

## **Alberta Alcohol and Drug Abuse Commission**

### **POLICY ON TOBACCO**

**November 2006**

#### **POLICY STATEMENT**

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognizes tobacco as an addictive substance that adversely affects individual and social health. AADAC will provide leadership and expertise in coordinating the provincial tobacco reduction strategy. The Commission will ensure tobacco reduction initiatives in Alberta are comprehensive and include prevention, education, legislation and cessation programming. AADAC is also committed to promoting a healthy and smoke-free environment for employees and clients.

#### **CONTEXT**

1. While tobacco is a legal substance, there is no safe level of consumption.
2. A gradual and marked decline in the prevalence of tobacco use has occurred over the last 40 years, and current smokers are a minority in the population. Results from the Canadian Community Health Survey (2005) indicate that 22.8% of Albertans (12 years and older) are current smokers.<sup>1</sup> This is similar to prevalence in the Canadian population (21.7%).
3. Among Alberta adolescents aged 12 to 19, 10.9% were current smokers in 2005. The smoking rate among young adults (20 to 24 years) was 33.5% and higher prevalence in this age group is an issue of continuing concern.
4. The prevalence of tobacco use among addiction treatment clients is higher than in the general population. Current research suggests that smoking cessation can improve recovery outcomes when addiction clients are motivated to pursue this as a treatment goal.
5. Cigarettes, chewing tobacco and snuff all contain nicotine, which has a high degree of dependence liability. Tobacco use is the leading cause of avoidable illness, disability and premature death in Alberta. The adverse effects of tobacco are confirmed by accumulating evidence establishing second-hand smoke as a cause of serious health problems in non-smokers.
6. The federal *Tobacco Act* (1997) regulates the manufacture, sale, labelling and promotion of tobacco products in Canada. This act makes it an offence to sell tobacco to anyone under the age of 18.

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<sup>1</sup> Includes those people who reported daily or occasional smoking in the past year.

7. In Alberta, the *Prevention of Youth Tobacco Use Act* was proclaimed April 1, 2003. This act makes it an offence for people younger than 18 to possess or consume tobacco products in a public place.
8. On January 1, 2006, the *Smoke-Free Places Act* was proclaimed in Alberta. This act sets a minimum provincial standard for protection from second-hand smoke. The act prohibits smoking in all enclosed public places and indoor workplaces (including vehicles) that are accessible to minors (under age 18).
9. Research shows that higher tobacco prices discourage young people from smoking. Increased tobacco taxation is viewed as effective in reducing demand by youth and adults. However, the use of pricing strategies to reduce tobacco use has limitations. Unintended consequences may result if prices become onerous for consumers (e.g., brand discounting or other crimes associated with black market distribution).
10. Declining rates of tobacco use in Alberta and other Canadian jurisdictions have been credited to the implementation of comprehensive tobacco reduction strategies that include education, prevention, cessation programs and smoking restrictions in public places.

## **PRINCIPLES FOR ACTION**

### ***Information***

AADAC will provide accurate and current information on tobacco use and addiction. The Commission will develop and distribute information resources that assist AADAC staff, clients, and other stakeholders in understanding and addressing the health and social consequences of tobacco use.

### ***Prevention***

AADAC will coordinate the delivery of programs and services that prevent tobacco use and exposure to second-hand smoke. Priority will be given to prevention and education strategies targeted to children and youth (i.e., those who have not yet begun to use tobacco), young adults, and people living with infants and young children; given that children can be seriously affected by the smoking behaviour of others.

Prevention programs and services will increase protective factors and reduce risk factors clearly associated with tobacco use and nicotine dependence. Strategies will be guided by research, and by best and promising practices in the addiction field.

### ***Treatment***

AADAC will deliver treatment programs and services that promote health and recovery. The Commission will continue to take a client-centred approach to addiction treatment, and will facilitate individual goals for tobacco reduction or cessation. Clients will be provided with information regarding the health consequences of tobacco use and second-hand smoke, and staff will assist clients to gain access to cessation programs and other resources.

The Commission will promote a healthy environment for clients and staff. AADAC Human Resources will maintain employee safety and wellness guidelines that concern tobacco use.

- Tobacco use will not be permitted inside AADAC facilities.
- While officially representing AADAC in the community, employees are not permitted to use tobacco.
- Employees who smoke will be encouraged to use cessation resources and will be reimbursed for program costs.

### ***Legislation/Regulation***

Tobacco legislation and regulation should be designed to protect the health and wellness of all Albertans. Over the past decade, federal, provincial and municipal smoking bans and other restrictions have contributed to reductions in tobacco use and exposure to second-hand smoke.

AADAC will continue to advise on the development and implementation of effective tobacco control legislation in Alberta. The Commission will also monitor tobacco policy in other jurisdictions to guide further regulatory efforts.

### ***Joint Initiatives***

AADAC will lead provincial strategies and initiatives that focus on reducing tobacco use in the general population and within target groups. This may involve consultation, developing education, prevention and cessation programs and resources, evaluating policies and programs, or funding community-based tobacco reduction projects.

### ***Research***

Well-conceived and executed research into the prevalence, prevention, and treatment of tobacco use should be conducted on an ongoing basis. The results of this research should be communicated to advance public and professional knowledge, and to improve tobacco reduction strategies and smoking cessation programs.

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