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# UPDATE

COLLABORATION

## EVERY 11 MINUTES

**EVERY 11 MINUTES, A CANADIAN DIES FROM TOBACCO USE.** Every 10 minutes, two Canadian teenagers start smoking cigarettes; one of them will lose her life because of it. Yearly, more than a thousand Canadians who never even smoked die — from exposure to tobacco smoke. Thousands more are diagnosed with illnesses related to tobacco use. Year in and year out, more than 45,000 Canadians perish — because of tobacco.

*It doesn't have to be that way. Tobacco use is the single most preventable cause of premature death and disease in Canada.*

In April of 2001, the Government of Canada stepped up its efforts to ensure that Canada ultimately will be smoke-free — with the launch of the Federal Tobacco Control Strategy. This Strategy, representing the most significant effort Canada has ever undertaken to fight the tobacco epidemic, brings a comprehensive, integrated and sustained approach to tobacco control.

These communiqués detail some of the initiatives connected to the Federal Tobacco Control Strategy.

*i n i t i a t i v e s*

## Collaboration

Tobacco control is everyone's business. From individual to global action, it must be a collaborative and truly collective effort. Health Canada knows that working with the provinces, territories and NGOs, as well as the international health community, is vital.

From the outset of the Strategy's implementation, Health Canada moved to initiate and consolidate relationships and to implement innovative programmes, in order to ensure that the Strategy will move forward from a strong footing. The idea is to build on current networks and enhance the ability of communities to take action. These approaches have borne fruit across the full range of key Strategy areas.

For example, formalized tobacco control strategies are now in place in all of the provinces and in the Yukon and the Northwest Territories; development is underway for a co-ordinated approach to regulatory frameworks around tobacco; several initiatives with partners around prevention and cessation programmes, as well as mass media communications initiatives, have been signed; and investments in educational and support projects at national and regional levels have increased significantly.

Recent opportunities for collaboration and funding for local projects included: a smoke free homes social marketing and community engagement intervention conducted by the

Prince Edward Island Tobacco Reduction Alliance; cessation initiatives aimed at smokers with diabetes and chronic lung and heart diseases, as well as recent mothers who smoke, under the auspices of the Heart and Stroke Foundation of B.C. and Yukon; and piloting and evaluation of the *Smoke-Free Public Places: You Can Get There* toolkit in selected communities across the country by the Federation of Canadian Municipalities.

Health Canada's regional offices are catalysts for these collaborations. They play a key role in establishing partnerships with community organizations for purposes of identifying and addressing regional priorities for action in tobacco control.

*We know that a comprehensive and integrated approach to tobacco control is the most effective means of altering smoking behaviour and reducing tobacco prevalence. I am happy to say that the excellent federal / provincial / territorial working relationships we enjoy in Canada contribute to better health prospects for all Canadians. By sharing evidence and best practices, we support and learn from each other, and in turn optimize efforts on a national scale. In this regard I would like to congratulate Health Canada for its stewardship in enabling Canada's multi-jurisdictional approach to tobacco control.*

— Andy Hazlewood, Chair and B.C.  
Representative, Tobacco Control Liaison  
Committee