THE NATIONAL STRATEGY: MOVING FORWARD

THE **2006** PROGRESS REPORT ON TOBACCO CONTROL

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maintain and improve their health.

Health Canada

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Prepared by the Canadian tobacco control community:

The Tobacco Control Liaison Committee of the
Pan-Canadian Public Health Network
in partnership with non-governmental organizations

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DEDICATION

The 2006 Progress Report on Tobacco Control is dedicated with respect and gratitude to Heather Crowe, who courageously and unselfishly made her personal life public so that Canadians—particularly young Canadians—could see the human cost of tobacco use.

To honour her life and achievements and to further her work for second-hand smoke protection, a Heather Crowe Legacy Fund has been established. For more information, please contact the Canadian Council on Tobacco Control at www.cctc.ca.

INTRODUCTION

Now marking its sixth year, this annual progress report again presents a snapshot of tobacco control efforts in Canada. While some of its content reflects long-term, ongoing concerns, there are also newer issues to consider. For example, a concern for tobacco control advocates is the large increase in market share of discount cigarettes, which are cigarettes sold at lower prices than the standard brand families.

In 2001, only about 2 per cent of cigarette sales could be considered discount. By 2003 that figure was 14 per cent. And in 2005, discount cigarette sales accounted for 44 per cent of the manufactured cigarette market in Canada. This significant change in the Canadian cigarette market merits careful scrutiny.

While newer issues surface, such as discount cigarettes, ongoing issues continue to call for attention. On March 23, 2006, the Supreme Court of Canada announced that it would grant the leave application by the Attorney General of Canada to appeal the decision of the Quebec Court of Appeal in the constitutional challenge to the federal *Tobacco Act*.

In other court-related developments, the Supreme Court's unanimous ruling in favour of British Columbia's health care-cost recovery legislation strengthens the growing movement to hold the tobacco industry accountable for the damages done by its products. Four provinces—Newfoundland and Labrador, New Brunswick, Nova Scotia, and Manitoba—now have, or have proposed, similar legislation.

On another front, with its survey of all grade 5 through 12 classes in the territory, Yukon took significant steps toward understanding how to keep youth from taking up smoking. *Making Sense and Moving Forward* reported the results of the 2003 Yukon Youth Smoking Survey. As the authors of the report stated, "This report is not the final word on youth smoking in Yukon but rather a beginning." Since prevention is critical to reducing the number of smokers, the more that we understand uptake, the more we will be able to design effective prevention strategies. Certainly the increasing number of tobacco control activities targeted to youth attest to the recognition that youth hold the key to effective, long-term tobacco control.

Moving Forward alternates between a concise report in even-numbered years and an expanded report in odd-numbered years. This year's report is a shortened version with two sections: Tracking Key Indicators and Progress in Strategic Directions. Tracking Key Indicators presents statistics on smoking prevalence and cigarette consumption in Canada. Progress in Strategic Directions presents just a few examples of tobacco

The National Tobacco Control Strategy

In 1999, the federal, provincial, and territorial ministers of health endorsed a revised tobacco control strategy for Canada: *New Directions for Tobacco Control in Canada: A National Strategy*. The national strategy is based on a population health framework that takes into consideration social, economic, and environmental factors that influence smoking trends, as well as personal health practices and coping skills, and the accessibility of services. It encourages shared responsibility among all levels of government and with non-governmental organizations. The National Strategy set out objectives for a 10-year period. To make sure that Canada continued to focus on those objectives and move forward toward the ultimate goal of reducing the number of tobacco-related deaths and illnesses, an annual progress report was considered a necessary component of the strategy. With federal, provincial, and territorial representation, the Tobacco Control Liaison Committee (TCLC) is responsible for producing that report—*The National Strategy: Moving Forward*. In addition, the TCLC provides advice and brings tobacco-related issues before the Pan-Canadian Public Health Network, a federal/provincial/territorial body.

control activities being conducted by territories, provinces, and the federal government, often working in partnership with NGOs, community groups, and voluntary health agencies.

Progress in Strategic Directions is organized according to the National Strategy's five strategic directions:

- Policy and legislation
- Public education (information, mass media, programs, and services)
- Building and supporting capacity for action
- Industry accountability and product control
- Research, evaluation, and monitoring

The reporting period for this edition of *Moving Forward* is spring 2005 to spring 2006. This edition presents data collected by the 2005 Canadian Tobacco Use Monitoring Survey.

TRACKING KEY INDICATORS

Since 1999, the Canadian Tobacco Use Monitoring Survey (CTUMS) has been providing up-to-date, reliable, comparable, and continuous data on tobacco use in Canada. The survey is a surveillance tool that was established by Health Canada with input from its partners. It is conducted on its behalf by Statistics Canada. It enables Health Canada to report on smoking prevalence and related issues nationally and by province semi-annually and annually. The 2005 CTUMS collected data from over 20,800 respondents.

However, some data gaps still remain. Tobacco control advocates recognize that there are groups, which probably have a large percentage of regular and heavy smokers, that are not captured in surveys. These include individuals who are incarcerated or institutionalized, and homeless people, of whom many are marginalized youth. In addition, since CTUMS data are collected through telephone surveys, some populations may be under-represented—for example, First Nations on-reserve and Inuit peoples in remote communities where fewer households may have access to telephone service.

Furthermore, because of the fewer number of households with telephones in the North, data collection in Yukon, Northwest Territories, and Nunavut is more difficult. For this reason, the territories typically are not included in large surveys. However, the 2005 *Moving Forward* included data from the Northwest Territories Northern Tobacco Use Monitoring Survey of 2003–2004. That survey will be expanded to include drug and alcohol use and will be conducted by NWT in fall 2006, with results to be released in 2007.

Meanwhile, in fall 2005, *Making Sense and Moving Forward* reported the results of the 2003 Yukon Youth Smoking Survey, which surveyed grades 5 through 12 in every Yukon school. While its results are not comparable to the CTUMS data, its insights into why and how youth in Yukon take up smoking are another contribution to our knowledge base. The report is available at www.hss.gov.yk.ca/programs/health_promotion/tobacco/.

SMOKING PREVALENCE IN CANADA

The first *Moving Forward* report, in 2001, included prevalence information from 1965, when regular monitoring of smoking began. The report highlighted the significant decline in the percentage of Canadian smokers, from an estimated 50 per cent in 1965 to 24 per cent in 2000. These were encouraging figures. Certain years became particularly important milestones in the fight against tobacco use: for example, 1981, when prevalence dropped below 40 per cent, and 1994, when it dropped below 30 per cent (Figure 1).

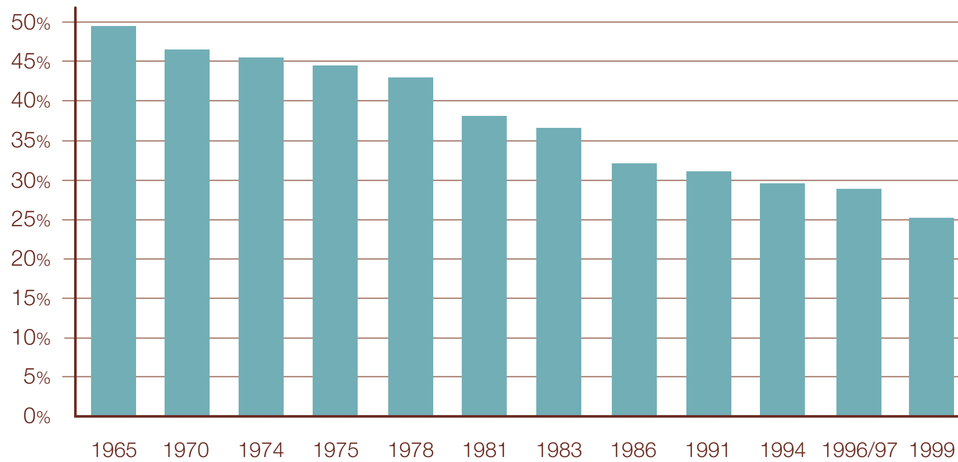
Those prevalence rates now represent a different era in tobacco control. Over the past six years, the CTUMS data indicate that although prevalence for the general population continues to decline, it is declining in smaller increments. We appear to be approaching a harder-to-reach population of Canadian smokers. *Moving Forward* now focuses on prevalence data collected since 1999 by CTUMS.

Overall smoking prevalence in Canada

In 1999, there were slightly more than six million smokers in Canada, or 25 per cent of the population aged 15 years and older. According to the 2005 CTUMS, fewer than five million people are current smokers. This represents 19 per cent of the population aged 15 years and older. Of these, 15 per cent reported smoking daily, while 4 per cent reported smoking occasionally. This represents a slight decrease from last year's prevalence rate of 20 per cent (Figure 2).

Smoking prevalence among men remained at 22 per cent, while among women there was a slight decline, from 17 per cent to 16 per cent (Figure 3).

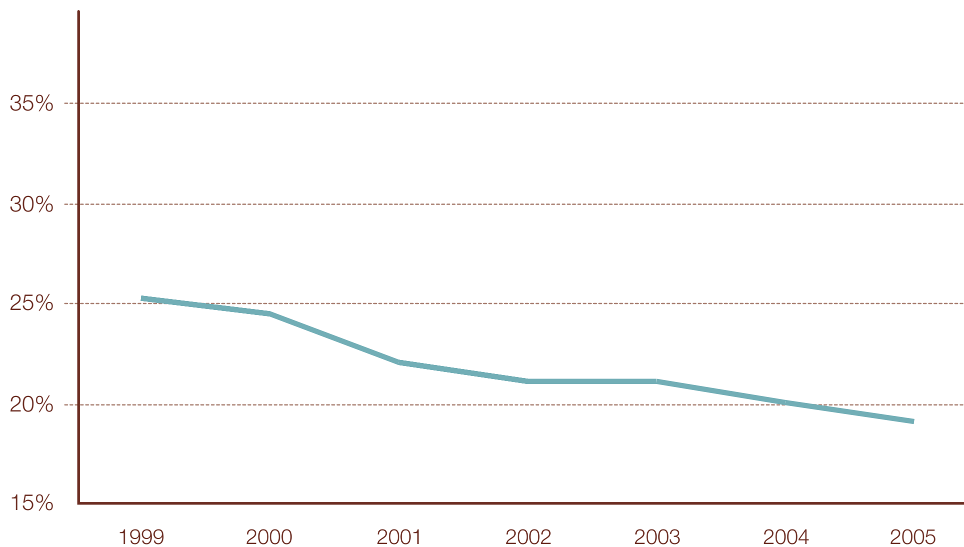
Figure 1 Prevalence of Canadian current smokers, aged 15 years and over, 1965–1999[a]



Sources: Labour Force Survey Supplement, 1965–1975, 1981–1986; Canada Health Survey, 1978; General Social Survey, 1991; Survey on Smoking in Canada, 1994; National Population Health Survey, 1996/97; Canadian Tobacco Use Monitoring Survey, 1999.

a. Data from 1965 to 1986 are not necessarily comparable because of variations in data collection methods.

Figure 2 Prevalence of Canadian current smokers, aged 15 years and over, 1999–2005



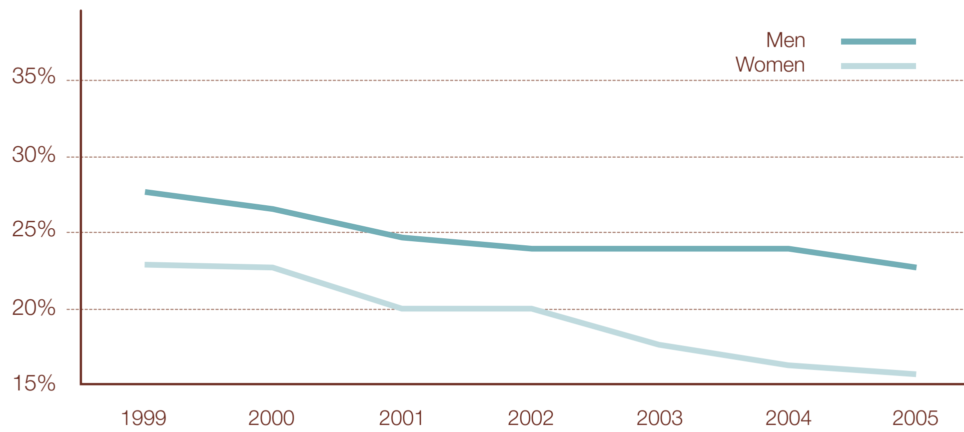
Source: Canadian Tobacco Use Monitoring Survey (Annual), 1999–2005.

Smoking prevalence among youth groups

In the early 1980s, more than 40 per cent of youth 15 to 19 years of age were smokers. By the early 1990s, this rate had decreased to just over 20 per cent. Then, during the 1990s, the rates increased and peaked at 28 per cent in 1999. Since then, however, they have been decreasing. In 2005, smoking prevalence in this age group remained unchanged at 18 per cent, with 11 per cent of youth reporting daily smoking and 7 per cent occasional smoking (Figure 4). The smoking rate for both female and male teens was 18 per cent.

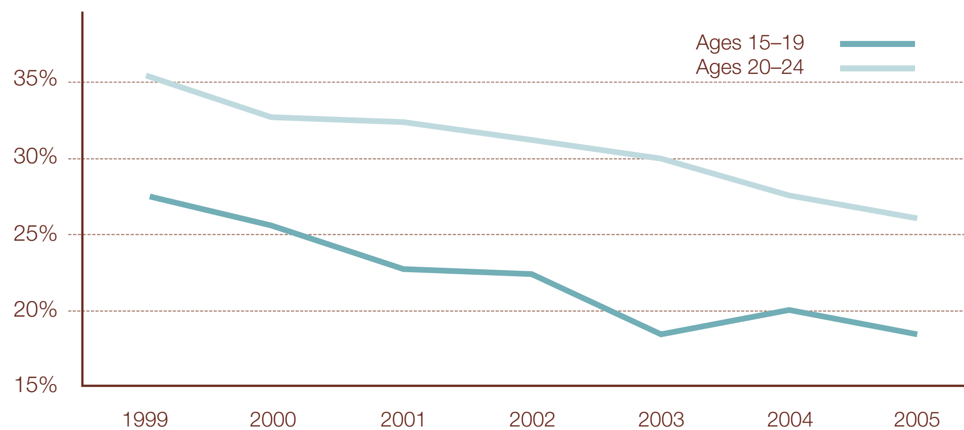
Historically, of all age groups, young adults aged 20 to 24 have had the highest prevalence rates. Although this remains true, the 2005 prevalence rate for this age group is again the lowest on record since Health Canada first reported prevalence rates. The rate decreased from 28 per cent to 26 per cent (Figure 4). More men than women in this age group smoke: 29 per cent, compared with 23 per cent.

Figure 3 Prevalence of Canadian current smokers, aged 15 years and over, by sex, 1999–2005



Source: Canadian Tobacco Use Monitoring Survey (Annual), 1999–2005.

Figure 4 Prevalence of Canadian current smokers, by youth age group, 1999–2005



Source: Canadian Tobacco Use Monitoring Survey (Annual), 1999–2005.

Exposure to second-hand smoke

For the first time, CTUMS asked respondents about their exposure to second-hand smoke in places other than their own home. Entrances to buildings top the list at 49 per cent, with outdoor patios of restaurants or bars and inside someone else's home both ranking next, at 32 per cent. Exposure to second-hand smoke in the workplace was reported by 23 per cent of those surveyed. Fourteen per cent of respondents reported being exposed to second-hand smoke every day, and 37 per cent reported being exposed to it at least once a week.

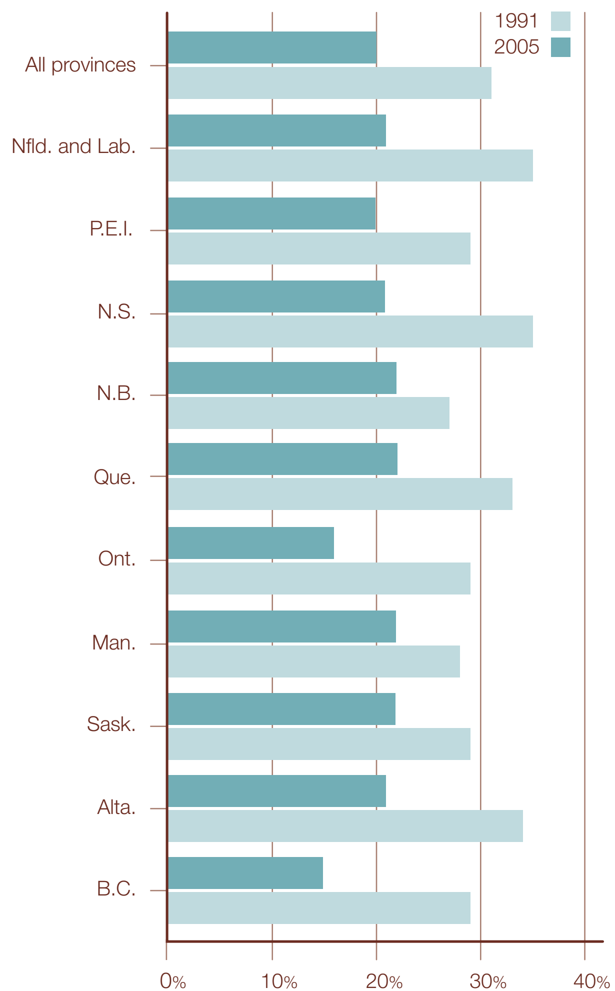
Prevalence rates across the provinces

The difference between smoking rates in the provinces continued to decrease. All provinces are now within plus or minus 4 per cent of the 19–per cent national prevalence rate. This compares very favourably with 15 years ago, when five provinces had prevalence rates over 30 per cent. By 2000, only one province had a 30–per cent prevalence rate.

British Columbia continues to show the lowest prevalence rate, at 15 per cent, which is unchanged from last year. Four provinces reported the highest rate, at 22 per cent: New Brunswick, Quebec, Manitoba, and Saskatchewan (Figure 5).

Ontario reported the highest percentage of individuals who have never smoked (59 per cent).

Figure 5 Prevalence of Canadian current smokers, aged 15 years and over, 1991 and 2005



Sources: General Social Survey, 1991; Canadian Tobacco Use Monitoring Survey, 2005.

CIGARETTE CONSUMPTION IN CANADA

Tobacco sales data and cigarette consumption data provided by surveys provide different views on consumption, each with its strengths and weaknesses. In surveys, consumption is self-reported. Since smokers inevitably under-report tobacco consumption, consumption numbers tend to be lower than cigarette sales reported for the same time period. The difference between self-reported consumption figures and sales figures has been as high as 30 per cent and may be higher since the social acceptability of tobacco use has declined.

Overall cigarette consumption in Canada

Since 1985, when daily smokers consumed an average of 20.6 cigarettes per day, Canadians have continued to report smoking fewer cigarettes per day. In 2005, that number was 15.7, which is almost unchanged from the previous year's 15.2 cigarettes per day.

While consumption levels for daily smokers have declined for both men and women over the last 20 years, the decline has been more marked for men than for women, since men historically smoked substantially more cigarettes per day. However, men continue to smoke more than women: 17.2 cigarettes per day, compared with 13.7 (Figure 6).

Figure 6 Average number of cigarettes smoked daily by Canadian daily smokers, aged 15 years and over, by sex, 1999-2005[a]

Source: Canadian Tobacco Use Monitoring Survey (Annual), 2005.

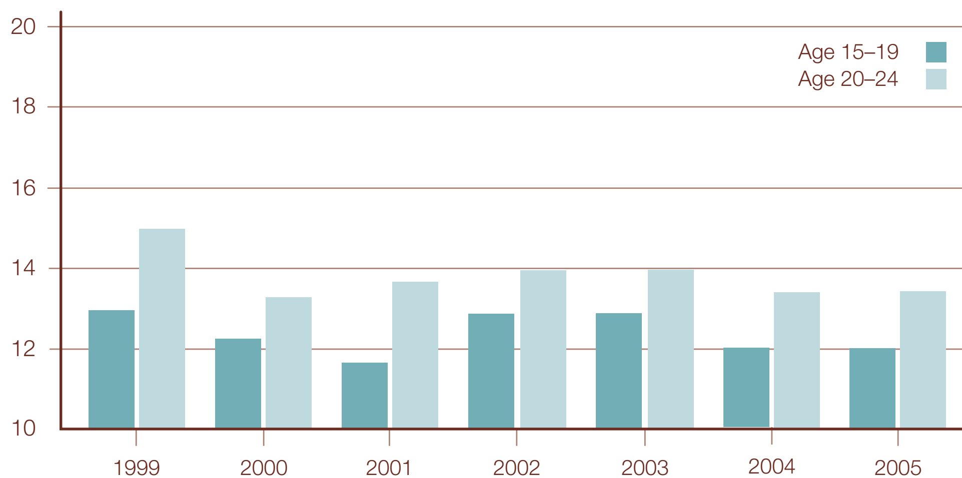
a. Provincial data only.

Cigarette consumption among Canadian youth

Among 15- to 19-year-old daily smokers, average daily cigarette consumption was reported at 11 cigarettes. Male teens reported an average of 11.9 cigarettes per day, while female teens reported smoking an average of 10 cigarettes per day, which is a decrease from the 11.6 cigarettes per day that they reported last year.

Among young adult daily smokers aged 20 to 24, cigarette consumption for both sexes was reported at 13.3 cigarettes daily. Men reported smoking 14.8 cigarettes per day, which is slightly more than the 11.3 reported by women (Figure 7).

Figure 7 Average number of cigarettes smoked daily by Canadian daily smokers, by youth age group, 1999-2005[a]



Source: Canadian Tobacco Use Monitoring Survey (Annual), 2005.

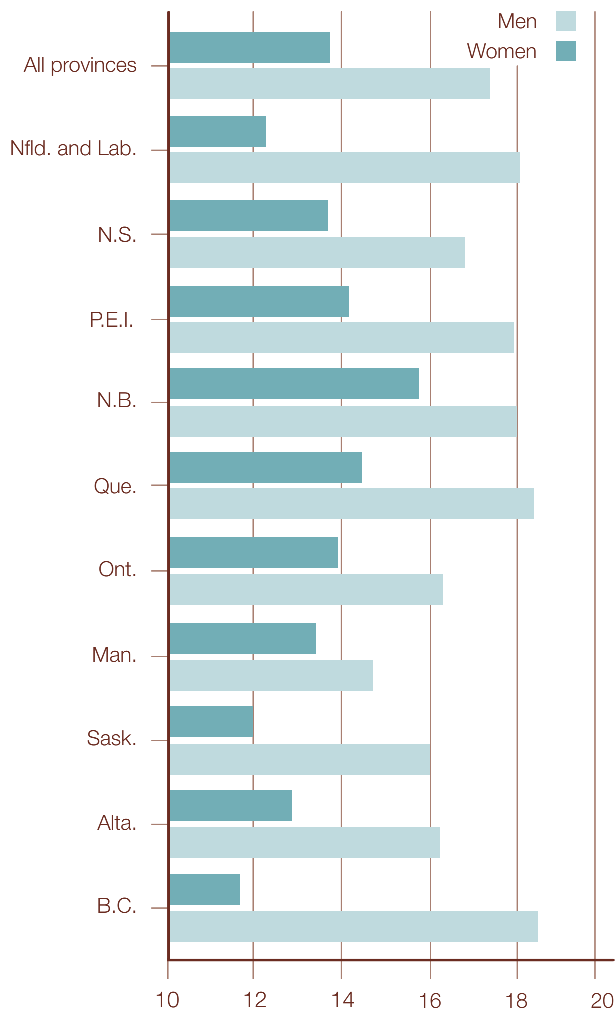
a. Provincial data only.

Cigarette consumption by province

Cigarette consumption across the provinces is becoming more uniform. Among daily smokers over 15 years of age, there is a difference of 2.8 cigarettes per day between the highest consumption, in New Brunswick (16.9), and the lowest consumption, in Saskatchewan and Manitoba (14.1).

As expected, men reported smoking more cigarettes per day than women. The greatest difference is in British Columbia, where men reported smoking an average of 18.6 cigarettes per day, while women reported smoking only 11.7 cigarettes per day. For the 15- to 19-year-old age group, the range was 10.3 cigarettes per day in Ontario to 14.9 in New Brunswick. While it is more typical for 20- to 24-year-olds to smoke more cigarettes daily than 15- to 19-year-olds, in three provinces—Newfoundland and Labrador, New Brunswick, and Saskatchewan—the older group reports smoking the same number of or slightly fewer cigarettes per day. The range of consumption in the 20- to 24-year-old age group was 11.4 cigarettes per day in Saskatchewan to 14.9 in New Brunswick (Figures 8 and 9).

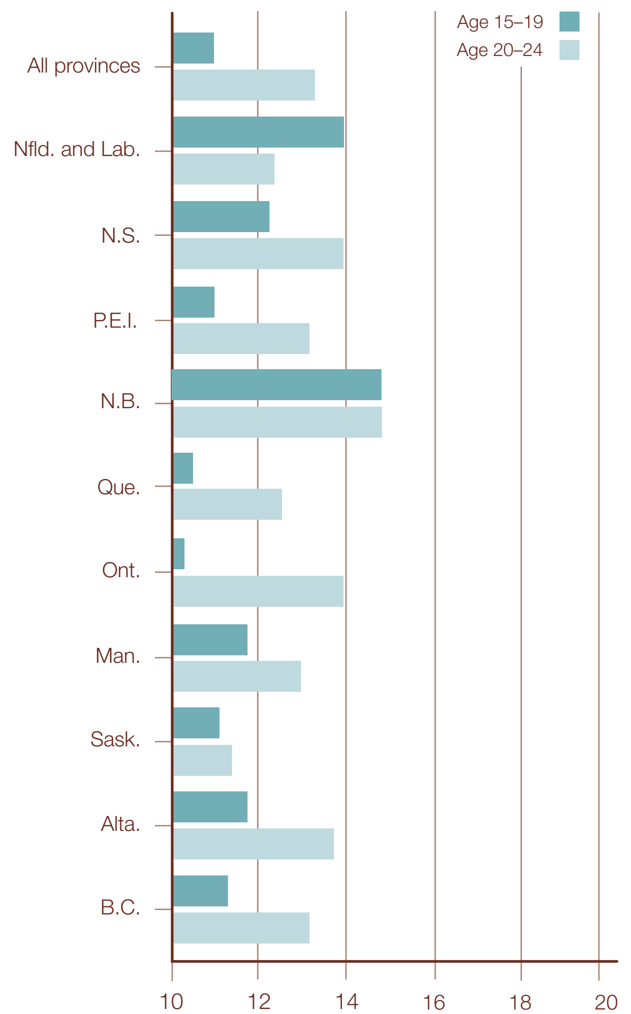
Figure 8 Average number of cigarettes smoked daily by Canadian daily smokers, by sex, by province, 1999-2005[a]



Source: Canadian Tobacco Use Monitoring Survey, 2005.

a. Provincial data only.

Figure 9 Average number of cigarettes smoked daily by Canadian daily smokers, by youth age group, by province, 1999-2005[a]



Source: Canadian Tobacco Use Monitoring Survey, 2005.

a. Provincial data only.

PROGRESS IN STRATEGIC DIRECTIONS

The National Strategy's goals—prevention, cessation, protection, and denormalization—are interconnected, so that many tobacco control initiatives have overlapping impacts even when they are designed to address a single goal. For example, legislation that establishes smoke-free environments protects people from the effects of second-hand smoke and supports those who are trying to quit. It also encourages denormalization. In another example, legal action in British Columbia has for many years drawn the public's attention to the health hazards associated with tobacco use and how the industry has strategically worked to deceive them. British Columbia's efforts have encouraged other provinces to pursue cost-recovery legislation. This results in a coordinated and unified approach that reduces duplication. Because of these overlapping impacts, it is easier to group initiatives by strategic direction.

The five strategic directions are:

- Policy and legislation
- Public education (information, mass media, programs, and services)
- Building and supporting capacity for action
- Industry accountability and product control
- Research, evaluation, and monitoring

The information in Progress in Strategic Directions represents only a very small number of the tobacco control initiatives and activities taking place in Canada.

POLICY AND LEGISLATION

Canada is internationally recognized for its success in legislating the tobacco industry. At all levels—federal, provincial, territorial, and municipal—successful tobacco control laws, bylaws, and regulations have been implemented. Each year, laws are added or refined. Developing policies and strategies also play a critical role in tobacco control.

International tobacco control efforts

The first session of the Conference of the Parties to the World Health Organization's Framework Convention on Tobacco Control took place in February 2006. Since its entry into force on February 27, 2005, the Convention has become one of the most widely embraced treaties in the history of the United Nations, with 168 signatories. At the 2006 conference, a reporting instrument for assessing progress under the Convention was designed. Three reporting timeframes were established, and signatory countries were assigned to one of three groups for reporting. Canada, which is among the first group of countries designated to use the reporting instrument, is required to submit its first report no later than February 2007.

Court rulings

In 1998, **British Columbia** became the first jurisdiction in Canada to launch a lawsuit against the tobacco industry for the recovery of tobacco-related health care costs. The tobacco industry challenged the province's right to do so. 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.

Enacting and amending legislation

In **Alberta**, the *Smoke-Free Places* Act was passed in May 2005 and became law on January 1, 2006. In its amended form, the Act restricts smoking in any public place and workplace where minors are allowed. Municipalities are encouraged to continue to implement policies that complement this regulation and that protect all of the community. Bylaws that already restrict smoking in all public places and workplaces are not affected.

Improvements to **British Columbia's** *Tobacco Sales Act* establish an administrative process to manage retailer compliance, specify what types of identification are acceptable to determine the age of cigarette purchasers, and provide systems for updating lists of tobacco retailers.

In March 2006, the legislative assembly of the **Northwest Territories** passed *The Tobacco Control Act*. The Act will complement Workplace Compensation Board regulations already in effect by eliminating tobacco use in other public places, and banning the sale of tobacco in pharmacies, in recreation facilities, and from vending machines. It will also prohibit retailers from displaying tobacco products or tobacco advertising. Tobacco retailers will also be required to post health warning signs at the point of purchase.

Five provinces now have health care cost recovery legislation. In 2005, **Nova Scotia** passed the *Tobacco Damages and Health-care Costs Recovery Act* and **New Brunswick** introduced the *Tobacco Damages and Health Care Costs Recovery Act*. In 2006, **Manitoba** introduced its *Tobacco Damages and Health Care Costs Recovery Act*. They join British Columbia (1998) and Newfoundland and Labrador (2000) in being able to sue the tobacco industry for damages caused by their products.

In October 2005, **Nova Scotia** introduced amendments to its *Smoke-free Places Act*. These amendments will eliminate designated smoking rooms in all work places, including bars and restaurants. They will also disallow smoking on licensed patios and outdoor areas.

In May 2006, the *Smoke-Free Ontario Act* went into effect. New provisions within the Act prohibit smoking in all enclosed workplaces, enclosed public places, and certain specified places, such as covered patios associated with eating and drinking establishments. The Act does not address smoking in residences, but does restrict indoor smoking in residential care facilities to a controlled smoking area that meets prescribed criteria. Restrictions on smoking do not apply to an Aboriginal person who uses tobacco for traditional Aboriginal cultural or spiritual purposes. The Act elaborates on previous restrictions on the sale of tobacco to minors; sets out a limited ban on retail display of tobacco products, with a complete display ban going into effect in May 2008; and bans the promotion of tobacco products at retail and wholesale outlets. Enforcement support for the new Act is a key component of **Ontario's** tobacco control strategy. As of May 2006, approximately 250 public health unit staff had received comprehensive training on the Act and on enforcement protocols.

In June 2005, **Quebec** strengthened its *Tobacco Act* by adopting amendments, the majority of which took effect May 31, 2006. These new measures mark the start of a new era in Quebec. The new provisions of the *Tobacco Act* govern smoking in public places such as bars, pubs, taverns, restaurants, bingo halls, and shopping malls. The amendments to the Act cover three components: smoking in public places, sales of tobacco, and the promotion and advertising of tobacco products.

Defending legislation

In 1997, three of Canada's tobacco manufacturers launched a constitutional challenge of Canada's *Tobacco Act*. They amended their challenge in 2000 to include the Tobacco Reporting Regulations and the Tobacco Products Information Regulations. In 2002, the Quebec Superior Court upheld the validity of the Act and its regulations. The decision was appealed, and in 2005, the Quebec Court of Appeal maintained the validity of the regulations and of most of the Act. Its ruling invalidated some parts of the prohibitions on sponsorship promotion.

Given the importance of the Act to the Federal Tobacco Control Strategy and the fact that the Act was drafted in accordance with guidelines set out by the Supreme Court of Canada, the Government felt that it was necessary to appeal the decision. The Government applied for leave to appeal the Quebec Superior Court of Appeal's decision regarding ss. 18(2), 20, 24, and 25 of the *Tobacco Act*. These provisions concern promotion disguised as scientific works, promotion "likely to create an erroneous impression," and the use of a manufacturer's name for sponsorship purposes.

On March 23, 2006, the Supreme Court of Canada announced that it would grant the leave application by the Attorney General of Canada. The Supreme Court also granted the cross-appeal application by the tobacco manufacturers and granted the status of intervener to the Canadian Cancer Society.

Regulations

In June 2005, the Cigarette Ignition Propensity Regulations, as well as the accompanying Regulations Amending the Tobacco Reporting Regulations, became law. All cigarettes manufactured or imported for sale in Canada must now meet the new national standard for ignition propensity. Canada is now the first country to have a national standard to reduce fire risks from cigarettes. According to the Canadian Association of Fire Chiefs, between 1995 and 1999 at least 14,030 fires were started from smoking materials. These fires killed 356 people, injured another 1,615 people, and cost more than $200 million in property damage. The victims are often children and the elderly. These regulations apply to cigarettes manufactured or imported on or after October 1, 2005. Therefore, it could take time for cigarettes that meet the new standard to replace existing stock. **Health Canada** will monitor the marketplace and will take appropriate action where violations occur.

Developing policies and strengthening strategies

When the **Newfoundland and Labrador** Department of Health and Community Services launched its Provincial Wellness Plan in March 2006, it challenged Newfoundlanders and Labradorians to "Go Healthy." The Plan promotes good health through eight areas, one of which is tobacco control. This reaffirms the province's Tobacco Reduction Strategy. Each of the eight areas is addressed by four key activities: strengthening partnerships and collaborations, developing and expanding wellness initiatives, increasing public awareness, and enhancing capacity for health promotion. The Plan is supported by a website and promotional material.

In January 2006, **New Brunswick** introduced its multi-year Wellness Strategy, which identifies four priority areas for action: Mental Fitness/Resilience, Tobacco Reduction, Healthy Eating, and Physical Activity. This strategy builds on efforts and partnerships established to date. The **New Brunswick Anti-Tobacco Coalition**, which has supported coordinated implementation of the province's Anti-Tobacco Strategy since 2001, is a key partner in advancing the broader Wellness Strategy. The Wellness Strategy is funded by an annual budget of $2 million.

In May 2006, **Quebec** launched its new tobacco control strategy, *Plan québécois de lutte contre le tabagisme 2006–2010.*

Providing smoke-free spaces

In **Newfoundland and Labrador**, the **Alliance for the Control of Tobacco** (ACT) commissioned a survey of school administrators. Approximately 18 per cent of the schools surveyed allowed smoking on school grounds, and of those, 89 per cent had a designated smoking area. Following the release of the survey, ACT met with the ministers of Education, and Health and Community Services, and with school boards, teacher associations, and school council groups to discuss the results. As a consequence, both the Labrador School District and the Nova-Central School District have introduced policies that prohibit smoking on school grounds.

To ensure a harmonious and successful implementation of its strengthened *Tobacco Act*, **Quebec** produced and distributed several publications targeted to various audiences affected by the new measures. Of particular note are *Guide to Implementing a Tobacco-free School Strategy* and *Trousse du détaillant*.

Increased Support for Smoke-free Spaces

In 2005, **Health Canada** hired a public opinion research firm to survey the general public—including smokers and non-smokers—in **Saskatchewan**, **New Brunswick**, and **Manitoba**. More people reported that they would likely visit bars and restaurants if they are smoke-free than the number who would stay away because of a smoking ban.

Support for smoke-free legislation continues to be very high, with 83 per cent of Saskatchewan residents, 86 per cent of New Brunswick residents, and 82 per cent of Manitoba residents supporting their respective provincial smoking ban legislation.

Among smokers in each province, support for the legislative ban on smoking has increased noticeably since a 2004 survey: 57 per cent of Saskatchewan smokers (up 10 points), 68 per cent of New Brunswick smokers (up 11 points), and 57 per cent of Manitoba smokers (up 6 points) now support the legislative ban.

PUBLIC EDUCATION
(INFORMATION, MASS MEDIA, PROGRAMS, AND SERVICES)

The intent of this strategic direction is to ensure that Canadians have access to information about tobacco and about services that foster prevention, cessation, protection, and denormalization.

Information and mass media campaigns

In March 2006, the **Alberta Alcohol and Drug Abuse Commission** launched a television and poster campaign targeted to young adults. The theme of the "Firepit" commercial was "One cigarette never killed anyone. But who ever smoked just one?" Directed at young adult occasional smokers, the theme points out that smoking quickly adds up. The campaign directed this population to Alberta's new web cessation program, www.albertaquits.ca.

The second phase of **British Columbia's** mass media campaign kicked off in 2006. It targets young adults with the highest smoking prevalence—blue-collar workers between 20 and 30 years old. Instead of emphasizing quitting smoking and the dangers of smoking, the message is *You Can Get Better*—a positive, hopeful message that says "start living." Television and radio ads, and three posters, all reinforcing the "you can get better" message, highlight the benefits of quitting.

The **Canadian Cancer Society–Manitoba Division** partnered with the **Interlake, Winnipeg** and **Brandon Regional Health Authorities**, the **Manitoba Lung Association** and **Cancer Care Manitoba** to produce "Quit Now Manitoba," a social marketing campaign. The main goal of the six-week campaign was to increase the number of calls to the Smokers' Helpline, and it was targeted to adults between 25 and 55 from lower socio-economic backgrounds. Pre- and post-campaign telephone surveys were used to measure results. Overall there was a significant increase in the number of calls to the Smokers Helpline during the campaign.

Northwest Territories conducted the second phase of its "Don't Be a Butthead" campaign and expanded it by adding a creative contest for youth encouraging them to express their opinions about tobacco. Also new in 2005 was a special initiative to target the campaign to athletes. The goal is to keep youth between 8 and 14 smoke free.

For the third consecutive year, **Northwest Territories**, **Yukon**, and **Nunavut** produced Smoke Screening, a pan-territorial project that reaches 4,500 students across the Canadian North. Students watch 12 anti-tobacco ads and vote for the ad that they feel would be most effective in getting youth to reduce tobacco use, quit, or never start. Seventy-nine of a possible 98 schools participated across the three territories. The program continues to receive excellent evaluations from participating teachers.

Nova Scotia launched the follow-up to the "Great Reasons to Smoke" campaign. The current print and broadcast campaign profiles real tobacco users, their stories and rituals, and what they do to conceal their smoking. The campaign is aimed at young adults and is intended to hold up a mirror to smokers, showing the practices they have acquired from smoking. The provincial Smokers, Helpline is featured at the end of each profile. The website sickofsmoke.com has been updated to include testimonials from smokers.

Using feedback from focus groups, **Yukon** designed an innovative Young Adult Mass Media Tobacco Campaign. In October 2005, 12 young adults who were either current or former smokers became the public faces for the campaign, appearing on posters, postcards, bus shelters, buses, and t-shirts. The campaign draws an analogy between quitting smoking and breaking up by using the logo "I love you but … (I'm) moving on smoke-free." Twelve distinct reasons for becoming smoke free—relevant to young adults—were used. A unique feature of the campaign were songs written by Yukon youth. Finally, Quitpacks were distributed to smokers who were ready to go smoke free. The Quitpacks were slingback packs, highly appealing to young adults, filled with cessation tools and resources.

Help lines

The **Prince Edward Island** Fax Referral Program links health care practitioners directly to counselling services offered through the Smokers' Helpline. Physicians, pharmacists, and dentists who identify a patient who wants to quit smoking can fax the information to the Smokers' Helpline. Trained counsellors then contact the individual. During its first year, referrals by health professionals increased from 19 per cent to 30 per cent. Physicians were the most frequent participants in the Fax Referral Program, with 18 physicians referring patients in the first six months.

Focus on youth

Health Canada, in collaboration with provincial and territorial officials, hosted the National Youth and Young Adult Forum on Tobacco Control in Ottawa. The forum attracted 142 participants, who shared experiences, expanded their knowledge, and learned new skills, all related to tobacco control. In addition, they had the opportunity to discuss a possible National Youth and Young Adult Framework for Action on Tobacco Control. Youth (16 through 18 years of age) and young adults (19 through 29 years of age) played key roles throughout the forum as presenters, moderators, note takers, and very active participants.

Manitoba completed its second Review and Rate Program, which asked 30,000 grade 6 through grade 12 students to review 12 anti-tobacco television ads. Students voted for the ad most likely to keep them from starting to smoke, or to encourage them to quit if they already smoke. The winning ad, "Relaxed as Can Be," was aired in March 2006. The success of this program stems from its ability to engage youth in tobacco control and to stimulate a great deal of in-class discussion about tobacco use and its consequences.

The **New Brunswick Anti-Tobacco Coalition**, with the **Canadian Cancer Society–New Brunswick Division** as lead organization, continued to encourage and support a comprehensive school health approach through a wide variety of Tobacco-Free Schools activities and initiatives. Among their many activities and initiatives, with support from Health Canada, they

- set up a Tobacco-Free Schools website with tobacco-free information, tools, and resources;
- circulated Tobacco-Free newsletters to all tobacco-free school champions to promote knowledge and sharing among schools;
- hosted a Tobacco-Free Schools Rally in Saint John to encourage youth participation; and
- promoted the use of findings from the Youth Smoking Survey to maintain and support local action.

In addition, the Tobacco-Free Schools Grant Program was funded for an additional year through the province's Wellness Strategy. As a result, the quality and quantity of comprehensive anti-tobacco awareness activities with school-community partners increased.

As a member of the **New Brunswick Anti-Tobacco Coalition**, **Sport New Brunswick** developed the Tobacco-Free Sport initiative *(Everyone is a Role Model, Keep Tobacco Away from the Game)* to encourage member provincial sport organizations to develop, communicate, and reinforce tobacco-free (including smokeless tobacco) policies as part of their sport or recreation program. The focus of these efforts is to create more supportive physical and social environments for Tobacco-Free Sport. A handbook was developed in collaboration with various partners, including the Centre for Coaching Education of New Brunswick, Recreation New Brunswick, and the New Brunswick Interscholastic Athletic Association. Banners, posters, temporary tattoos and other promotional material on Tobacco-Free Sport were developed for distribution at tournaments, annual general meetings, and other events to support these efforts. Ongoing distribution has been integrated into core activities of the organization. The outcome of these efforts is increased collaboration between provincial sport organizations and the Coalition.

In **Nunavut**, the Minister's Youth Action Team on Tobacco sent 20 grade 9 through grade 12 students to Iqaluit for a week. In addition to learning about tobacco-use issues and practising leadership and presentation skills, they learned how to plan their own tobacco reduction projects. After doing community demonstrations and presentations in Iqaluit, they returned to their home communities prepared to complete their own projects.

Ontario provided $3.3 million in new funding for youth tobacco control and extended its $500,000 high school grant program to support student-led activities. Funds flowed to 18 Youth Action Alliances, which are peer leadership programs that teach youth aged 14 to 17 the skills needed to work on policy-related tobacco control issues and to engage youth in local action to prevent smoking, reduce second-hand smoke exposure, and increase awareness of tobacco issues. Also, in 2006, the Government of Ontario launched Phase 2 of the "Stupid.ca" campaign, as a component of the Smoke-Free Ontario Strategy, under the prevention component. This phase included a revised website, which built on the successes of the first, providing a stronger emphasis on encouraging youth to become local non-smoking advocates. During the first 18 months of the campaign, the Stupid.ca ads attracted over 1.2 million unique visitors to the site.

Youth-centred activities hit a new high in **Yukon**, with youth participating in the 2005 National Youth and Young Adult Forum on Tobacco Control in Ottawa, and teams from two schools attending the BLAST youth tobacco leadership conference in Yellowknife. One high school, in partnership with the Yukon Government, turned its smoking pit into a beach volleyball court and stage for music, with grass and picnic tables. For the first time, smoking cessation programs were offered at two high schools. School staff were trained to run these programs.

BUILDING AND SUPPORTING CAPACITY FOR ACTION

In October 2005, the **Alberta Alcohol and Drug Abuse Commission** and its partners **The Lung Association AB/NWT** and the **Canadian Cancer Society AB/NWT** launched a web-based cessation service, www.albertaquits.ca. This service is available 24 hours a day, seven days a week. Between its launch and March 31, 2006, 6610 people registered.

The Cessation Working Group of the **New Brunswick Anti-Tobacco Coalition** is supported by a broadly based partnership that includes the New Brunswick Medical Society, the Nurses Association of New Brunswick, the New Brunswick Pharmacists Association, the New Brunswick Dental Hygienists Association, the Canadian Cancer Society–New Brunswick Division, the Heart and Stroke Foundation of New Brunswick, the VON Healthy Baby & Me Program, the Regional Health Authorities, and the Department of Wellness, Culture and Sport. While these efforts with a wide range of provider groups continue, this year efforts have shifted to promote development of an environment to ensure that providers systematically intervene with smokers through a systems approach within Regional Health Authorities (RHAs).

Workshops to support RHAs' efforts to build cessation interventions into all RHA clinical care practices have been provided, including a two-day workshop by the Ottawa Health Institute, for senior leaders and administrators from all eight RHAs.

These workshops support RHA efforts to address cessation in a systematic, coordinated and comprehensive way, which in turn maximizes the reach of available resources (self help and Smokers' Helpline).

In November 2005, the **Newfoundland and Labrador** Smokers' Helpline expanded its Community Action and Referral Effort (CARE) to 500 registered nurses as a pilot program. The CARE program allows physicians to connect consenting clients to smoking cessation services by faxing a referral form. Referred clients are contacted by phone within 72 hours. By including nurses in the program, the Smokers' Helpline can reach clients in remote locations where physician services are often unavailable.

In **Nunavut**, all community health representatives and prenatal nutrition program workers were trained in minimal-contact (that is, very brief) interventions. Since the majority of these workers speak Inuktitut and are based in local communities, tobacco reduction information will be dispersed throughout the territory and will be available from Inuktitut speakers.

In its first year of operation, the **Ontario Lung Association's** Youth Advocacy Training Institute implemented three curricula to build knowledge, skills, and capacity among 300 peer leaders, 238 youth volunteers, 55 adult staff, and 34 youth advisors. The Institute receives funding through the Smoke-Free Ontario Strategy.

In 2005, **Saskatchewan Health** provided its Regional Health Authorities with a variety of resources to enforce *The Tobacco Control Act* and to support tobacco reduction initiatives. It also provided support and education to Tobacco Enforcement Officers to assist them in enforcing tobacco control legislation.

INDUSTRY ACCOUNTABILITY AND PRODUCT CONTROL

As of August 2005, **Manitoba** began enforcing restrictions on the display, advertising, and promotion of tobacco and tobacco-related products. These restrictions mean that power walls are not permitted, nor can tobacco products be displayed, advertised, or promoted if visible to children. This prohibition includes outdoor signs.

In preparation for a ban on the display of tobacco products at retail outlets, **Prince Edward Island** Department of Health inspectors visited all tobacco retail outlets to inform proprietors of their obligations under the ban. The ban went into effect in June 2006. Although the legislation permits tobacconist stores to be categorized as such, an outlet must devote more than 50 per cent of all retail space—that includes floor, wall, and ceiling space—to the sale of tobacco products, individuals must be 19 years of age or older to enter, and tobacco products cannot be visible from the exterior of the store.

RESEARCH, EVALUATION, AND MONITORING

In 2005, the **British Columbia** Ministry of Health and the **Centre for Addictions Research of British Columbia** (CARBC) formed a new research relationship. With research partnerships with the province's five public universities, CARBC is able to advise on health and addiction issues and to incorporate the tobacco resource centre into the Substance Information Link (www.silink.ca). Furthermore, the Ministry of Health and BC Stats are learning more about tobacco use by tracking and profiling smokers' behaviour and attitudes. Information is available for the entire province and by health authority, and is updated three times a year.

The **Canadian Tobacco Control Research Initiative** (CTCRI) is a collaboration between a group of Canadian agencies and government departments. Current major funding partners are the six **Canadian Institutes of Health Research**, the **National Cancer Institute of Canada**, the **Canadian Cancer Society**, and **Health Canada**. In 2005, CTCRI awarded $1,663,532 to tobacco control and nicotine addiction research programs, including a small international policy grants program aimed at building capacity for the ratification and implementation of the World Health Organization's Framework Convention on Tobacco Control in low- to middle-income countries. In addition, new funding of over $1.9 million was awarded to innovative multi-year community-based research programs. Aboriginal communities are a particular target for this program.

With **Health Canada** funding, the effectiveness of SWITCH clubs in reducing tobacco use among youth was evaluated in spring 2006. SWITCH (Students Working in Tobacco Can Help) is an important element of the **Prince Edward Island Tobacco Reduction Alliance's** (PETRA) comprehensive tobacco reduction strategy. SWITCH clubs promote tobacco control in high schools, junior high schools, and the broader community by engaging youth in the design and delivery of youth-targeted programs. The **Canadian Cancer Society–Prince Edward Island Division**, the primary sponsor of SWITCH, works closely with PETRA partners to coordinate and support SWITCH clubs throughout the Island. The survey used a number of data-gathering methods, including a web-based student survey. According to the survey, 95 per cent of respondents reported that they had gained knowledge about tobacco issues, and 95 per cent reported that they had learned how tobacco companies target youth.

The **Ontario Tobacco Research Unit** (OTRU) conducts independent evaluation and monitoring of the Smoke-Free Ontario Strategy. On an annual basis, the OTRU produces a monitoring and evaluation report series. In June 2006, the OTRU released its most recent report, documenting indicators of Ontario Tobacco Strategy progress for 2004–2005. The report indicates that

significant progress has occurred in all three strategy goal areas (i.e., protection, prevention, and cessation). Of particular note is the fact that in 2004, smoking prevalence among Ontario students reached its lowest level since 1977. Between 1999 and 2004 there was also a 30–per cent decline in per capita cigarettes sales in Ontario.

In fall 2005, **Yukon** released the results of the Yukon Youth Smoking Survey, which surveyed every Yukon student in grades 5 through 12. The survey provided invaluable information about what influences Yukon youth to take up or avoid tobacco use. It was also a vehicle for anti-tobacco education; after each class completed the survey, students discussed a tobacco-related topic.

CONCLUSION

As shown by this year's contributions to *Moving Forward*, Canada's tobacco control efforts continue to move us closer to a society in which as few people as possible are addicted to tobacco products. Through legislation, regulation, and strategies; through cessation programs and services; through research and data collection; through collaboration and partnerships—the work to make Canada's population healthier continues.

Progress in tobacco control efforts through legislation has been especially notable this past year, with a number of provinces and territories enacting new legislation and strengthening existing legislation. Of particular note is the growing movement to enact health care cost-recovery legislation. It began in 1998 when British Columbia initiated a lawsuit against tobacco companies. Since then four provinces—Newfoundland and Labrador, New Brunswick, Nova Scotia and Manitoba—have enacted similar legislation.

Other legislative efforts, at all government levels, have focused on providing more smoke-free spaces to reduce the number of people exposed to second-hand smoke. Canada has truly learned well how to plan, propose, pass, implement, and defend tobacco control legislation.

Tobacco control efforts have also come to focus on prevention by reaching out to and listening to youth. The youth of Canada have responded enthusiastically by attending an ever-increasing number of tobacco control clubs, camps, conferences, and skill-learning workshops. As they move out into their communities, they spread the word to their peers and become, in a bit of reversal, role models for their elders.

APPENDIX A:

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