The National Strategy:

Moving Forward

The 2004 Progress Report on Tobacco Control

2004

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Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

Prepared by the Canadian tobacco control community:

The Tobacco Control Liaison Committee of the
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in collaboration with non-governmental organizations.

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Synopsis

Tobacco control in Canada is holding fast. Reported overall prevalence rates for tobacco use in Canada in 2003 remained at 21% (the level reported for 2002). That the rate has not faltered is in itself encouraging; yet closer scrutiny reveals positive change has taken place in tobacco use on several levels. This document bears good news.

According to the latest results from the *Canadian Tobacco Use Monitoring Survey* (CTUMS), from data collected between February and December 2003, over five million people, representing roughly 21% of the population aged 15 years and older, were current smokers. Of the general population aged 15 years and older, 17% reported smoking daily. This is statistically unchanged from the rates indicated in 2002.

But for the first time in ten years, smoking among youth dropped to a level lower than that of the general population. The decline in smoking among youth 15-19 years old continued in 2003 to 18%, with 12% reporting daily smoking and 7% occasional smoking. This is a decrease from 22% in 2002 and is a ten percentage point improvement from 28% in 1999, when CTUMS was first conducted.

Moreover, greater numbers of Canadians believe smoking should not be allowed in restaurants and bars. In 2003, half (50%) of Canadians who expressed their opinion felt that smoking should not be allowed anywhere in restaurants. This is up from 44% in 2002. Although those in favour of smoke-free bars and taverns still constitute a minority, their ranks also grew from 28% in 2002 to 34% in 2003.

So there is ample reason to celebrate, and at the same time little reason to relax. Tobacco control in Canada is not a simple proposition—but it is a workable one. The potential for success in tobacco control is being fulfilled, and Canada's *National Strategy* is designed to ensure that this success continues.

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Summary

This, the 2004 Progress Report on Tobacco Control, *Moving Forward*, is the fourth report on developments connected to a framework for action against tobacco use which was endorsed and implemented in 1999 by Canada's federal, provincial and territorial Ministers of Health. *New Directions for Tobacco Control in Canada: A National Strategy* emphasizes sustained, comprehensive, integrated and collaborative approaches to reducing tobacco use, and is based upon shared responsibility among all levels of government—federal, provincial, territorial and local—and with non-governmental organizations (NGOs). This Report outlines tobacco control activities undertaken from May, 2003 to May, 2004 in the context of the National Strategy.

The Strategy incorporates four interconnected goals: prevention—keeping youth from starting to smoke; cessation—helping smokers to quit; protection—ensuring smoke-free environments; and denormalization—educating Canadians about the marketing strategies and tactics of the tobacco industry, and the effects the industry's products have upon the health of Canadians. These goals inform the National Strategy's five strategic directions: policy and legislation; public education; tobacco industry accountability and product control; research, evaluation and monitoring; and building and supporting capacity for action.

The 2004 Report constitutes a concise version, as prescribed within the context of the National Strategy's agenda for an annual report on developments—alternating between detailed reporting one year and high level coverage the next. Key indicators–smoking prevalence, tobacco consumption—are derived from 2003 findings in the *Canadian Tobacco Use Monitoring Survey* (CTUMS), which was conducted by Statistics Canada on behalf of Health Canada.

This abbreviated Report offers an overview of progress by outlining a single activity or initiative per federal / provincial / territorial or local government or NGO within areas of endeavour connected to the five strategic directions, as well as management of tobacco use within First Nations, Inuit and Métis communities.

Also this year the Report features a policy comparison examining the impact of price elasticity on consumption and smoking prevalence; as well as a review of health disparities related to gender (i.e., gender differences in tobacco use and sex-specific differences in the health effects of tobacco and exposure).

The requirement to include only a single item per National Strategy stakeholder in this short form report implies that a significant amount of information will be more fully presented in next year's detailed Report. Nevertheless, the 2004 Report aims, by featuring examples of activities connected to a variety of players in the Strategy: to illustrate the range of initiatives required for effective tobacco control; to show the diversity of programmes being carried out within the context of these initiatives; and to underscore the effectiveness that commonality and complementarity, inherent in a national, multi-party strategy, bring to tobacco control.

Finally this Report aims to illustrate the requirement for a sustained response to tobacco use, which has persistently rebounded whenever tobacco control efforts slacken. We invite Canadians to look closely at the dynamics of tobacco control in Canada, and to consider the tremendous potential for reducing death and disease caused by tobacco that is being realized–and has yet to be realized–under the auspices of *New Directions for Tobacco Control in Canada: A National Strategy*.

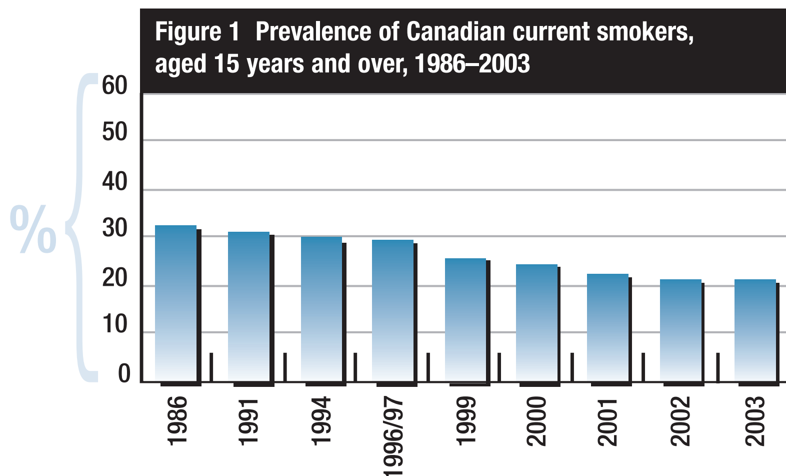
Tracking Key Indicators

Effective tobacco control requires partners to work together towards common goals. It requires integration, coordination and complementarity of a diverse array of strategies. The federal / provincial / territorial governments and tobacco control NGOs play a critical leadership role in achieving national action. This array of strategies, including research, policy and programme components, developed and coordinated at the local, provincial / territorial, national and international levels, is needed to successfully reduce tobacco consumption. When each jurisdiction and organization with an interest in tobacco control is integrated within an overall action plan, then Canada can be seen to be implementing an effective, comprehensive strategy.

Smoking prevalence in Canada

According to the latest results from the *Canadian Tobacco Use Monitoring Survey* (CTUMS), for data collected between February and December 2003, over 5 million people, representing roughly 21% of the population aged 15 years and older, were current smokers. Of the general population aged 15 years and older, 17% reported smoking daily.

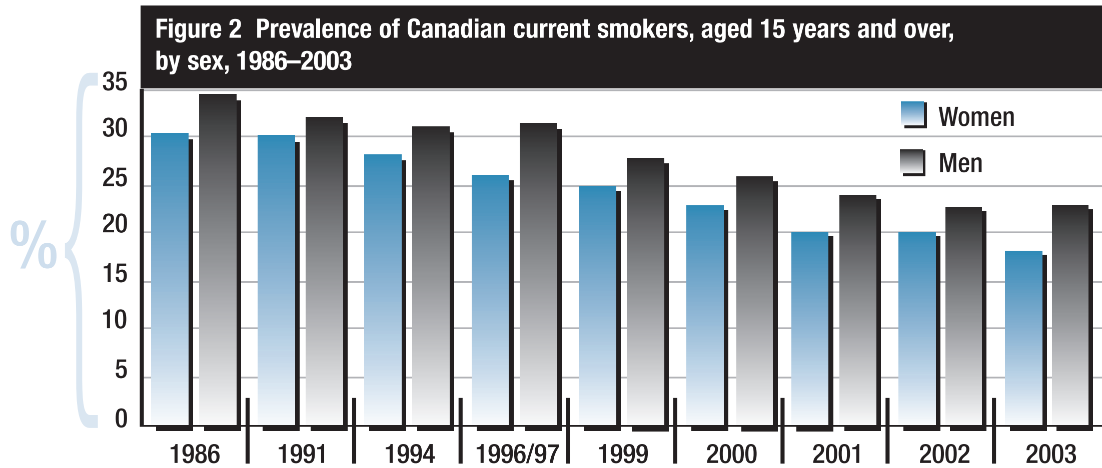
Figure 1 Prevalence of Canadian current smokers, aged 15 years and over, 1986–2003



Sources: 1986, Labour Force Survey Supplement; 1991, General Social Survey; 1994, Survey on Smoking in Canada; 1996/97, National Population Health Survey; 1999–2003, Canadian Tobacco Use Monitoring Survey (Annual).

Approximately 23% of men were current smokers, higher than the proportion of women (18%).

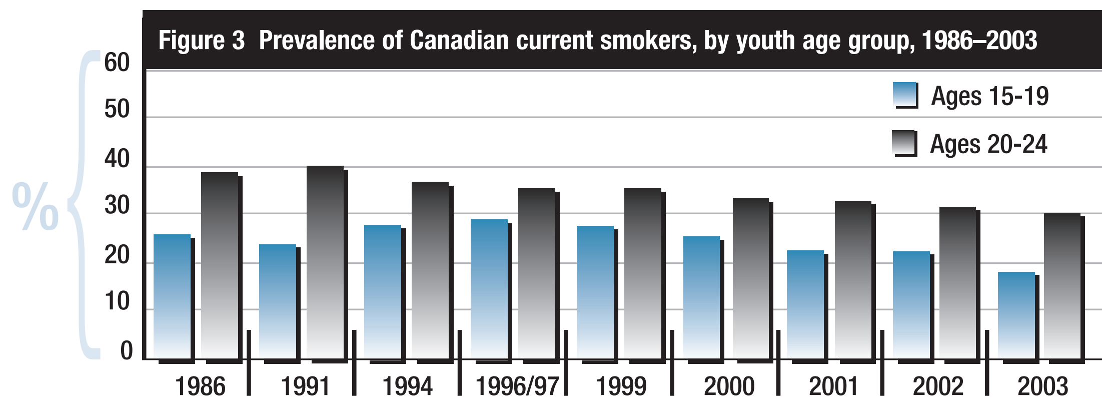
Figure 2 Prevalence of Canadian current smokers, aged 15 years and over, by sex, 1986–2003



Sources: 1986, Labour Force Survey Supplement; 1991, General Social Survey; 1994, Survey on Smoking in Canada; 1996/97, National Population Health Survey; 1999–2003, Canadian Tobacco Use Monitoring Survey (Annual).

The decline in smoking among youth aged 15-19 years continued in 2003 to 18%, with 12% reporting daily smoking and 7% occasional smoking. This is a decrease from 22% in 2002 and is a ten percentage point improvement from 28% in 1999, when CTUMS was first conducted. Slightly more teen girls reported smoking than boys (20% vs. 17%). However, among daily smokers, boys smoke slightly more cigarettes per day (13.0) than girls (11.7).

Figure 3 Prevalence of Canadian current smokers, by youth age group, 1986–2003

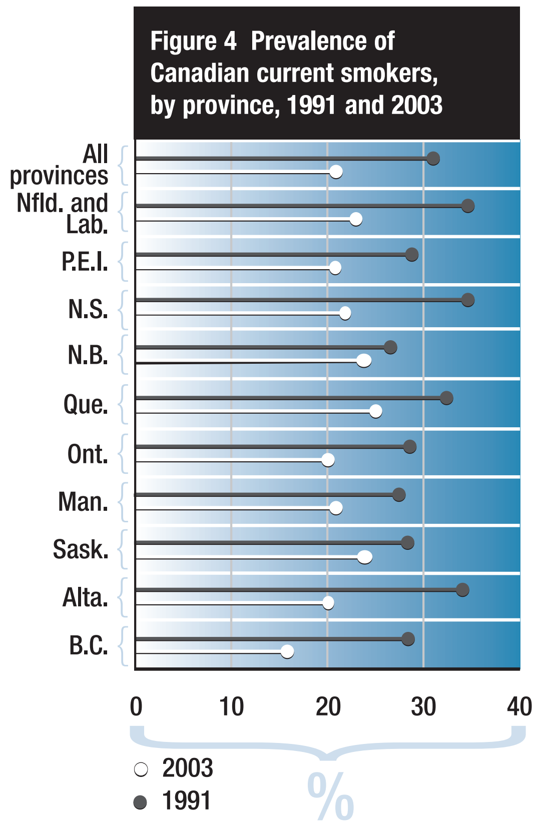


Sources: 1986, Labour Force Survey Supplement; 1991, General Social Survey; 1994, Survey on Smoking in Canada; 1996/97, National Population Health Survey; 1999–2003, Canadian Tobacco Use Monitoring Survey (Annual).

The prevalence of smoking among young adults aged 20-24 years was reported at 30% for 2003 (21% daily, 9% occasionally), also slightly decreased from the 2002 rate (31%). There is a slight difference in the daily smoking rates between males (23%) and females (19%) aged 20-24 years. Overall, young adults continue to report the highest rate of smoking.

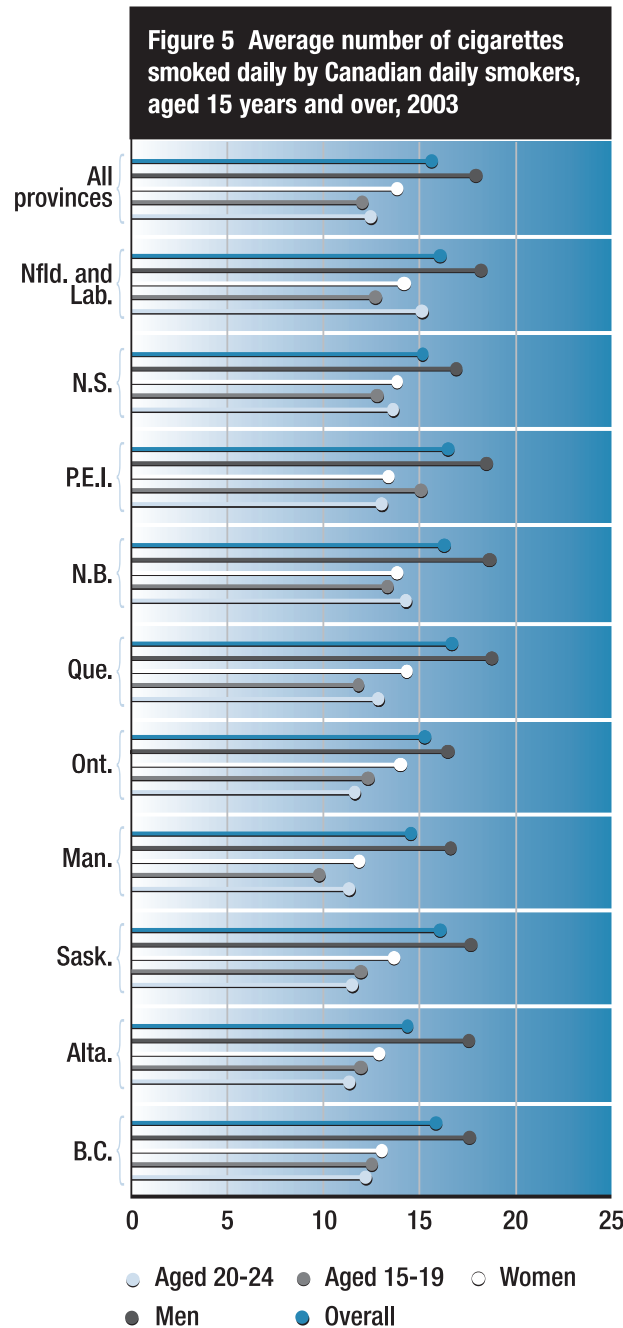
All provinces have witnessed a drop in their smoking rates compared to 1999. In 2003, British Columbia continued to report the lowest rate of current smokers (16%) and Québec had the highest (25%). Québec reported the highest average number of cigarettes consumed per day by daily smokers (16.8), while Alberta reported the lowest average (14.6).

Figure 4 Prevalence of Canadian current smokers, by province, 1991 and 2003



Sources: 1991, General Social Survey; 2003, Canadian Tobacco Use Monitoring Survey (Annual).

Figure 5 Average number of cigarettes smoked daily by Canadian daily smokers, aged 15 years and over, 2003

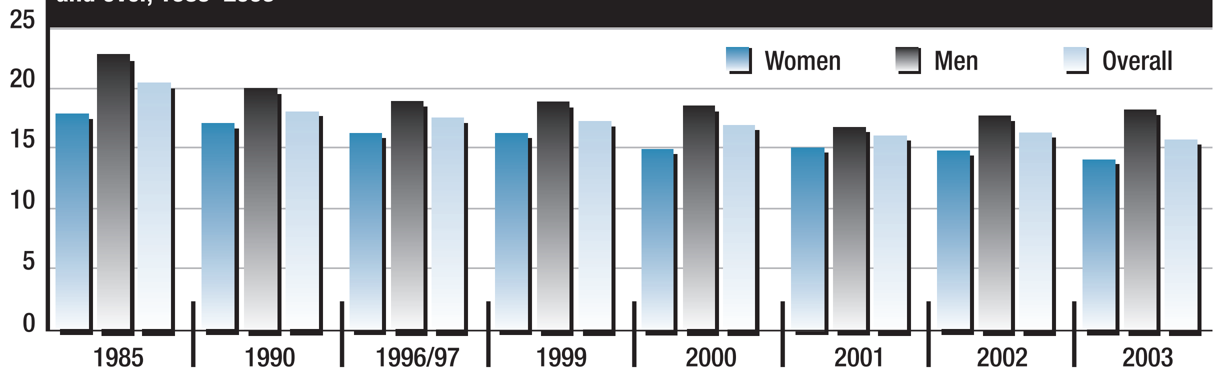


Source: 2003, Canadian Tobacco Use Monitoring Survey (Annual).

Tobacco Consumption in Canada

Not only are fewer Canadians smoking, but they are also smoking fewer cigarettes on a daily basis. In 1985, daily smokers consumed an average of 20.6 cigarettes per day. Since then, the number of cigarettes smoked has been gradually declining to the current level of 15.9 cigarettes per day reported for 2003. Men continued to smoke more cigarettes than women: 17.3 cigarettes per day for males as compared to 14.0 for females. The majority of Canadian smokers (58%) reported consuming some type of 'light' or 'mild' cigarette, compared to 42% who smoke a 'regular' type of cigarette.

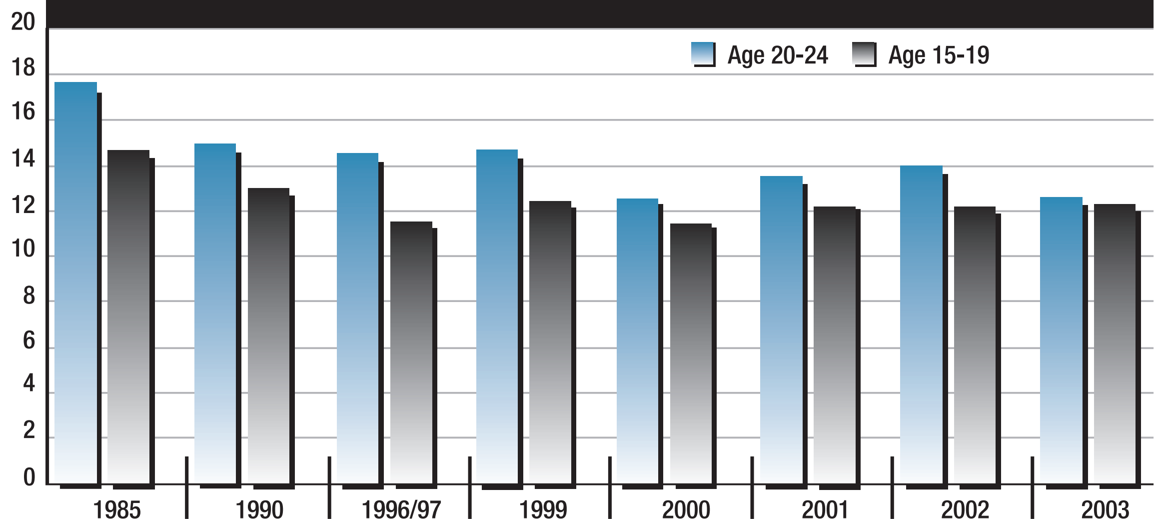
Figure 6 Average number of cigarettes smoked daily by Canadian daily smokers, aged 15 years and over, 1985–2003[a]



Sources: 1985 & 1990, Health Promotion Survey; 1996/97, National Population Health Survey; 1999–2003, Canadian Tobacco Use Monitoring Survey (Annual).

[a] Provincial data only

Figure 7 Average number of cigarettes smoked daily by Canadian youth (daily smokers), 1985–2003[a]



Sources: 1985 & 1990, Health Promotion Survey; 1996/97, National Population Health Survey; 1999–2003, Canadian Tobacco Use Monitoring Survey (Annual).

[a] Provincial data only

Tobacco Use, Health Determinants & Health Disparities

The determinants of health approach provides a useful framework for examining tobacco use. Determinants of health (factors that interact in complex ways to impact on people's health) include: income and social status; gender; culture; education; and biological and genetic traits. In consideration of continuing disparities in health trends in Canada between males and females, tobacco control experts are investigating gender (the culturally specific set of characteristics that identifies the social behaviour of men and women and the relationship between them) and sex (the biological differences between men and women) factors in tobacco use.

Trends in Smoking Prevalence

Historically, the rate of smoking has been higher among men than it has been among women. Over the last few decades, however, the decline in smoking prevalence has been more pronounced among men. From 1965 to 2003, the rate for men has dropped from 61% to 23%, as compared with 38% to 18% for women during the same period.

The difference in the rate of decline is likely the result of two phenomena: (1) men generally adopted cigarette smoking before women did, and in turn quit smoking earlier relative to women; and (2) a potential peak in female smokers was likely suppressed during the era when more intense tobacco control activities were implemented (e.g. the decline in female smokers was less because the rise in female smokers was less).

Health Consequences of Smoking

While tobacco use has similar health consequences for men and women (i.e., lung and other cancers, cardiovascular disease, stroke, chronic bronchitis and emphysema), some of its effects are sex specific. Men who smoke are at risk for erectile dysfunction and reduced fertility, while women are at risk for increased cardiovascular disease while using oral contraceptives, reduced fertility, cervical cancer, early menopause and bone fractures. Moreover, smoking during pregnancy can result in premature birth, malformation of the fetus, low birth-weight and stillbirth.

Smoking-related Deaths

The number of smoking-related deaths in Canada increased between 1989 and 1998; this increase was steeper among women. During this time period smoking-related deaths rose from 38,357 to 47,581–representing an increase of 9,224–with females accounting for 6,531of the increase.

This sex difference in smoking-related deaths reflects the smoking behaviour of the population two to three decades earlier. The effect of the drop in tobacco consumption among men, beginning in the mid-1960s, is reflected by a levelling off in the mid-1980s and then a continuous decline in male lung cancer rates. (Lung cancer was the leading cause of smoking-related deaths between 1989 and 1998; cardiovascular disease is now the major cause of smoking related death.) In contrast, women's smoking rates peaked in the late 1970s and declined slightly over the past three decades. Female lung cancer mortality rates more than quadrupled between 1969 and 1998, and can be expected to rise for the next few years before decreasing.

The significant decline in the rate of smoking over the past 40 years will soon be reflected in the rate of smoking-related deaths. While the male smoking-related death rate has already peaked (1988-1989), the rate for females will probably continue to rise, but much more slowly. In addition, it is expected that the rate for lung cancers in females will peak at a level lower than that for males. One of the more likely factors behind this trend is the implementation of tobacco control measures during the 1970s, 1980s, and 1990s.

Tobacco Sales vs. Prevalence Trends

In 2003, in order to determine the impact of changes in price on tobacco consumption and smoking prevalence, Health Canada collected and analysed relevant data (including monthly sales, reported annual prevalence rates, tobacco price indices, surveillance data, etc.) from across Canada for the period between January 1999 and December 2002.

Price Elasticity

Between January 1999 and December 2002 the average price of tobacco products rose by 75% nationally. Provincially, the increase in price ranged from 35% in Newfoundland to 85% in Ontario. During the same period, annual wholesale sales of cigarettes fell by 16% nationally, with a range between 7% (B.C.) and 27% (Quebec).

The point price elasticity of demand (the ratio of percent change in sales divided by the percent change in price, taken between two time periods) at the national level was -0.22, with a range between -0.16 (Ontario) and -0.32 (Quebec). (It must be borne in mind that the point price elasticity of participation is affected by those who quit because of price and those who quit for other reasons [this will be discussed later]).

Prevalence

Analysis of prevalence rates was problematic. The *Canadian Tobacco Use Monitoring Survey* (CTUMS) provided timely, reliable and continual data on tobacco use and related issues between 1999 and 2002, on both semi-annual and annual bases. Analysis of the annual data for the population aged 15 and older indicated that the differences in prevalence rates between 1999 and 2002 were statistically significant at the national level (25% to 21%).

The point price elasticity of participation for each group was -0.21 (Canada), -0.25 (N.B.), and -0.29 (Sask). (Again, the point price elasticity of participation is affected by those who quit because of price, those who quit for other reasons, and those who did not take up smoking because of increased price.)

With respect to those aged 15-19, nationally, prevalence rates fell from 28% in 1999 to 22% in 2002. This is a decline of 21% (six percentage points) and is statistically significant. With respect to youth aged 15-19, the point price elasticity of participation was -0.27. Since provincial prevalence rates are highly variable, analysis of provincial point price elasticities of participation was not performed.

Sales

What the data imply is that, at the national level, for every 10% increase in price, sales declined by 2.2%. The decline in sales results from a combination of reductions in the number of cigarettes smoked by remaining smokers and reductions in the number of smokers. The data imply that, for a 10% increase in price, there will be a 2.1% decrease in prevalence for smokers aged 15 and older. This does not mean that the change in prevalence is 2.2 percentage points (25% to 23%); it means that the difference between the starting and ending prevalences is 2.2% (25% to 24.5%).

Cessation

With respect to quitting, CTUMS indicated that, in 2002, there were approximately 700,000 fewer smokers than in 1999. This number must be interpreted with caution, since smokers and former smokers continue to change their smoking habits on a regular basis.

The CTUMS data provided some insight into motivations for quitting. When asked, "What would it take to quit smoking?", 34% of smokers responded "more willpower". This is contrasted with the 4% who responded "more effective / affordable stop-smoking programmes / cigarette substitutes" and the 6% who responded "increased cost / difficulty affording cigarettes".

This was confirmed in a recent survey of 300 recent quitters, only 10% of whom spontaneously suggested that "cost" was their reason for quitting. With respect to youth aged 15-19, less than 1% responded "increased cost / difficulty affording cigarettes". What this means is that the point price elasticity of participation may be a combination of a price component, approximately 10%, and other causes, 90%.

Analysis Issues

There are other analyses that can be performed, including those for sensitivity, but there are a number of serious data gaps which result from the information not being collected or not being statistically significant. For example, if a province implements a subsidy programme for nicotine replacement therapies, there is currently no national survey that will collect the information necessary

to evaluate this initiative. Indeed, CTUMS indicates that only two provinces have statistically significant reductions in adult prevalence rates. As a result, at present, even provincial strategies cannot be evaluated using CTUMS.

To alleviate many problems inherent in evaluation around the issue of price elasticity of demand it is suggested that, wherever and whenever possible, initiatives be evaluated at the lowest level of implementation. For example, if a province implements a strategy targeted towards youth aged 15-19, then the strategy should be evaluated against its objectives and within the target group.

Broader Issues

With respect to the impact of various strategies and policies (taxes, mass media campaigns, cessation campaigns, regulations, etc.), evaluation and analysis continues to be difficult. In some cases, such as with respect to tax policy, change is instantaneous, given that smokers react as soon as the price goes up or down. The metric used to measure this strategy is sales, and a minimum of three months is required for an impact to be shown.

In other cases, for example with respect to cessation or mass media campaigns, the metrics are numbers of smokers and impacts of the campaigns. Often we use campaign recall or intent to quit as measures of success. While these metrics can be measured within weeks of a campaign's conclusion, they are not wholly accurate measures of actual behaviour. More accurate measures of behaviour are based upon phenomena such as smoking prevalence and numbers of attempts to quit. Moreover, these metrics are usually taken long after cessation or mass media campaigns have concluded (one or more years), when it is difficult to determine whether campaigns have a direct or indirect effect.

Confounding all of this is the fact that interventions occur in groups. Taxes are sometimes raised concurrently with the introduction of a regulation and a new cessation campaign. The net result may be a decline in smokers, generally years after the interventions, when it is next to impossible to attribute which intervention or combination of interventions contributed in what way to the decline.

Progress in Strategic Directions

Policy and Legislation

The intent of the *National Strategy*'s Policy and Legislation Strategic Direction is to ensure coordination of tobacco policy, and to ensure implementation of organizational policies and legislation across sectors that support reducing tobacco use.

On the books

Nunavut's *Tobacco Control Act* was proclaimed February 1st, 2004. The Act focuses on protecting Nunavummiut from exposure to second-hand smoke by way of smoke-free public places and workplaces; decreasing access to and supply of tobacco to youth; and curtailing inappropriate messaging to youth about tobacco (by prohibiting candy in the form of tobacco products, for example).

On May 1st 2004 the Workers' Compensation Board of the **Northwest Territories** and **Nunavut** enacted new environmental tobacco smoke regulations under two *Safety Acts*. Enclosed workplaces in both territories became smoke-free on this date. Limited exemptions to the ban include worksites which also serve as private residences, such as hotel rooms, elders' homes and housing units within fly-in mining or other workcamp sites.

In January 2004 the **Newfoundland and Labrador** Department of Justice announced a plan to implement tobacco-free environments at all eight adult custody facilities in the province. Facilities were slated to be fully compliant by May 3, 2004. Implementation comprised a co-ordinated sequence of activities which included educational and smoking cessation programmes and short-term provision of pharmacological aids. Assistance was provided both to employees and inmates. As part of this initiative, tobacco is designated 'contraband' and is prohibited on institutional property. The programme is administered by the Division of Corrections and Community Services, and the Department of Justice has partnered with the Newfoundland and Labrador Lung Association and the John Howard Society to assist with administration.

On March 2, 2004 in **Manitoba**, the Minister of Healthy Living introduced Bill 21 in the legislature. Bill 21, which would see the most comprehensive provincial ban in Canada at time of implementation, called for prohibition of smoking in enclosed public and indoor workplaces where the government has clear jurisdiction, and recognized the cultural significance of tobacco in the lives of Aboriginals (exempting them from the prohibitions in the *Non-Smokers Health Protection Act* when their tobacco use is carried out for a traditional Aboriginal spiritual or cultural practice or ceremony). (Bill 21 passed in Manitoba's legislature on June 10th; *The Non-Smokers Health Protection Act* came into effect on October 1, 2004.)

In the courts

Saskatchewan's *Tobacco Control Act* includes provisions that ban the promotion and display of products in places where youth have access and tobacco is sold. In May of 2002 Rothmans, Benson & Hedges Inc., a tobacco company, filed a suit against the Government of Saskatchewan stating that *The Tobacco Control Act* violates the Canadian Charter of Rights and Freedoms, and that the provisions in the *Act* are inoperative and of no force because of the doctrine of federal paramountcy. (Federal legislation restricts advertising but not the display of tobacco products.)

In September of 2002 the Court of Queen's Bench ruled that the provincial *Act* does not conflict with the federal legislation. Rothmans, Benson & Hedges Inc. was granted right of appeal in October 2002. Rothmans, Benson & Hedges Inc. appealed the paramountcy issue to the Court of Appeal, which heard the appeal in February, 2003.

The Saskatchewan Court of Appeal's decision on October 3, 2003 concluded that there is an operational conflict between the provincial *Tobacco Control Act* and the federal *Tobacco Act*, and declared section 6 of the provincial *Act* inoperative. The Government of Saskatchewan has made an application to the Supreme Court of Canada to hear the case. The Government also applied to a judge of the Court of Appeal for a stay of the decision, to allow the provincial restriction on the display of tobacco to continue in force until the Supreme Court makes a decision. The Court rejected this application on October 27, 2003.

The provincial government then sought a stay of the Saskatchewan Court of Appeal decision from the Supreme Court of Canada. Both the application for leave to appeal and the stay application were directed to be dealt with by a panel of the court. All filings for the applications were completed in early January 2004.

On March 25, 2004, the Supreme Court of Canada granted the leave to appeal the decision of the Saskatchewan Court of Appeal, but denied the province's stay application.

Concurrently the **Canadian Cancer Society** (CCS) continued to advocate for stronger tobacco control legislation at the federal, provincial and local levels. In December of 2003 the CCS filed its written argument in the Quebec Court of Appeal in support of the validity of the federal *Tobacco Act* and *Tobacco Products Information Regulations*. In this case, the tobacco industry is appealing the December 2002 judgement of the Quebec Superior Court that these laws are constitutionally valid.

Cessation and Public Education

The Cessation and Public Education Strategic Direction is intended to make information, services and programmes available and accessible to Canadians. A wide range of cessation programmes and aids is currently available to Canadians through a growing number of sources. In particular a variety of programming is directed at health care professionals, who are often in a

position to support their patients' cessation efforts. Health Canada is working in partnership with provinces, territories, NGOs and regional coalitions to ensure that Canadians have access to effective telephone counselling for smoking cessation. The Canadian Cancer Society, with funding from Health Canada, is furthering this partnership by developing promotional materials for shared use by quitlines across the country. And mass media campaigns, recognized as important means of conveying messaging, continue to be deployed with a view to changing attitudes and, ultimately, effecting behavioural change.

On the front lines

Initiated in February 2000 and funded continually since that time, **Ontario**'s *Leave the Pack Behind* (LTPB) has done a great deal to shed light on the extent and nature of tobacco use among post-secondary students in Ontario.

While the main thrust of the project remains young adult cessation, efforts with campus administrators were intended to encourage and facilitate the development and implementation of campus policies that create or expand smoke-free spaces. It is hoped that increases in recruitment will emerge from the expanded reach of the project's communication campaign.

This campaign makes use of multiple media, including campus radio and print advertisements, and the dissemination of print resources, pamphlets and promotional items. Objectives of the campaign were to denormalize the tobacco industry and promote LTPB programmes and services.

Research has shown that for the time period January to December 2003, 54% of students spontaneously identified LTPB as a source of support for quitting smoking; LTPB has created awareness regarding tobacco cessation in 54,000 out of 84,000 full-time university students and 16,500 college students; and (using a 7-day point prevalence measure) the average number of cigarettes smoked on campus in a week fell from 52.2 at baseline to 36.4 at three-month follow-up, with all interventions producing equivalent reductions.

New Brunswick's cessation working group for the Anti-Tobacco Coalition continues to make progress in building a sustainable, integrated province-wide network with active engagement of all partners.

The Clinical Tobacco Intervention (CTI) Program (*Ask-Advise*) has trained physicians (50) as well as addiction services workers in all regions, the Victorian Order of Nurses staff, nurses and nurse managers, and interdisciplinary teams at two community health centres. In addition, the New Brunswick Dental Society hosted two regional dental workshops and one regional dental hygienist workshop. (Three more regional dental workshops are planned for later in 2004.)

In November 2003, to complement the CTI (*Ask-Advise*) component, the Nurses Association of New Brunswick initiated two additional capacity building efforts: CTI *Assist* training; and *Fresh Start* facilitator group training.

CTI *Assist* training is directed at any helping professionals who wish to more effectively integrate cessation assistance within existing interventions (i.e. brief counselling). Between November 2003 and February 2004, 11 of 14 planned sessions were held across the province, with 225 professionals participating. (CTI *Ask-Advise* is included in the *Assist* sessions.)

Fresh Start is a group cessation programme originally developed by the Canadian Cancer Society. Three facilitator training sessions were held over the course of 2003, with a total of 30 group facilitators trained. The *Fresh Start* sessions included the CTI *Ask-Advise* and *Assist* content.

All of the CTI *Ask-Advise*, CTI *Assist* and *Fresh Start* training efforts included referral to the Smokers' Helpline.

Within the media

Alberta conducted vigorous mass marketing campaigns throughout February and March of 2003. By way of these Alberta Tobacco Reduction Strategy (ATRS) social marketing initiatives, Albertans became aware of the plight and the crusade of Ms. Barb Tarbox. In fact the campaigns and the attention they garnered assisted in the dissemination of Ms. Tarbox's message across Canada.

After being diagnosed in September 2002 with terminal cancer caused by smoking, Ms. Tarbox dedicated the remainder of her life to talking to young people about the dangers of smoking. Ms. Tarbox's support and participation in the ATRS social marketing campaign resulted in much higher than expected reach and message resonance. According to an Ipsos-Reid© evaluation of the ATRS radio and television social marketing campaigns, total proven unaided and aided recall of radio and TV ads was 94%. This means that 9 out of 10 Albertans remembered or recalled the ATRS advertisements. Total proven recall of the ATRS ads was similar among current smokers (95%), former smokers (94%), and non-smokers (93%). And 76% of Albertans reached by the campaigns said that they were effective at raising public awareness about the negative effects of tobacco use.

First Nations, Inuit and Métis

Smoking prevalence is higher within the Aboriginal population for every age group. According to *Smoking Attitudes and Advertising Recall Among First Nation, Inuit and Métis*, Ipsos-Reid©, April 2002, smoking rates by Aboriginal identity (18 years and older) were: First Nations off-reserve, 50%; First Nations on-reserve, 48%; Métis, 48%; and Inuit, 54%. But quit intentions are ubiquitous among Aboriginal smokers. Seven in ten on-reserve First Nations adult smokers (69%) and six in ten Inuit adult smokers (61%) report seriously thinking of quitting smoking; and over 85% of First Nations, Métis and Inuit are very concerned about the impact of second–hand smoke upon their own health and that of their families. (This includes most smokers, but non-smokers and women are especially concerned.)

Youth smoking is a primary concern. The *First Nations Youth Inquiry into Tobacco Use* (the WUNSKA Report, the largest research undertaking amongst First Nations), conducted by the First Nations Social Research Institute in 1997, documented tobacco use among Aboriginal youth in 96 on-reserve communities across Canada. It stated, "The extent of our progress on youth tobacco control issues lies not only with the reduction of smoking prevalence rates amongst youth in general, but in the strategies that we develop to address the important issue of tobacco use for Aboriginal youth. We are encouraging the direct involvement of communities, their families and all levels of government to reduce the alarmingly high smoking rates of this group."

Though the five Strategic Directions do not specifically address Canada's higher risk Aboriginal population, federal, provincial and territorial governments have been collaborating with First Nations, Inuit and Métis communities to develop comprehensive, integrated and sustainable approaches to tobacco misuse. Furthermore, it is recognized that tobacco control efforts must take into account cultural factors such as the traditional use of tobacco in some Aboriginal cultures. Federal / provincial / territorial strategies are intended to complement and play into the strengths of existing, culturally appropriate community-based programmes, with an emphasis on children and youth, pregnant women, and people exposed to second-hand smoke.

Within the family

British Columbia's Honouring Our Health Aboriginal Tobacco Strategy, the first Aboriginal tobacco strategy in Canada, has as its objective the promotion of the health and well-being of Aboriginal people and their traditions by stopping tobacco misuse. It is an example of a holistic, community developed, community led project that focuses on impacting change in the whole community rather than just on the single smoker. The Honour Your Health Challenge (HYHC), a component of the Strategy, is an innovative six-week programme challenging Aboriginal people to quit or reduce tobacco misuse in the car or at home. In 2003 implementation and effectiveness of the HYHC model in engaging participants, building community capacity and developing supportive networks and partnerships was assessed. Five target groups were surveyed, representing 74% of the total available participants. According to the evaluation, "responses from the surveys showed that participants demonstrated a dramatic increase in knowledge, awareness and access to resources. Participants gave a high rating to the training, and developed new confidence and leadership skills. In addition, community capacity was shown to have increased."

In the community

Health Canada has mandated a National Advisory Circle to provide advice and expertise on developing a programme framework for tobacco control and its implementation and evaluation in First Nations and Inuit communities. The National Advisory Circle is working with First Nations and Inuit communities to develop evidence-based, culturally appropriate strategies for education,

prevention, protection and smoking cessation. In order to build capacity, Health Canada is partnering with Aboriginal organizations to help develop training and resources for community workers. The initiative this year is building on last year's priorities, promoting smoke-free places and developing cessation strategies. This will be supported by a social marketing plan.

Health Canada is partnering with the Assembly of First Nations and Inuit Tapiriit Kanatami through their participation in the National Advisory Circle. The eight regional offices of Health Canada's First Nations and Inuit Health Branch are funding 163 projects, with over 258 First Nations and Inuit communities involved in community-based projects. These projects provide resources and training for community workers to build and increase capacity via awareness, health promotion, reduction of access by minors, and cessation programmes.

Industry Accountability and Product Control

The Industry Accountability and Product Control Strategic Direction is intended to regulate the manufacturing, marketing and sale of tobacco products. In this regard, in the spring of 2004 Health Canada proposed regulations to address the public health problem resulting from cigarette-started fires.

Smokers' materials are the leading cause of residential fires and fire-related fatalities in Canada each year. From an analysis of Canadian fire statistics for the years 1995-1999, the Canadian Association of Fire Chiefs reported that at least 14,030 fires were started by smokers' materials (including cigarettes, cigars and pipes). These fires killed 356 people, injured 1,615 people and cost more than $200 million in property damage. The victims of these fires are often among society's most vulnerable: children, the elderly and the financially poor.

After more than 20 years of research (most conducted in the U.S.), Health Canada believes it is possible to reduce cigarette ignition propensity by altering certain design characteristics. Design alterations to reduce the amount of heat generated could include decreasing circumference, decreasing tobacco density and decreasing paper porosity. Decreasing the tobacco density and cigarette circumference would affect the amount of fuel (tobacco) available, and decreasing paper porosity would restrict the flow of oxygen to the fuel. It is likely that a combination of these design changes would be required to meet the ignition propensity standards proposed in these regulations. The ignition propensity standards proposed by Health Canada would apply to all cigarettes manufactured or imported into Canada, starting October 1, 2005.

Research, Pilot Projects, Evaluation and Monitoring

This Strategic Direction is intended to increase knowledge of tobacco and tobacco use, the tobacco industry, effective interventions for tobacco control and health and socio-economic impacts of tobacco use.

While effective tobacco control requires work in all the five Strategic Directions, knowledge forms the foundation for planning interventions and activities in the other four, whether it is the result of research programmes, pilot projects (a form of applied research), evaluation of already existing programmes and services, or monitoring changes to assess progress.

Under the lens

The **Yukon** conducted two important surveys of smoking behaviour in 2003. Firstly, in conjunction with an evaluation of a mass media cessation campaign, the Yukon undertook to determine adult smoking behaviour; a 33% smoking rate was indicated. And for the first time in over ten years, youth smoking behaviour was studied by way of the Yukon Youth Smoking Survey; results will be reported in the 2005 version of this Report.

In 2003 the Legislative Assembly of **Prince Edward Island** asked the Standing Committee on Social Development to explore retail tobacco sales in P.E.I., particularly sales of tobacco in pharmacies. Public consultations concluded with numerous P.E.I. Tobacco Reduction Alliance members, government representatives, tobacco company representatives, citizens, businesses and the pharmaceutical association appearing before the Committee.

In April the Committee presented its report to the P.E.I. legislature. Recommendations included legislation to be introduced as soon as possible:

- prohibiting the sale of tobacco products in hospitals, health facilities, nursing homes, provincial and municipal government buildings, schools and other buildings operated by a school board, post-secondary educational institutions, recreational facilities, athletic facilities, theatres, arcades and amusement parks;
- prohibiting tobacco vending machines and self-service tobacco displays;
- prohibiting visible display of tobacco products in all licensed establishments;
- prohibiting the sale of tobacco products as of June 2005 in pharmacies;
- prohibiting retail display and point of sale signage used to advertise or promote tobacco products in all retail establishments as of January 1, 2006.

The Committee also recommended tobacco signage regulations be reviewed to include a health message regarding the harmful effects of tobacco use, and that the current penalties under the *Tobacco Sales to Minors* Act be reviewed.

In 2003 the **National Cancer Institute of Canada** (NCIC) awarded six research grants or personnel awards relevant to tobacco control, totaling $578,348. Funding was directed at studies around: the policy process (the role of issue framing in second-hand smoke bylaw development); student, family and school factors affecting adolescent smoking in Canada; reducing smoking in outdoor public places (an environmental design approach); tobacco control policy and smoking cessation (barriers to the use and effectiveness of pharmaceutical cessation aids; the natural history of nicotine dependence; and ecological approaches to preventing cancer and promoting health [an interdisciplinary programme of research with children and youth]).

Also in 2003 the **Canadian Tobacco Control Research Initiative** (CTCRI) awarded 40 grants (totalling $724,250) addressing subjects as varied as: smoking behaviours among young adults; differences in smoking behaviour by gender; smoking and mental health; effectiveness of health warning messages; social acceptability of tobacco smoking; nicotine addiction; youth smoking; second-hand smoke; cessation programming; pharmaceutical sales of tobacco products; harm reduction (the alteration of tobacco products to potentially reduce harm, and/or the reduced ignition propensity of tobacco products); the role of governments in tobacco control; and links between research, practice and public policy.

Building and Supporting Capacity for Action

The Building and Supporting Capacity for Action Strategic Direction is intended to increase the ability of individuals, health intermediaries and communities at the national, provincial, territorial and local levels to take action. Learning and sharing knowledge gained, outlining approaches and strategies, and formulating and enhancing partnerships will inevitably optimize tobacco control across all of Canada.

Nova Scotia continued to build momentum and support for tobacco-free sports and recreation. In the Spring of 2003, the Cole Harbour Soccer Club (an active youth soccer club within the Halifax regional municipality) became tobacco-free. The club created a policy discouraging club members, coaches and spectators from using tobacco products during practices, games and club events and, with a number of partners, promoted its 'Tobacco-Free Soccer' message. (The major partners were the Southeastern Community Health Board, the ACT initiative [Take Action in your Community against Tobacco], Capital Health, and the Office of Health Promotion.)

The initiative was evaluated through a survey of parents and coaches, and focus groups with players, coaches and the Cole Harbour Soccer Club Executive. Overall, the initiative was successful in achieving a high level of awareness, comprehension and acceptance of the tobacco-free soccer message and policy among parents and coaches, and it has become a model for other youth sport and recreation organizations.

Enabling and Empowering

Young adults are an emerging priority population for tobacco control in Canada. There is growing interest in targeting tobacco control efforts at this population segment because smoking rates are highest among Canada's young adults aged 20–24; they are an important target group for the tobacco industry; and they are an understudied population group in terms of tobacco-related research.

Respecting the Air We Breathe is a project undertaken by the **Canadian Public Health Association** (CPHA) (with funding from Health Canada) to develop second-hand smoke messages that will target young adults. These messages are intended to educate young adults (aged 18–30, smokers and non-smokers) about how to exercise their responsibility to protect others from exposure to second-hand smoke, and their right to breathe smoke-free air.

Phase I of the project examined young adult attitudes, behaviours and values, as well as effective communication strategies for this age group. Activities undertaken during Phase I included: a literature review; stakeholder and young adult surveys; “key informant” interviews; a meeting of experts; and compilation of an inventory of sample young adult messages and delivery channels. (During Phase II, messages will be tested in regional focus groups and, based on findings from the project, recommendations will be made to Health Canada on the most promising messages and message delivery channels.)

Conclusion

The information contained in the 2004 Report indicates that the *National Strategy* is working. Prevalence and consumption are demonstrating a downward trend over time. Youth uptake has in fact reversed. This is remarkable, and has profound implications.

Nonetheless the information also shows that uptake among young adults continues to be high, irrespective of tactics deployed to date. And as the prevalence and consumption for the general population continues to decline, we are steadily approaching a more resistant cluster of Canadian smokers—those who may be heavily addicted and/or may have little to no inclination to quit. The potential exists for general downward trends to level off.

We urge Canadians to consider and reflect upon how the *National Strategy* is impacting the tobacco control landscape, and to see that Canada must not settle, but rather take stock and move forward with a quickened step.

Appendix A

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Appendix B

Contributing Non-governmental Organizations

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The Canadian Tobacco Control Research Initiative
The Canadian Public Health Association