



# Canada's Federal Tobacco Control Strategy: Investing in Our Future

Non-Smokers' Rights Association

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## Introduction

The Non-Smokers' Rights Association is the longest-serving organization in Canada working in tobacco control. Started in 1974 by nurse Rosalie Berlin, the original goal of the organization was to protect non-smokers from the harms of involuntary exposure to second-hand smoke. Over the past 37 years, NSRA has evolved into a well-known and highly-respected national non-profit dedicated to protecting all Canadians from the scourge of tobacco industry practices and products. We welcome the opportunity to provide the Government of Canada with our insights into the future of the federal tobacco control strategy. And we look forward to working with the government to ensure that the next strategy achieves even greater successes than the current one.

## Achievements in Tobacco Control under the Current Federal Tobacco Control Strategy

The Federal Tobacco Control Strategy (FTCS) is arguably the most effective health strategy ever undertaken by Health Canada—in terms of lives saved, disease prevented, improvements to quality of life, health care cost savings, and cost-effectiveness. Prevalence among Canadians age 15 + decreased from 22% in 2001 to 17% in 2010, representing 715,000 fewer smokers. Given that half of long-term smokers die as a result of their tobacco use, 715,000 fewer smokers translates into an estimated 355,000 fewer tobacco-caused deaths. Canadian research demonstrates that smoke-free legislation reduces hospital admission rates. Toronto's smoke-free bylaw cut admissions for cardiovascular conditions by 39% and respiratory conditions by 33%.<sup>1</sup> These results are in keeping with the significant association between smoke-free spaces legislation and reductions in cardiovascular incidences observed in ten other cities worldwide.<sup>2</sup> Among young adults age 20-24, tobacco use declined from 32% to 22%. The most significant change in prevalence of tobacco use during this ten-year period, however, was among 15-19, declining from 23% to 12%.<sup>3</sup> For the first time in the history of tobacco control in Canada, there is now a markedly higher proportion of never smokers, at 57%, than ever smokers, at 43%.<sup>4</sup>

In addition to being highly effective, a comprehensive tobacco control strategy is also highly cost effective. Research on the California Tobacco Control Program has concluded that the modest investment of \$1.8 billion over the first fifteen years of the program produced a rapid and substantial savings in health care costs, representing a fifty-fold return on investment:<sup>5</sup>

“Between 1989 (when it started) and 2004, the California program was associated with \$86 billion (2004 US dollars) lower health care expenditures than would have been expected without the program. This reduction grew over time, reaching 7.3% (of total health care expenditures in 2004.”

The researchers emphasize that these cost savings occurred despite substantial diversion of funding away from the program and decreased purchasing power, particularly in the mid-1990s, since the funding was not indexed to inflation. The researchers estimated that if the funding had been maintained, total health care expenditure savings would have increased to \$156 billion, an additional savings of \$70 billion for an additional investment of \$1.2 billion.

An analysis commissioned by Health Canada comparing the economic benefits of reducing tobacco use with the costs of tobacco control measures concluded that on average one person quitting smoking results in \$8,533 in avoided health care costs.<sup>6</sup> The expenditure on tobacco control of an estimated \$500 million over the ten years of the current FTCS<sup>7</sup> yielded 715,000 fewer smokers, for an estimated savings of \$6.1 billion in direct health care expenditures alone—a greater than 10-fold return on investment. When the reduced risk of premature death of the average former smoker is factored in, the total savings to the economy from one quitter equal \$421,533, for a total savings of more than \$30 billion—a 60-fold return on investment.

The many accomplishments under the current Federal Tobacco Control Strategy can be attributed to several critical factors:

- Comprehensive approach, including policy, programs, mass media, research, and surveillance
- Significant and sustained funding
- Partnerships between the federal government, provincial/territorial governments and non-government organizations
- Focus on population-level policy interventions.

Federal leadership in tobacco control and funding support to national, provincial, and local non-governmental organizations through Grants and Contributions made possible significant achievements on numerous issues. Health Canada acknowledged the value of this approach in its mid-point assessment of the current strategy:<sup>8</sup>

“No single initiative, government department or even an individual government can effect meaningful change on its own. Governments at different levels possess differing and varying means of influencing people's smoking behaviour.... Governments set policies and develop programs ... and provide financial support to community groups engaged in public awareness and education campaigns. By integrating all of these efforts, the numerous initiatives of various governments, health workers and communities can be mutually reinforcing.”

During the past decade smoke-free workplace and public place legislation was implemented in all 13 provinces/territories and quickly reached compliance levels approaching 100%. The federal “Heather Crowe” mass media campaign, which raised awareness of the need and public support for bans on smoking in public places and workplaces, laid the foundation for this outstanding success. In addition federal support for policy research, public education, and capacity building enabled successful community campaigns for local smoke-free bylaws that in many provinces were the springboard to provincial legislation. This synergy of effort across the country gave rise not only to laws protecting people from exposure to second-hand smoke in their workplaces and public places but also to an enduring social norm change regarding SHS exposure.

This social norm change, supported by Health Canada’s smoke-free homes initiative, has resulted in a substantial increase in the proportion of Canadians, including smokers, who choose to prohibit smoking in their home. The end result is that the proportion of children under the age of 18 who are regularly exposed to SHS at home declined from 22% in 2001 to 6% in 2010.<sup>9</sup> During the past five years, the smoke-free norm has infiltrated a new domain—multi-unit dwellings. With considerable support from Health Canada again for policy research, knowledge exchange, and public education, much has been achieved, including the establishment of a national smoke-free housing coalition with a website of resources; a growing understanding among residents of multi-unit dwellings of their right not to be exposed to SHS and among landlords of their right to make their property smoke-free; and a burgeoning number of smoke-free offerings, including condominiums as well as both market rate rentals and social housing.

On the policy front, two legislative measures stand out as key accomplishments of the current Federal Tobacco Control Strategy, the passage of the *Cracking Down on Tobacco Marketing Aimed at Youth Act* in 2009 and the passage of new *Tobacco Products Labelling Regulations (Cigarettes and Little Cigars)* in 2011. The *Cracking Down on Tobacco Marketing Aimed at Youth Act* ended print advertising of tobacco products in Canada, which had begun to proliferate in a variety of publications with a wide youth and young adult readership. The *Act* also bans packs of fewer than 20 cigarillos and requires warnings on them and sets a world precedent in prohibiting all flavourings except menthol in cigarettes and cigarillos. The new labelling regulations mandate significant improvements to warnings on packages of cigarettes and cigarillos, increasing the size to 75%, printing a toll-free quitline number on every pack, and offering emotive testimonials from smokers suffering from a tobacco-caused disease.

Another outstanding achievement during the past decade has been Health Canada’s contribution to the global tobacco control treaty, the *Framework Convention on Tobacco Control*.<sup>10</sup>

“Given Canada's track record in tobacco control, these partnerships have now extended into the international arena, where Canadian expertise and experience is sought on tobacco control. As evidence of this leadership, Canada's legislative and regulatory frameworks underpin the structure on which the Framework Convention on Tobacco Control (FCTC) was built.”

The government of Canada played a leadership role in the negotiation of the treaty and was among the first forty Parties to ratify it. Likewise Canadian civil society organizations, many with Health Canada's support, have played an instrumental role in all stages of the treaty process, from its negotiation, to its ratification by 174 Parties, to its implementation in the form of domestic legislation and tobacco control programs. The FCTC is a binding legal document that commits Parties to implement a broad set of measures that have been proven best practices in reducing demand for tobacco products and that also address supply. It is a comprehensive global response to the global tobacco epidemic, but its effectiveness is limited by the extent to which countries around the world fully implement its measures.

## Why Tobacco Control Is Not Done

Tobacco control in Canada is threatened with becoming a victim of its own success. The reductions in smoking rates and the significant, highly visible changes in societal acceptance of tobacco use have given rise to claims that tobacco is 'done' and that it's time for government to focus on other health problems. Despite significant progress in reducing tobacco use over the past decade, there are many reasons why tobacco control is far from being done.

### Tobacco use remains the number one cause of preventable disease and death

Tobacco use remains the number one cause of preventable disease and death in Canada, responsible for the death of some 37,000 Canadians every year.<sup>11</sup> This is more deaths than alcohol abuse, HIV-AIDS, traffic accidents, murders, suicides, drowning, and fires combined.<sup>12</sup> Tobacco industry products kill half of their long-term users, half of them prematurely.<sup>13</sup> Furthermore, for every death caused by smoking, there are at least twenty smokers living with a serious smoking-related illness.<sup>14</sup> Tobacco use is estimated to cause 34% of all cancers, 29% of all heart disease, and 29% of all respiratory diseases.<sup>15</sup>

Tobacco smoke is also an important risk factor for other diseases that have garnered significant public attention in recent years, including diabetes and breast cancer. A growing body of research shows that both active smoking and exposure to second-hand smoke are a cause of type 2 diabetes.<sup>16</sup> As well, Canadian scientists have reached a consensus that the evidence is sufficient to establish tobacco use as a cause of breast cancer in pre- and post-menopausal women and second-hand smoke exposure as a cause of breast cancer, primarily in younger, pre-menopausal women.<sup>17</sup> Indeed, tobacco

industry products cause disease in virtually every organ of the body.<sup>18</sup> Tobacco use itself is often called a pediatric disease, because most users become addicted during adolescence, before they have the ability to fully understand the consequences of their actions.<sup>19</sup>

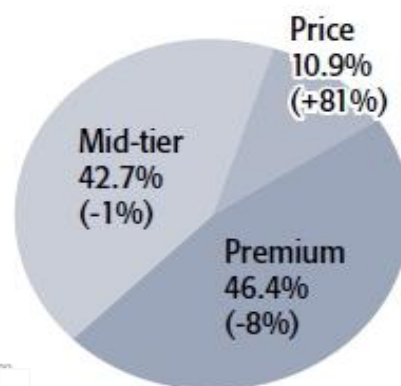
### **Progress in reducing smoking rates has slowed**

While continuing a downward trend, rates of tobacco use are declining at a much slower rate than a decade ago. In the five-year period from 1999 to 2004, smoking prevalence declined by five percentage points, from 25% to 20%; in the next five-year period, however, prevalence declined by only two percentage points, to 18%.<sup>20</sup> The picture is even worse if one considers Canadian Community Health Survey (CCHS) rather than Canadian Tobacco Use Monitoring Survey data. The CCHS shows that smoking rates have basically flatlined, dropping only one percentage point, to 21%, since 2005.<sup>21</sup> More disconcerting is the fact that certain subpopulations have much higher rates of tobacco use. According to the 2006 Aboriginal Peoples Survey, two-thirds (64%) of Inuit adults age 15 and older smoke—more than three times the Canadian average.<sup>22</sup> As well, there remains a substantial difference in prevalence according to education level and occupation: more than one-third of workers in the trades (36%) and in manufacturing/processing (35%) are current smokers.<sup>23</sup> Another indicator of slowed progress is the fact that although average consumption has declined by more than two cigarettes per day since 1999, it has not changed substantially in the last five years.<sup>24</sup>

### **Cheap cigarettes neutralize the impact of tobacco control interventions**

Two major problems have greatly undermined what might otherwise have been accomplished by the FTCS, both of which made available to Canadians a wide variety of cigarettes at substantially reduced prices. It is well-documented in tobacco control that price increases, primarily through tobacco tax hikes, are the single most effective means of reducing consumption.<sup>25</sup> The growth in the contraband tobacco market throughout much of the decade, at one time accounting for up to one-half of cigarettes in Ontario and one-third in Quebec, thwarted governments' tobacco tax policy. Rather than \$80 per carton, baggies of 200 cigarettes could be readily purchased in Ontario and Quebec for as low as \$8, undercutting the motivation to cut down or quit offered by high prices. The burgeoning contraband trade also had a dampening effect on the willingness of policy-makers to introduce needed reforms. Many were convinced by the self-serving arguments of the tobacco industry and its allies— (1) that contraband is caused by high taxes and therefore tobacco taxes could not be raised further and (2) that additional measures, such as flavour bans and tobacco package health warnings, would serve to fuel contraband sales. The result has been no federal tobacco tax increase since 2002 and unnecessary delays in the implementation of valuable reforms.

Another significant development occurred during the current FTCS—the growth in the market for discount cigarettes. From basically a one-price market in 2000, Canada has become a highly segmented market, with three or four price tiers, where premium brands now account for less than half the market share.<sup>26</sup> These budget brands typically retail for \$1.25 to \$1.50 less per pack than premium. The availability of discount brands means that price-sensitive smokers, who might otherwise have been motivated to cut down or quit, have several lower-price options to keep them in the market.



Both of these problems must be addressed in the next federal tobacco control strategy. High prices are an important barrier to entry for price-sensitive youth that helps prevent them from progressing from experimentation to regular smoking. High prices, as noted above, also continue to be the single most effective means of prompting smokers to reduce their consumption and quit.

### Smoking rates rebound when tobacco control weakens

Various studies of comprehensive tobacco control programs provide proof of the deleterious effects of reducing tobacco control funding. In Florida, for example, after the budget for the state youth tobacco use prevention program was cut from \$70.3 million to \$38.7 million, recall of the “truth” anti-smoking campaign ads, anti-industry attitudes, and non-smoking intentions plateaued or began to decline. Researchers concluded that “Reductions in tobacco control funding have immediate effects on programme exposure and cognitive precursors to smoking initiation.” The effect of the budget cuts on smoking behaviour, on the other hand, was felt over time. Smoking rates among middle school students decreased from 18.5% to 11.1% between 1998 and 2000, a drop of 7.4 percentage points. The rate of decline was much slower in the subsequent two-year period, decreasing only 2.3 percentage points, from 11.5% to 9.2%.<sup>27</sup> A review of the research on several large-scale, state-wide tobacco control programs in the US by the Ontario Tobacco Research Unit found that comprehensive programs do reduce youth uptake and increase quitting; however, sustained funding is necessary for sustained effects:<sup>28</sup>

“Reductions in funding lead to slowed reductions in smoking rates and often reversal of progress. [Moreover] the presumed costs saved from program cuts ... reappear as direct costs of health care and productivity losses from disability and premature death.”

### Tobacco company innovation thwarts tobacco control

Tobacco control does not take place in a vacuum—public health efforts to reduce tobacco use continually meet with pushback from a well-resourced, creative, and immoral industry whose *raison d'être* is to maximize profits by selling more tobacco products. The deep pockets of tobacco companies permit constant innovation that undermines the effectiveness of many tobacco control interventions. In recent years, this has become most apparent on two fronts—developments in tobacco packaging and product design.

In response to the graphic health warnings introduced in 2001 that occupy 50% of the major package faces, tobacco companies have completely redesigned their packs. Bold colours and metallic inks distract the eye away from the warning. New package sizes and opening styles, such as purse packs and packs of 20 superslims, are much smaller overall and the ratio of major face to total pack size is reduced, both of which serve to shrink the size—and hence diminish the impact—of the health warning. The use of colouring and numbering schemes to indicate relative strength has undermined the effectiveness of the ban on the misleading descriptors “light” and “mild.”



During the second half of the current FTCS, tobacco control has been further challenged by the advent of new products. The first such product was candy- and cocktail-flavoured cigarillos sold in singles that were targeted at youth and young adults. Prior to the federal government taking action through the *Cracking Down on Tobacco Marketing Aimed at Youth Act*, these products had become so popular among young Canadians that when their use was factored into survey data, youth prevalence increased by five percentage points.

Likewise, hookah smoking, historically limited to certain, largely Middle Eastern cultures, is experiencing an explosion in popularity across the country, particularly among college and university students. Use of these ‘novel’ products not only poses health risks but also greatly undermines tobacco control efforts to make tobacco use socially unacceptable. Major tobacco companies have developed an array of new smoke-free tobacco products, such as sticks, lozenges, and dissolvable strips, that undermine the impact of smoking bans by permitting smokers to get their nicotine fix in places where smoking is not permitted and in so doing keep them in the market. Though not manufactured by major tobacco companies, electronic cigarettes (e-cigarettes) similarly pose a potential threat to tobacco control. By mimicking the look and feel of a real cigarette, these tobacco-free devices thwart the motivation to cut down and quit offered by smoking bans and complicate their enforcement. The novelty effect of e-cigarettes and their high-tech gimmicks, such as a built-in homing device that lets users find and connect with each other, stand to erode progress in rendering smoking socially unacceptable.<sup>29</sup>



## Key Elements of Next Federal Tobacco Control Strategy

### Continued Federal Leadership

Further progress in reducing tobacco use and the resultant toll of tobacco-caused diseases demands no less involvement from the federal government than has been the case over the past ten years. Federal leadership in tobacco control is essential on several fronts. Getting prevalence down to less than 10% requires bold policy reforms, many of which necessitate legislative and regulatory measures in areas of federal jurisdiction. Likewise, it is solely the purview of the federal government to monitor compliance with and actively enforce federal laws, which is critical to safeguarding the gains under the *Tobacco Act* and other relevant laws.

A large body of research demonstrates that mass media can play a critical role in advancing policy change, by creating a climate for acceptance of major reforms. This has been the case in California throughout the two decades of the groundbreaking California Tobacco Control Program, where mass media campaigns have focused on the role of the industry as the vector of the tobacco epidemic.<sup>30</sup> As discussed earlier, the “Heather Crowe” federal mass media campaign was instrumental in paving the way for local and provincial workplace and public place smoking bans. Although mass media was to have constituted 40% of program spending in the current FTCS, by 2006 the federal government was no longer funding any mass media. It is imperative that the federal government set the stage for the next generation of reforms by supporting hard-hitting media campaigns that both increase understanding of the nature of the problem and generate public acceptance of the required solutions.

Another vital component of the next federal tobacco control strategy is the Grants and Contributions program. The work made possible by federal grants and contributions enables innovation and change through scientific and policy research, knowledge exchange, public education, and community-based initiatives.

A critical element of tobacco control at the federal level is support for effective implementation of the *Framework Convention on Tobacco Control*. This support can and should take several forms. Canada needs to resume its global leadership in tobacco control, through full implementation of the treaty Articles and Guidelines and active participation in the development of additional strong guidelines. The effectiveness of the treaty in stemming the devastation caused by tobacco industry products will depend on support for treaty implementation in low and middle-income countries through the provision of technical and financial assistance, as required by Articles 22 and 26. Furthermore, the federal government needs to do its part to ensure the long-term viability of the Convention by providing financial support for treaty administration in the form of extra-budgetary contributions commensurate with Canada's ability to pay as a high income country with one of the world's healthiest economies.

## Substantial and Sustained Funding

Substantial and sustained government funding is necessary if tobacco control strategies are to be effective in reducing tobacco-caused disease and death. The US Institute of Medicine calls for funding of USD \$15-\$20 per capita for a comprehensive program.<sup>31</sup> In its *Best Practices for Comprehensive Tobacco Control Programs—2007*, the US Centers for Disease Control recommend sustained tobacco control funding of \$12 per capita, on average, with the exact amount depending on factors such as the state population and prevalence of tobacco use.<sup>32</sup> The recommended yearly funding for the state of California—whose annual death toll and economic costs from tobacco use and population are very close to Canada's—is \$442 million or \$12.12 per capita.

The funding commitment of a maximum of \$100 million per year in the current strategy amounts to approximately \$3 per capita, markedly less than the level recommended by two esteemed US research institutions. Even more damaging is the fact that tobacco control funding has suffered from several budget cuts and from the underspending of approved allocations, with the end result being total federal funding averaging only \$64 million per year over the past four years. It is clear that annual funding of no less than the current funding level is necessary if progress in reducing tobacco use is to be maintained. Accelerated progress and greater cost savings can be achieved from higher levels of investment in comprehensive tobacco control.

## A Comprehensive Approach

Substantial research evidence demonstrates that comprehensive approaches that include prevention, protection, cessation, and tobacco industry denormalization initiatives produce measurable reductions in tobacco use among youth and adults:

- Between 1990 and 2000, tobacco sales fell an average of 43% percent in four states with large tobacco control investments (Arizona, California, Massachusetts, Oregon) compared with only a 20% drop for all other states.<sup>33</sup>
- The comprehensive programs in California, Massachusetts, and Florida were found to be responsible for preventing increases in youth smoking initiation in the 1990s in those states, while nationally youth tobacco use was skyrocketing.<sup>34</sup>
- During its first two years, the Florida Tobacco Control Program decreased tobacco use by 40% among middle school students (from 18.5% to 11.1%) and by 18% among high school students (from 27.4% to 22.6%).<sup>35</sup>
- Tobacco consumption in Ontario decreased by 18.7% from 2003 to 2005 and prevalence among Ontarians age 15+ decreased from 20% to 16%. During this time, the provincial government's investment in the Smoke-Free Ontario Strategy increased six-fold to \$60 million/year. The strategy focuses on youth prevention, including peer-to-peer programs and an interactive website, a

province-wide ban on smoking in public places and workplaces, and support for cessation.<sup>36</sup>

An effective strategy uses multiple interventions and channels of communication—regulatory, economic, educational, social, and clinical—and the synergies created give rise to a much greater impact than from individual interventions operating alone. Although the specific components may differ, successful tobacco control strategies share a number of common elements:

- They are multi-pronged.
- They include a substantial tax/price increase.
- They provide significant multi-year funding for the tobacco strategy.
- They include a strategic mass media campaign that focuses on changing social norms.
- They combine community mobilization with legislated reforms.
- They provide support for cessation.

If Canada is to experience continued success in tobacco control—and indeed is to improve on our performance to date—the next federal tobacco control strategy must be no less comprehensive and must employ a full arsenal of interventions and communication channels.

### **Bold Policy Reforms**

The US Institute of Medicine, in its seminal report *Ending the Tobacco Problem: A Blueprint for the Nation*, makes the case that continued success in reducing tobacco use demands a new and more radical response.<sup>37</sup>

“The committee believes that substantial and enduring reductions in tobacco use cannot be achieved simply by expecting past successes to continue. Continued progress will require the persistence and nimbleness needed to counteract industry innovations in marketing and product design as well as the larger cultural and economic forces that tend to promote and sustain tobacco use. The challenge is heightened by the fact that the customary tools of tobacco control may not be effective in reducing use among some tobacco users. Any slackening of the public health response not only will reduce forward progress but also may lead to backsliding.”

There are many needed legislative and regulatory measures that should be included in the next federal tobacco control strategy. This brief will highlight only a few, focusing on those that stand to achieve the greatest gains for public health.

### ***Plain and standardized packaging***

At the top of this list is plain and standardized tobacco packaging. Although experts agree that a ban on tobacco advertising and promotion is a critical component of any comprehensive plan to address the tobacco epidemic, Canada will not come close to a complete ban as mandated by the *FCTC* until it prohibits package-based promotion, the cornerstone of all tobacco marketing. More than thirty years ago, tobacco executives foresaw the day when all other forms of promotion would be banned and the package, by itself, would have to “convey the total product message.”<sup>38</sup> The solution is to mandate plain and standardized packaging, which would strip the package of all promotional elements, including colours, logos, descriptive text, and distinctive fonts. Given recent innovations in pack size, shape, and opening style, packaging reform must go beyond these measures to include a standardized package that prescribes a standard size, shape, style of opening, and packaging material. To prevent tobacco companies from merely transferring their marketing expertise from the packaging to the product, the requirements for ‘plain’ and ‘standardized’ must also apply to the tobacco product itself. Distinguishing features of the cigarette, such as length, circumference, type and colour of rolling paper, should be made uniform and the printing of logos, text and all other embellishments on the cigarette should be prohibited.

### ***A new generation of tobacco product warnings***

Another important element of the next strategy would continue the valuable work begun under the current strategy on tobacco package warnings. This initiative would include, early in the new term, the implementation of enlarged and improved health warnings on all other tobacco products not covered by the labelling regulations *Gazetted* in October 2011. Within four years, as stipulated in the revised regulations, the warnings on the outside of cigarette and cigarillo packs and the health information messages on the inside would be renewed and refreshed.

### ***Measures to reduce the supply of cheap tobacco***

A key element of the next tobacco strategy must be controls on the retail price of tobacco products. These controls are intended to safeguard the effectiveness of a high price policy in reducing consumption and prevalence and must cover two very distinct challenges—contraband and price discounting.

While valuable anti-contraband measures were put in place in the past three years, much more needs to be done. A whole-of-government approach to contraband is necessary to ensure that policies governing tobacco products are consistent across departments and reflect the overarching goal of reducing tobacco use. Rather than the piecemeal approach seen to date, a comprehensive strategy to address contraband must be implemented, with resources commensurate with the gravity of the problem.

The current contraband problem stems largely from illegal manufacturing of cigarettes on-reserve; in the 1990s the problem stemmed from the sale of untaxed brand-name cigarettes facilitated by the illegal activities of the big three tobacco manufacturers. Although the origins of the problem and the specific remedies are quite different, there is one common, long-term solution—ratification of a strong and comprehensive Illicit Trade Protocol under the *Framework Convention on Tobacco Control*. To date, Canadian government negotiators have failed to play a constructive role in advancing a strong protocol and have even objected to measures currently in place in Canada. It is vital that Canada support the strongest possible protocol at the next negotiating session in 2012 to ensure that high taxes and hence high prices continue to serve as an effective tobacco reduction intervention.

The second challenge to a high-price policy that must be addressed is the proliferation of discount brands and the price segmentation of the market—a deliberate and successful strategy by the tobacco companies to keep the cost of entry to new smokers low and to prevent current smokers from exiting the market. Health Canada should examine all possible solutions, including a mandatory minimum price and a mandatory maximum price, and work quickly to establish health-based controls on the pricing of tobacco products.

#### ***A paradigm shift in the regulation of tobacco industry practices***

In addition to controlling the price at which tobacco companies may sell their products, the federal government must completely reframe the way in which tobacco company activities are regulated. The *Framework Convention* calls for such a reframing in Article 5.3, when it requires Parties to protect their tobacco control policies from “from commercial and other vested interests of the tobacco industry,” acknowledging that “there is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests.” The Government of Canada must operationalize the Article 5.3 Guidelines in the next tobacco control strategy, which would include the following action:

- Raising awareness about the harmful nature of tobacco products and tobacco industry interference with tobacco control policies, ideally through a mass media campaign focused on tobacco industry denormalization.
- Establishing policies to limit interactions with tobacco companies and to ensure the transparency of any interactions, such as by developing and publicizing a website which records in real time the occurrence and results of any such interactions, whether written, oral, or face-to-face.
- Developing policies and practices to avoid conflicts-of-interest for all government officials in dealing with tobacco companies, including a cooling-off period of at least two years.

- Requiring that information provided by the tobacco industry be accurate and amending policies to ensure much greater public access to such information.
- Prohibiting tobacco company corporate social responsibility activities.
- Ending all government practices that serve to give preferential treatment to tobacco companies, such as permitting the deduction of promotional expenses and investing in tobacco company stocks.

More than translating Article 5.3 Guidelines into government policies and procedures, the federal government needs to examine options to fundamentally change tobacco company behaviour. Currently cigarette makers are treated like all other manufacturers whose goal is to maximize profits and hence shareholder returns. But tobacco companies are unlike any other—they manufacture a product that has no redeeming value and that kills when used exactly as intended—and government controls on their operations must reflect this reality. What is needed is a paradigm shift in the regulation of tobacco industry practices. Many options have been proposed to this end—from performance-based regulations that would impose strict financial penalties on companies for not meeting targeted reductions in sales and/or prevalence<sup>39</sup> to a regulated market model, whereby a government agency controls all aspects of tobacco marketing and sales.<sup>40</sup> These options needed to be examined by a committee of experts, including government officials and representatives of non-governmental organizations, and the most viable option implemented at the earliest possible opportunity.

#### ***Fundamental restructuring of tobacco product retailing***

Given the magnitude of the burden imposed on individuals, families, and society by tobacco industry products, the time has come for a significant restructuring of the retail environment to reduce tobacco product availability. Incremental measures to control the way in which tobacco products are marketed and sold at retail have been implemented for decades, beginning with bans on the sale of tobacco products to minors. Despite these advances, tobacco products continue to be available 24 hours a day, seven days a week in most communities in Canada, sold in essentially every corner store, gas station and grocery store, as well as a myriad of other outlets. While it is the provincial/territorial governments that have jurisdiction over retail tobacco sales, this is an issue on which federal leadership could pave the way for adoption of critical reforms. As with federal leadership on second-hand smoke issues in the early 2000s, a federal mass media campaign and other forms of public education on retail reform, as well as support for community-based action, should be part of the next federal strategy.

#### ***Loopholes in the flavouring ban closed***

The *Cracking Down on Tobacco Marketing Aimed at Youth Act* was well-intentioned and has achieved some success in reducing consumption of flavoured little cigars by youth. For the legislation to fulfill its potential to protect Canadians from inducements to use tobacco, significant loopholes must be closed. The ban on flavourings must be extended

to all tobacco products. This would mean that cigarillo manufacturers could no longer evade the spirit of the law by making their sticks slightly heavier and thus having them qualify as cigars. Extending the flavouring ban to all tobacco products would also greatly diminish the appeal to youth of flavoured smokeless products and waterpipe preparations. As well, the current exemption for menthol flavouring in tobacco products must be lifted. There is considerable scientific evidence that menthol in cigarettes serves to mask the harsh taste and feel of tobacco smoke, making it easier for youth to become addicted and for current smokers to deny the health risks of continued use.<sup>41</sup>

### *Regulatory clarity for waterpipe tobacco preparations*

As with the rapid growth in flavoured cigarillo use among adolescents and young adults seen in the mid 2000s, hookah/waterpipe smoking is experiencing burgeoning popularity among youth and young adults particularly young men. Particularly disturbing is that approximately one-third of users erroneously believe that this form of smoking is less harmful than smoking cigarettes.<sup>42</sup> There are numerous types of waterpipe preparations (shisha) on the market, both tobacco and “herbal” (supposedly tobacco-free), that do not meet federal regulations. Violations include a lack of or improper health warnings and failure by those involved in the supply chain to pay tobacco taxes. As a minimum, the federal government needs to act quickly to clarify that waterpipe preparations that contain tobacco constitute pipe tobacco and as such are subject to all pertinent legislative and regulatory requirements. As well, leadership by Health Canada on this emerging issue in the form of a public education campaign could help stem the tide of unsuspecting new recruits to tobacco addiction through this novel form of use.

## **Conclusions**

In the early years of the current Federal Tobacco Control Strategy, Canada was regarded as a world leader in tobacco control. Canada was the first country to mandate large, picture-based health warnings on cigarette packs and to require health information inside packs. Canadian government officials and tobacco control experts played a leadership role in the development of a strong global tobacco control treaty and in promoting its ratification and implementation by countries around the world. Indeed Canada was regarded as a model of cooperation between government and non-government organizations. The time has come for the federal government to reestablish its position at the forefront of global tobacco control.

Despite significant progress over the past two decades, tobacco industry products are still the number one cause of preventable illness and death in Canada, exacting a staggering cost on the economy of some \$17 billion a year. The burden of disease, the annual death toll, and the costs imposed on the health care system, employers, and families *can* be substantially reduced, however, through the implementation of a

comprehensive federal tobacco control strategy, with adequate and sustained funding. The strategy must employ multiple interventions and channels of communication—regulatory, economic, educational, social, and clinical—but the most significant progress will come from the implementation of bold, population-level policy reforms. At the centre of these reforms is an acknowledgment that the tobacco industry is unlike any other and that its activities, from product development to retail sales, must be regulated to the extent possible to prevent young people from succumbing to addiction and to assist smokers in quitting. An investment in tobacco control is not only effective and cost-effective, it is without a doubt a sound investment in Canada's future.



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