have been implemented to help promote smoking cessation in a variety of settings. The availability of programs varies across the country, however, both hospital-based cessation programs and the Leave The Pack Behind program (designed for university and college students) are quickly gaining popularity across Canada.

Education Institutions

- ***Leave The Pack Behind (LTPB)***

Leave The Pack Behind is a peer-to-peer tobacco control program located on university and college campuses that educates students about the health consequences of tobacco use, and provides a range of cessation interventions appropriate and attractive to this age group. The program also mobilizes students to counter the efforts of tobacco companies to market to young people. Second-hand smoke control policy and bans on tobacco sales in residences have also been a significant focus of this program. Leave The Pack Behind has been implemented on a number of university campuses across Canada (Appendix 6-B-6).

- ***BC Institute of Technology***

A smoking cessation strategy for trade school students was developed, including the creation of cessation materials and programs to increase cessation opportunities for trade school students.

Workplaces

- ***Smoking Cessation in the Workplace - A Guide to Helping your Employees Quit***

This guide is designed for employers and the many others who promote healthy workplaces. It provides practical and relevant material on smoking cessation and the kinds of smoking cessation activities that can be offered in workplaces, as well as handouts and tools.

- ***Quit and Win Contests***

In some provinces, such as Québec, the Quit and Win (Défi j'arrête, j'y gagne) contests have partnered with employers to help further promote the campaign. Specialized information is made available to workplaces to help them support their employees through the quitting process.

Sporting Events

It should be noted that as of October 1, 2003 tobacco sponsorship promotion was banned under the *Tobacco Act*. As a result, all sporting and cultural events take place in an environment free of tobacco advertising. In addition, some provinces have taken specific action to promote tobacco free sports.

- ***Tobacco Free Sports (PEI, NB and BC)***

The goal of this project is to create a tobacco-free sport environment by raising awareness and influencing behaviour among youth, sports participants, and spectators regarding the use of tobacco.

14.2(b) Diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers?

Primary health care in Canada is generally the responsibility of the provincial and territorial governments, guided by the *Canada Health Act* (see Appendix 6-E-1 for a full description of how Canada's health care system works). Thus the treatment of tobacco dependence and counselling services fall under provincial/territorial jurisdiction and services vary from province to province.

As is the case with other programs, cessation services tend to be developed based on scientific evidence and with the collaboration of various health care workers.

14.2(c) Establishment in health care facilities and rehabilitation centres of programme for diagnosing, counselling, preventing and treating tobacco dependence.

Currently, the federal government provides funding for the following programs in health care facilities. Provinces and territories may also provide additional services within their jurisdictions.

- ***Smoking Cessation Toolkit for Health Care Settings***

This toolkit is a compilation of learnings from hospital sites and other health care institutions regarding the development of policies and systems to support hospital-based cessation interventions. See Appendix 6-A-3 for an overview of what is included in the toolkit.

- ***Program de Cessation Tabagique (Maison L'Alcôve)***

This smoking cessation program is designed for substance abusers in a residential treatment program. The program lasts for 21 days in centre and 10 weeks once the client leaves the centre.

- ***Surgical Waitlist Cessation Project (BC)***

This project consists of a full program of information, nicotine replacement therapy, and counselling that targets all smoking patients on surgical waitlists in the Vancouver

Coastal Health area. All patients identified as smokers are contacted and, if interested, receive the cessation interventions at least eight weeks prior to surgery.

- ***Ottawa Heart Institute Program***

In 2004 the University of Ottawa Heart Institute in partnership with leaders from the University of Waterloo and the Centre for Addiction and Mental Health hosted a one-day workshop to support the development of a multi-sectoral research collaborative to address knowledge and practice gaps relevant to hospital-based smoking cessation. Work is underway to pilot additional hospital-based cessation programs in Canada.

- ***Hospital-based Smoking Cessation Network***

With the support of the Smoke-Free Ontario Strategy, the University of Ottawa Heart Institute has developed a *Hospital-based Smoking Cessation Network (Ottawa Heart Institute)* demonstration project. This is a model program of 12 hospital-based smoking cessation programs in the Champlain Local Health Integration Network (LHIN). These hospitals have adopted an institutional approach to tobacco use cessation by applying consistent protocols for the assessment, documentation, treatment, and evaluation of program processes, outputs and outcomes. See Appendix 6-A-5 for an article on the success of this program.

Similarly, the province of New Brunswick is continuing to develop a more integrated approach to smoking cessation within the provincial Regional Health Authorities. Existing efforts to implement a comprehensive continuum of services, including the provincial quitline, through the province-wide cessation working group will be further complemented by linking its hospital-based smoking cessation network with the one noted above.

Programs and Plans: Optional Questions

Protection of the environment and the health of persons

18 Due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within its territory

Canada's compliance with this derives from federal, provincial and territorial legislation and policies for environmental and health protection. For example, the federal *Pest Control Products Act* requires the pesticides be registered under the *Act* before they can be used in Canada. Before registering a product the Minister of Health (Pest Management Regulatory Agency, Health Canada) must be satisfied on the basis of scientific data that its human health and environmental risks are acceptable. This applies to agriculture pesticides, including those registered for use in relation to tobacco. It should also be noted that Canadian tobacco growers use gas kilns, not wood, to cure their tobacco.

Programs and Plans: Optional Questions

Research, Surveillance and Exchange of Information

20.1 (b) Training and support for all those engaged in tobacco control activities, including research, implementation and evaluation?

Training and support is offered at a variety of levels in Canada, including support for students doing research in the area of tobacco control (refer to 12(d) of the report).

Funding is provided through the Tobacco Control Programme's Grant and Contribution Programme to organizations involved in tobacco control at the national, regional and community level. The areas of research, program implementation and evaluation of programs and activities are all funded through the Contribution Programme. These activities are too numerous to mention within this report, however, information is available on the Health Canada website at www.gosmokefree.ca.

Canada also regularly hosts national tobacco control conferences which are a key forum for training and support for those working in tobacco control (visit www.ncth.ca for more information). Regional tobacco control conferences (i.e. the Ontario Tobacco Control Conference) and regional workshops through groups such as the Program Training and Consultation Centre (Ontario) and National Indian and Inuit Community Health Representatives Organization (NIICHRO) are other means through which tobacco training is provided.

20.2 Programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke?

The Tobacco Control Programme at Health Canada has an Office of Research, Surveillance and Evaluation to track the patterns and determinants of tobacco consumption and of exposure to tobacco smoke.

Canadian Tobacco Use Monitoring Survey (CTUMS)

The *Canadian Tobacco Use Monitoring Survey* was designed to provide timely, reliable and continual federal and provincial access to important information related to tobacco use in Canada, especially for populations most at risk for taking up smoking, such as 15-24 year olds. Since February 1999, CTUMS has provided six-month and annual data on changes in smoking status and amount smoked, both nationally and provincially. Seven full years of tobacco use data on Canadians has now been collected by CTUMS: full-years 1999 to 2005. In addition to tracking changes in smoking status and amount smoked, CTUMS captures information on quit attempts and methods used for quitting and also tracks exposure to secondhand smoke. See Appendix 1-B for a copy of the survey and a factsheet on survey methodology.

Results from the survey are posted semi-annually on the Health Canada website at: www.gosmokefree.ca

Youth Smoking Survey (YSS)

The *Youth Smoking Survey* provides timely and accurate monitoring of the tobacco use in school aged children (grades 5-9). The first national *Youth Smoking Survey* was carried out in the fall of 1994 and provided data on smoking status and number of cigarettes smoked for children aged 10 to 19 years. Since 1999, smoking behaviour of 15-19 year olds has been monitored annually by the *Canadian Tobacco Use Monitoring Survey*. It is generally recognized that this is the population most at risk for trying tobacco products. Since any cigarette smoking, including just a few puffs (but not a whole cigarette) is an important indicator of future smoking in youth much of the analysis focuses on those who have ever tried smoking at all, even just a few puffs.

The YSS is a more comprehensive survey than *Global Youth Tobacco Survey* (GYTS) and was designed to meet Canadian needs and provide information on smoking trends in Canadian school aged youth comparable to that in CTUMS.

See Appendix 1-F for a copy of the YSS survey tool as well as a factsheet on methodology.

Northern Tobacco Use Monitoring Survey (NTUMS)

Residents of Canada's three northern territories are currently excluded from the CTUMS. To address this gap, Health Canada designated additional funding to support the territories to conduct tobacco surveillance activities. The Northwest Territories Bureau of Statistics completed the *Northern Tobacco Use Monitoring Survey* in 2004. This survey provides a means of comparing tobacco use in the Northwest Territories to data collected through CTUMS. The main objective of NTUMS was to provide timely, reliable and continual data on tobacco use and related issues for residents of the Northwest Territories.

Please see Appendix 1-C for a copy of the results of this survey and a copy of the survey questionnaire.

Yukon Youth Smoking Survey (YYSS)

Residents of Canada's three northern territories are currently excluded from the YSS. To address this gap, Health Canada designated additional funding to support the territories to conduct tobacco surveillance activities. The *Yukon Youth Smoking Survey* was conducted in 2003 by the Yukon Bureau of Statistics on behalf of the Yukon Health Promotion Unit with funding by Health Canada. The objectives of the survey were to gather data on the prevalence of smoking among 10 to 14 year olds (grades 5-9) to form an overall picture of smoking behavior in the Yukon and to provide data as an aid to the Health Promotion Unit for future information/education efforts with respect to smoking.

The final version of the *Yukon Youth Smoking Survey*, including methodology is available on the following website (see Appendix 1-F for a hard copy):

<http://www.hss.gov.yk.ca/downloads/yyssfina.pdf>

20.3 (a) A national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators?

In addition to CTUMS, which primarily tracks trends in tobacco consumption and exposure to second-hand smoke, a number of key surveys are currently in place that help to track social, economic and health indicators, these include:

Canadian Community Health Survey (CCHS)

The *Canadian Community Health Survey* is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. One of the main objectives of CCHS is to fill data gaps in the areas of health determinants, health status and health system utilization - at the health region level. The CCHS began collection in September 2000. Each two-year collection cycle is comprised of two distinct surveys: a health region-level survey in the first year and a provincial-level survey in the second year.

Information and results from the survey are available at:

<http://www.statcan.ca/english/concepts/health/cchsinfo.htm>

National Population Health Survey (NPHS)

The *National Population Health Survey* is a longitudinal survey on the health of Canadians. Conducted by Statistics Canada since 1994-95, the survey is designed to measure the health status of Canadians and to add to the existing body of knowledge about the determinants of health. The NPHS, which relies on respondents' self-reported health information, surveys the same group of respondents every two years for up to 20 years. A number of the NPHS questions are directly related to tobacco.

For more information, visit the Statistics Canada website at:

<http://www.statcan.ca/english/concepts/nphs/nphs1.htm>

Canadian Health Measures Survey (CHMS)

The Canadian Health Measures Survey (CHMS) is a cross sectional survey and will collect numerous physical measures and gather information by survey questionnaire beginning in 2007. The goal is to carry out a physical measurement survey that will provide nationally representative population-based statistics, by age and gender that describe the health of Canadians. These data are necessary for informed decision making, policy development, and health monitoring. The objectives of the survey are to estimate the prevalence and statistical distributions of selected biochemical nutritional status indicators, anthropometric indicators, physical fitness and physical function indicators, risk factors and indicators of cardiovascular disease and diabetes, lung function, human levels of selected environmental pollutants, and exposure to selected infectious agents.

Data from the survey will be available beginning in 2009. More information on the survey is available at: <http://www.statcan.ca/english/concepts/hs/measures.htm>

20.4 The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding the practices of the tobacco industry and the cultivation of tobacco?

Health Canada hosts an in-depth website on tobacco control, including information on research, evaluation, legislation, programs and policy (www.gosmokefree.ca). The website also provides information on sales data for tobacco and official test methods for the determination of constituents and emissions of tobacco products.

A number of non-governmental organizations who receive funding through Health Canada regularly post and make available documents that touch on all of the elements listed above.

More information is available on the NGO websites at:
Canadian Council for Tobacco Control (www.cctc.ca)
Non-Smokers' Rights Association (www.nsra-adnf.ca)
Physicians for a Smoke-Free Canada (www.smoke-free.ca)

Provincial and territorial government websites contain information on provincial tobacco control strategies and any research pertinent to their respective jurisdictions.

20.4 (a) An updated database of laws and regulations on tobacco control, and information about their enforcement, as well as pertinent jurisprudence?

The Canadian Council for Tobacco Control received funding from Health Canada to develop the “Canadian Law and Tobacco” section of their website (www.cctc.ca). This site contains laws that are specific to tobacco and smoking, or significant tobacco-related provisions that are contained within legislation that is not tobacco-specific (e.g., occupational health laws). It also contains information on enforcement, categorized by jurisdiction.

The website at this time does not cover the following:

- tobacco tax legislation or regulations, including tax rates and anti-smuggling provisions;
- every piece of federal, provincial or territorial legislation that has provisions dealing with tobacco or tobacco use;
- municipal smoking bylaws.

Justice Canada also maintains a complete listing of all federal legislation, statutes and regulations. This website is available at:

In addition, the Royal Canadian Mounted Police (RCMP) as well as the Canada Border Services Agency (CBSA) maintain independent, restricted databases of their enforcement activities.

Technical and Financial Assistance

Development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Canada provides technical and financial assistance through two different channels:

1) Health Canada's International Health Grants Program

Health Canada, through the International Health Grants Program, provides funding to support the work of international and non-governmental organizations in international tobacco control.

Health Canada has been a leading supporter of global tobacco control initiatives. Canadian funding priorities are as follows:

- to build capacity within international organizations to assist in national capacity building in countries of need;
- to strengthen research and networks in the South that support policy and program development; and
- to support the implementation of the Framework Convention on Tobacco Control.

These funds are used to support a wide range of projects around the globe. For more information on funded projects please see Appendix 5-C.

2) Research for International Tobacco Control (RITC)

Research for International Tobacco Control (RITC) is a program of the Canadian International Development Research Centre (IDRC). Since 1994, IDRC/RITC has been a leading player in creating a strong research, funding and knowledge base for the development of effective tobacco control policies and programmes that will minimize the threat of tobacco production and consumption to health and human development in developing countries. RITC's programming is unique in its focus on supporting Southern-led research through the provision of both long-term and small grants, building capacity among researchers in developing countries, and in the research-to-policy interface that it promotes.

RITC's focus is on tobacco as a development issue. Priority issues include: poverty and tobacco; tobacco farming: health, livelihoods and the environment; healthcare systems interventions, globalization and tobacco; and alternative forms of tobacco use. RITC is developing regional programs of tobacco control research, beginning in Southeast Asia. In recent years, RITC, in partnership with other agencies, has coordinated a Small Grants Research Competition to support ratification, implementation and/or evaluation of the FCTC. RITC also supports networking amongst researchers in developing countries through face-to-face meetings, attendance at international meetings and the development of a virtual communication platform.

Please see attached document (Appendices 5-B, 5-E, and 5-F) for a more complete description of activities undertaken by grantees.

3) Hosting International Delegations and Presenting at International Conference

In addition to our more formal assistance, employees of the Tobacco Control Programme at Health Canada have long been involved in presenting information, research, expertise and lessons learned to international delegations who visit Canada and at a wide variety of international conferences. Please see Appendix 5-C for a full breakdown of delegations received and conference presentations.

4) Non-Governmental Activities

Non-governmental organizations and universities provide a wide variety of training and assistance to other countries.

Provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Yes. Please see Section 5 of the Appendices for more details on funded activities.

Appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Yes. Please see Section 5 of the Appendices for more details on funded activities.

Provision of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes?

Yes. Please see Section 5 of the Appendices for more details on funded activities.

Identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Yes. Please see Section 5 of the Appendices for more details on funded activities.

Appendices

Section 1 – Demographics and Statistics

1-A [Canadian Community Health Survey: Survey Questionnaire](#)

1-B [Canadian Tobacco Use Monitoring Survey: Questionnaire](#)

1-B-1 [CTUMS Description of Survey](#)

1-C [Northern Tobacco Use Monitoring Survey: Northwest Territories Report](#)

1-C-1 Northern Tobacco Use Monitoring Survey: Questionnaire

1-D [Report on the 2003 Yukon Youth Smoking Survey](#)

1-E [Statistics Canada: Population and Demography](#)

1-E-1 [By Age/Sex](#)

1-E-2 [By Description](#)

1-E-3 [By Province/Territory](#)

1-F [Youth Smoking Survey: Technical Report](#)

1-F-1 Youth Smoking Survey Module (5, 6)

1-F-2 Youth Smoking Survey Module (7, 8, 9)

Section 2 – Provincial and Territorial Legislation (note Tax Acts are not included)

2-A Alberta

2-A-1 [Prevention of Youth Tobacco Use Act, 2004](#)

2-A-1-a [Prevention of Youth Tobacco Use Regulation, 2004](#)

2-A-2 [Protection from Second-hand Smoke in Public Buildings Act](#)

2-A-3 [Smoke-Free Places Act, 2005](#)

2-B British Columbia

2-B-1 [Occupational Health and Safety Regulations, Part 4](#)

2-B-2 [Tobacco Damages and Health Care Costs Recovery Act](#)

2-B-3 [Tobacco Sales Act, 2004](#)

2-B-3-a [Tobacco Sales Regulations](#)

2-B-3-b [Tobacco Testing and Disclosure Regulations](#)

2-C Manitoba

2-C-1 [The Non-Smokers Health Protection Act](#)

2-C-1-a [The Non-Smokers Health Protection Regulation](#)

2-C-1-b [The Non-Smokers Health Protection Regulation, Amendment](#)

2-C-2 [Tobacco Damages and Health Care Recovery Act](#)

2-D New Brunswick

2-D-1 [Smoke-Free Places Act](#)

2-D-1-a [Regulation 2004-99 under the Smoke-Free Places Act](#)

2-D-2 [Tobacco Damages and Health Care Recovery Act](#)

2-D-3 [Tobacco Sales Act, 2000 consolidation](#)

2-D-3-a [Regulation 04-97 the Tobacco Sales Act](#)

2-E Newfoundland and Labrador

2-E-1 [Smoke Free Environments Act, 2005](#)

2-E-1-a [Smoke Free Environment Regulation, 2005](#)

2-E-2 [Tobacco Control Act](#)

2-E-3 [Tobacco Health Care Costs Recovery Act](#)

2-F Northwest Territories

2-F-1 [Environmental Tobacco Smoke Work Site Regulations](#)

2-F-2 [Tobacco Control Act](#) (To be proclaimed)

2-G Nova Scotia

2-G-1 [Smoke-free Places Act](#)

2-G-1-a [Smoke-free Places Regulations](#)

2-G-2 [Tobacco Access Act](#)

2-G-2-a [Tobacco Access Regulations](#)

2-G-3 [Tobacco Damages and Health-care Costs Recovery Act](#)

2-H Nunavut

2-H-1 [Tobacco Control Act](#)

2-I Ontario

2-I-1 [Smoke Free Ontario Act, 2005](#)

2-I-2 [Smoke-Free Ontario Regulations, 2005](#)

2-J Prince Edward Island

2-J-1 [Smoke-Free Places Act](#)

2-J-1-a [Smoke-Free Places Act Regulations](#)

2-J-2 [Tobacco Sales and Access Act](#)

2-J-2-a [Tobacco Sales and Access Regulations](#)

2-K Quebec

2-K-1 [Tobacco Act](#)

2-L Saskatchewan

2-L-1 [Occupational Health and Safety Regulations, Section 77](#)

2-L-2 [Tobacco Control Act, 2004 consolidation](#)

2-L-2-a [Tobacco Control Regulations, 2002](#)

2-M Yukon

2-M-1 [Tobacco Free Schools Policy](#)

Section 3 – Federal Legislation

3-A [Customs Act](#)

3-B [Excise Act, 2001](#)

3-B-1 [Regulations Respecting Excise Licences and Registrations](#)

3-B-1-a [Regulations Amending the Regulations Respecting Excise Licences and Registrations](#)

3-B-2 [Regulations Respecting the Possession of Tobacco Products That Are Not Stamped](#)

3-B-3 [Regulations Relieving Special Duty on Certain Tobacco Products](#)

3-B-3-a [Regulations Amending the Regulations Relieving Special Duty on Certain Tobacco Products](#)

3-B 4 [Stamping and Marking of Tobacco Products Regulations](#)

3-B-4-a [Regulations Amending the Stamping and Marking of Tobacco Products Regulations](#)

3-C [First Nations Goods and Services Tax Act](#)

3-D [Non-smokers' Health Act](#)

3-D-1 [Non-smokers' Health Regulations](#)

3-E [Tobacco Act \(Amended\)](#)

3-E-1 [Tobacco Access Regulations](#)

3-E-2 [Tobacco Seizure and Restoration Regulations](#)

3-E-3 [Tobacco Products Information Regulations](#)

3-E-4 [Tobacco Reporting Regulations](#)

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