

ACTION ON TOBACCO CONTROL

ACTION KIT FOR RNS

Revised January 2006



RNAAO

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INTRODUCTION

Action on Tobacco Control

Lobby Kit for RNs

This kit provides tools to lobby federal and provincial governments on tobacco legislation and control, and to promote tobacco control initiatives within the community. It includes:

- A backgrounder on key issues surrounding tobacco legislation and tobacco control.
- Fact sheets on a variety of topics (e.g., Tobacco Tax, Tobacco and Health, Tobacco and Youth).
- Sample letters to federal and provincial government to lobby for action on tobacco taxes and other initiatives.
- A list of some of the key resources (i.e., organizations, web sites) that nurses can access to find out more about tobacco control activities in Canada.
- Lobbying tips.

RNAO supports tobacco control initiatives within the province and at the national level as part of our mandate to advocate for healthy public policy. This includes support on the practice side through RNAO's best practice guideline on smoking cessation *Integrating Smoking Cessation into Daily Nursing Practice*,¹ through its e-learning program *Helping People Quit Smoking*,² and through its Health Education Fact Sheet *Deciding to Quit Smoking*.³ RNAO also supports tobacco control through its advocacy work.

RNs play a leadership role in empowering Ontarians to achieve and maintain their optimal health. RNs do this on the tobacco front through practice and advocacy. Through advocacy, RNs will save lives, prevent illness and promote the overall health of Canadians. Our clinical expertise and political action skills put us in a unique position to put these strategies to work.

The Ontario and federal governments have taken a number of positive steps:

- Ontario has strengthened protection from second-hand tobacco smoke with its 2005 Smoke-Free Ontario Act, and has greatly increased funding for tobacco control.
- Provincial and federal tax hikes on cigarettes in recent years have helped to undo the damage of tobacco tax cuts in 1994.
- Ontario along with seven other provinces intervened at the Supreme Court in support of the successful 2005 defence of British Columbia's tobacco health care cost-recovery legislation.
- The federal government established tighter restrictions on tobacco sponsorship and advertising in 2000, and on Nov. 26, 2004, it ratified the Framework Convention on Tobacco Control committing to a comprehensive ban on tobacco advertising.
- Health Canada rolled out significant targets with its 2001 Tobacco Control Strategy.

The improved policy environment means that RNs must now prepare to help the increased number of clients seeking help with smoking cessation. It also shifts the focus of RN advocacy to maintaining the momentum of recent legislative gains, court decisions and government commitments. RNs must remain vigilant about all dimensions of tobacco control – the total package is essential – but there is a particular need to address: tobacco taxes and price; advertising and information disclosure; and supports for smoking cessation.

We hope that this kit helps you enhance the health of Ontarians by assisting you in promoting effective tobacco control strategies and lobbying for strong tobacco legislation.

¹ Developed with funding from the Ontario Ministry of Health and Long-Term Care. Available free from http://www.rnao.org/bestpractices/about/bestPractice_overview.asp. Version française http://www.rnao.org/bestpractices/PDF/french/La_cessation_du_tabagisme.pdf.

² Developed with funding from Health Canada. Available free from <http://www.rnao.org/smokingcessation/>

³ Developed with funding from the Ontario Ministry of Health and Long-Term Care. Available free from http://www.rnao.org/bestpractices/PDF/Smoking_Fact_Sheet.pdf. Version française http://www.rnao.org/bestpractices/PDF/french/Prendre_la_décision_de_cesser_de_fumer.pdf.

FACT SHEET:

Tobacco Tax

Did you know...

- A World Bank/World Health review of tobacco control literature concluded, "Tax increases are the single most effective intervention to reduce demand for tobacco."^{1 2}
- The same review concluded that a 10% increase in price, would yield about a 4% overall decrease in smoking in high income countries (and about an 8% decrease in low income countries). Youth and lower income people are more sensitive to tobacco prices.³
- In 1994, federal and provincial cigarette taxes were lowered as a means of reducing smuggling from the United States. This cut the price of cigarettes almost in half. The downward trend in youth smoking rates reversed.⁴ Only after multiple tax increases did prices in Ontario recover to and surpass pre-1994 levels.⁵
- Ontario raised its tobacco tax by \$1.25 per carton in January 2005⁶ after two increases of \$2.50 each in 2004, but it still has the second lowest price per carton of cigarettes among all provinces and territories. As of April 18, 2005, a carton of cigarettes cost only \$66.63 in Ontario. Prices in other provinces ranged from a low of \$63.58 in Quebec through \$84.15 in neighbouring Manitoba to \$86.48 in the Northwest Territories. The overall average for Canada outside of Ontario was \$77.78, meaning that Ontario taxes on tobacco were \$11.15 below the national average.⁷
- The threat of cross-border tobacco smuggling should not be used to justify low tobacco prices, as there seems to be little correlation between smuggling and price differentials. Canadian tobacco companies simply profited from the smuggling that exploited impoverished aboriginal reserves and they also benefited from the resulting tobacco tax cuts.⁸

Action:

What:

- Lobby the Ontario government for early implementation of its promise to raise provincial tobacco taxes to the national average – an increase of over \$11.00 per carton.
- Lobby the federal government to raise excise taxes and excise duties on tobacco.

How:

Use your expertise and credibility as an RN to help influence public policy.

- Write letters to the Prime Minister, the Federal Minister of Health, the Premier, the Minister

of Health and Long-Term Care and your own MP or MPP telling them why this is an important issue to you (see Sample Letters).

- In meetings with your own MPP or MP, call for higher tobacco taxes. See the guide “How Governments Work and How to Convince Them to Control Tobacco” at the end of this kit or our Political Action Kit, *Taking Action!*, at <http://www.rnao.org> for further tips on working with government.
- During elections, use all-candidates meetings as opportunities for raising tobacco issues.
- Events such as National Non-Smoking week in January are an opportunity for public education through letters to the editor or Op-Ed articles on tobacco taxes and Ontarians’ health (See sample letter at the end of this report).

¹ Jha, P., & Chaloupka, F. (2000). The economics of global tobacco control. *British Medical Journal*, 321(7257), 358-361.

² World Bank (undated), Development in Practice: Curbing the Epidemic: Governments and the Economics of Tobacco Control, at <http://www1.worldbank.org/tobacco/book/html/chapter4.htm> accessed January 4, 2006.

³ Jha, P., & Chaloupka, F. (2000). The economics of global tobacco control. *British Medical Journal*, 321(7257), 358-361.

⁴ Canadian Cancer Society, Non-Smokers’ Rights Association, Physicians for a Smoke-Free Canada, and Quebec Coalition for Tobacco Control (1999), *Surveying the Damage: Cut-rate Tobacco Products and Public Health in the 1990s*, October, pp. 41-42.

⁵ National Clearinghouse on Tobacco and Health Program (2005). Tax section at http://www.ncth.ca/NCTH_new.nsf (downloaded September 6, 2005).

⁶ Ontario Tobacco Research Unit (2005), *The Tobacco Control Environment: Ontario and Beyond*, June, p. 13.

⁷ Ibid, p. 13.

⁸ Canadian Cancer Society, Non-Smokers’ Rights Association, Physicians for a Smoke-Free Canada, and Quebec Coalition for Tobacco Control (1999), *Surveying the Damage: Cut-rate Tobacco Products and Public Health in the 1990s*, October, pp. 23-23.

FACT SHEET:

The Health and Economic Costs of Tobacco

“Tobacco remains the only product that, when used as intended by the manufacturer, will kill half of all regular consumers!”¹

Did you know...

- Estimates of annual tobacco-related deaths range to over 16,000 in Ontario^{2 3} and to over 47,000 in Canada.⁴
- In 2004, 19% of Ontarians and 20% of Canadians over age 14 were reported as smokers. The highest reported provincial rate was in New Brunswick (24%) and the lowest was in British Columbia (15%).⁵
- In Ontario, the treatment of diseases caused by tobacco has been estimated to cost the health care system at least \$1.7 billion per year,⁶ and to use as many as 1 million hospital days annually.⁷
- The estimated costs to employers per smoking employee are significant: \$230 in increased absenteeism, \$2,175 in reduced productivity, \$75 in increased insurance premiums, and \$85 in smoking area costs.⁸
- Tobacco costs the Ontario economy over \$2.6 billion per year in lost productivity.^{9 10}
- Over 90% of lung cancers are caused by cigarette smoking, while only 12-15% of lung cancer patients are being cured with today’s treatments.¹¹
- 60.9% of women who smoke and 49.3% of men who smoke use “light” or “mild” cigarettes. Many who smoke light/mild cigarettes mistakenly believe that these cigarettes deliver less tar (19.3%) or that they are less risky (14.9%).¹²
- Second-hand smoke is the third largest cause of lung cancer, after direct smoking and occupational exposure to other hazardous substances. Up to one-quarter of lung cancer deaths in nonsmokers are related to secondhand smoke.¹³
- The Ontario Medical Association estimates that for every “\$1 the government of Ontario spends on tobacco control, it will save \$3 in avoided health-care costs, and see a \$6 increase in income and sales tax revenue, leading to a \$9 improvement in the provincial budget.”¹⁴

- Maternal smoking of less than 10 cigarettes per day during pregnancy increases the risk of children developing asthma during the first 7 years of life by 25%¹⁵

Action:

What:

Use your expertise and credibility as an RN to help influence public policy.

- Lobby federal and provincial governments to increase tobacco taxes and toughen legislation on the promotion and distribution of tobacco.
- Educate patients/clients/communities regarding dangers of smoking. Lobby to expand smoking cessation programs and seek to incorporate or expand smoking cessation in your own practice when feasible.
- Lobby the provincial government to maintain and strengthen program funding to the Ontario Tobacco Strategy.
- Lobby the provincial government to enact legislation allowing it to engage in cost-recovery litigation over damages due to tobacco.

How:

Use your expertise and credibility as an RN to help influence public policy.

- Write a letter to the Prime Minister, the Federal Minister of Health, the Ontario Premier, Ontario Minister of Health and Long-Term Care and your own MP or MPP telling them why this is an important issue (refer to Sample Letters).
- In any meeting with your MP or MPP, promote the need to take action on tobacco taxes, education, and labelling. See the guide “How Governments Work and How to Convince Them to Control Tobacco” at the end of this kit. See also RNAO’s Political Action Kit, *Taking Action!*, at <http://www.rnao.org>.
- During elections, use all-candidates meetings as opportunities for raising tobacco issues.
- Incorporate anti-smoking education and smoking cessation into all health promotion activities (see the list of control resources at the end of this report). In particular, make use of RNAO’s smoking cessation best practice guideline,¹⁶ and its e-learning module on helping people to quit smoking,¹⁷ and its Health Education Fact Sheet *Deciding to Quit Smoking*.¹⁸ These tools help practitioners to: Ask clients about smoking; Advise them about the risks of smoking; Assist them with information and material; and Arrange for referrals to smoking cessation programs. The local public health unit is a good resource to learn about available smoking cessation services.
- Many RNs are in a position to ask clients about their smoking behaviour and to help them. Other RNs are also in a position to remind other health care professionals of smoking cessation and the role that RNs can play. As the Smoke-Free Ontario Act comes into force

on May 31, 2006, RNs can expect increasing numbers of clients seeking smoking cessation services.

- Use your skills and credibility as an RN for public education to promote tobacco control and work in coalition with other tobacco campaigners (e.g., see Tobacco Control Resources). For example:
- offer your skills as a resource to your children's parent-school association to help the school to strengthen its anti-smoking program for students;
 - speak to students on the risks of smoking and let your local schools and teachers know about resources like *Lungs are for Life* from the Lung Association and Ontario Physical and Health Education Association;
 - use National Nonsmoking Week (third week of January), World No-Tobacco Day (May 31) and Ontario's Drug Awareness Week (third week of November) as opportunities for letters to the editor or other public education activities.

¹ Whyte, Fiona and Nora Kearney (undated), *Enhancing the nurse's role in tobacco control*, downloaded August 31, 2005 from <http://factsheets.globalink.org/en/nursesrole.shtml>

² Makomaski-Illing E.M., and M.M. Kaiserman (2004), "Mortality attributable to tobacco use in Canada and its regions, 1998," *Canadian Journal of Public Health*, Vol. 95 (1), 38-44

³ Ontario Ministry of Health and Long-term Care (2005), *New Smoke-Free Ontario Act Will Protect Ontarians' Health*, June 8 media release, http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_060805.pdf, accessed September 28, 2005.

⁴ Makomaski-Illing et al., op cit.

⁵ Health Canada (2004) *Canadian Tobacco Use Monitoring Survey*, October 1.

⁶ Ontario Ministry of Health and Long-term Care (2005), op. cit..

⁷ Expert Panel on the Renewal of the Ontario Tobacco Strategy (1999) *Actions Will Speak Louder than Words: Getting Serious about Tobacco Control in Ontario: A report to the Minister of Health from her Expert Panel on the Renewal of the Ontario Tobacco Strategy*. Toronto., February. The number of hospital days was estimated for 1992. At http://www.otru.org/pdf/special/special_actions_eng.pdf, accessed September 29, 2005.

⁸ Conference Board of Canada (1997), *Smoking and the Bottom Line: The Costs of Smoking in the Workplace*, January., cited by Ontario Campaign for Action on Tobacco.

⁹ Expert Panel on the Renewal of the Ontario Tobacco Strategy I, op cit.

¹⁰ Ontario Ministry of Health and Long-Term Care (2005), op. cit.

¹¹ <http://www.smokinglungs.com>

¹² Physicians for a Smoke-Free Canada (2004), *Smokers of "light" cigarettes: Findings from the Canadian Tobacco Use Monitoring Survey*, September. <http://www.smoke-free.ca/factsheets/pdf/LightCigaretteSmokers.pdf>; accessed November 21, 2005.

¹³ Heart and Stroke Foundation, *Environmental Tobacco Smoke: Behind the Smoke Screen* (Fact Sheet).

¹⁴ Ontario Medical Association (2003), *Investing in Tobacco Control: Good Health Policy, Good Fiscal Policy.*, December, p. 12.

¹⁵ Jaakkola, J. J. K., & Gissler, M. (2004). "Maternal smoking in pregnancy, fetal development, and childhood asthma." *American Journal of Public Health*, 94(1), 136-140.

¹⁶ Developed with funding from the Ontario Ministry of Health and Long-Term Care. Available free from http://www.rnao.org/bestpractices/about/bestPractice_overview.asp. Version française http://www.rnao.org/bestpractices/PDF/french/La_cessation_du_tabagisme.pdf.

¹⁷ Developed with funding from Health Canada. Available free from <http://www.rnao.org/smokingcessation/>

¹⁸ Developed with funding from the Ontario Ministry of Health and Long-Term Care. Available free from http://www.rnao.org/bestpractices/PDF/Smoking_Fact_Sheet.pdf. Version française http://www.rnao.org/bestpractices/PDF/french/Prendre_la_décision_de_cesser_de_fumer.pdf.

FACT SHEET:

Tobacco and Youth

Did you know...

- Teens smoke over one billion cigarettes a year accounting for over \$400 million in retail sales. The average teen spends \$1,000 a year on cigarettes.¹
- Among young people, the adverse health effects of smoking include: reduced rate of lung growth and function, more coughs, chest colds, shortness of breath and increased heart rate and blood pressure.²
- Ontarians 20 to 24 are more likely to smoke than those older than them (24% vs. 18%), while those 15 to 19 are just slightly less likely to smoke (17%).³
- 7% of Ontario children under 12 are regularly exposed to second-hand smoke in the home from cigarettes, cigars or pipes (12% nationally). An additional 16% of Ontario children 12-17 are also regularly exposed to tobacco smoke while at home.⁴
- Researchers have found an association between childhood exposure to second-hand smoke and subsequent smoking in adolescence.⁵
- The Ontario Medical Association has called for legislation banning the use of tobacco in vehicles used to transport children,⁶ citing evidence that exposure to second-hand smoke in vehicles is 23 times more toxic than in houses due to the smaller enclosed space.⁷
- 35% of Canadians aged 15-17 who smoke report having smoked their first cigarette by the age of 12.⁸ The younger people are when they start smoking, the more likely they are to become strongly addicted to nicotine.⁹
- 8 out of 10 teens who try smoking get hooked.¹⁰
- 85% of all adults who smoke began smoking before the age of 18¹¹
- Industry documents reveal that the tobacco industry has long targeted 13 and 14 year olds. Research has shown that teenagers are 3 times more sensitive to advertising than adults.¹²
- Ontario law prohibits the sale of tobacco to persons under the age of 19.

The Good News:

- Ontario youth aged 20-24 are less likely than their peers in other parts of Canada to smoke (24% vs. 28%).¹³
- Youth smoking rates have dropped in Ontario: between 1999 and 2004, smoking among 15-

19-year olds dropped from 25% to 17%, while it dropped from 34% to 24% for 20-24-year olds.¹⁴

- 8 out of 10 boys and 7 out of 10 girls say they would not date someone who smokes.¹⁵
- 70% of teens who smoke say they would not have started if they could choose again.¹⁶
- Canadian research suggests that school-based smoking prevention shows very high rates of return on investment (annual national net savings of \$619 million and a benefit-cost ratio over 15:1).¹⁷
- Youth are more sensitive to tobacco prices,¹⁸ implying that tobacco tax hikes should be particularly effective tools in reducing youth smoking.
- American studies suggest that the window for nicotine addiction is largely closed by age 18, stressing the importance of catching people before that age.¹⁹ The tobacco industry survival depends upon recruiting children under the age of 18.
- On January 19, 2005, the Supreme Court of Canada upheld Saskatchewan's law banning the use of promotional displays for tobacco in premises accessible to minors, suggesting that similar legislation protecting minors would stand in other jurisdictions.

Action:

What:

- Lobby federal and provincial governments to: increase tobacco taxes, raise funding for smoking prevention and cessation programs targeted at youth, and toughen legislation controlling the promotion and sale of tobacco. These steps are particularly important in preventing smoking in youth.
- Verify with your school board that effective anti-smoking material such as *Lungs are for Life* is on their curriculum.
- Lobby to protect children from second-hand smoke in vehicles.
- Campaign to raise awareness of the particular risks of second-hand smoke for children.

How:

Use your expertise and credibility as an RN to help influence public policy.

- Write a letter to the Prime Minister, the Federal Minister of Health, the Ontario Premier, the Ontario Minister of Health and Long-Term Care and your own MP or MPP to raise these issues (refer to Sample Letters).
- Use any meeting with your MP or MPP to call for tobacco tax hikes and tougher control legislation. See the guide "How Governments Work and How to Convince Them to Control Tobacco" at the end of this kit. See also RNAO's Political Action Kit, *Taking Action!*, at <http://www.rnao.org>.

- During elections, raise tobacco issues in all-candidates' meetings.
- Use your skills and credentials as an RN for public education to promote tobacco control and work in coalition with other tobacco campaigners (e.g., see Tobacco Control Resources). For example:
 - offer your skills as a resource to your children's parent-school association to help the school to strengthen its anti-smoking program for students;
 - speak to students on the risks of smoking and let your local schools and teachers know about resources like *Lungs are for Life* from the Lung Association and Ontario Physical and Health Education Association;
 - use National Nonsmoking Week (third week of January), World No-Tobacco Day (May 31) and Ontario's Drug Awareness Week (third week of November) as opportunities for letters to the editor or other public education activities.

¹ Ontario Lung Association, *Stop Smoking, Youth and Tobacco*, fact sheet retrieved January 5, 2006 from www.on.lung.ca/nosmoking/youth.html.

² U.S. Department of Health and Human Services (1994), *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, Office on Smoking and Health, 1994.

³ Health Canada, *Canadian Tobacco Use Monitoring Survey 2004* at http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc/prevalence/prevalence_e.html, retrieved January 5, 2006.

⁴ Health Canada, *Canadian Tobacco Use Monitoring Survey 2004*

⁵ Becklake, Margaret R., Herberto Ghezzi, and Pierre Ernst (2005), "Childhood predictors of smoking in adolescence: a follow-up study of Montreal schoolchildren," *Canadian Medical Association Journal*, August 16, Vol 173, No. 4., pp. 377-379.

⁶ Ontario Medical Association (2004), *Exposure to Second-Hand Smoke: Are We Protecting Our Kids?*, p. 2.

⁷ Ibid, p. 6.

⁸ Canadian Tobacco Use Monitoring Survey, Wave 1 (February-June 1999), *Fact Sheet 5. Youth and Young Adults*

⁹ World Health Organization (1998). *Tobacco Use by Children: A Pediatric Disease*, Fact Sheet 19, May.

¹⁰ Ontario Lung Association, *Stop Smoking, Youth and Tobacco*, fact sheet retrieved January 5, 2006 from www.on.lung.ca/nosmoking/youth.html.

¹¹ Reitsma, A. H., & Manske, S. (2004). Smoking in Ontario Schools. *Canadian Journal of Public Health*, 95(3), 214-218.

¹² Pollay, et al. (1996), "The Last Straw? Cigarette Advertising and Realized Market Shares Among Youth and Adults," *Journal of Marketing*, Vol. 60, No. 2.

¹³ The Ontario Tobacco Research Unit (2001), *Monitoring The Ontario Tobacco Strategy: Progress Toward Our Goals 2000/2001. 7th Annual Monitoring Report*. November.

¹⁴ Health Canada, *Canadian Tobacco Use Monitoring Survey 1999, 2004*.

¹⁵ Ontario Lung Association, *Stop Smoking, Youth and Tobacco Fact Sheet* retrieved September 1, 2005 from www.on.lung.ca/nosmoking/youth.html

¹⁶ World Health Organization (1998), *Tobacco Use by Children: A Pediatric Disease*. Fact Sheet 197, May.

¹⁷ Stephens, Thomas, Murray J. Kaiserman, Douglas J. McCall and Carol Sutherland-Brown (2000), "School-based Smoking Prevention: Economic Costs Versus Benefits," *Chronic Diseases in Canada*, Volume 21, No. 2, Public Health Agency of Canada.

¹⁸ Jha, P., & Chaloupka, F. (2000). The economics of global tobacco control. *British Medical Journal*, 321(7257), 358-361.

¹⁹ Biener, Loia, and Alison B. Albers (2004), "Young Adults: Vulnerable New Targets of Tobacco Marketing," *American Journal of Public Health*, February, Vol. 94, No. 2, p. 326.

FACT SHEET:

Tobacco and Advertising/Sponsorship

Did you know...

- The Tobacco Act regulates tobacco sponsorship in Canada; direct advertising is banned with the exception of informational and brand preference tobacco advertising.¹
- Advertising, promotional efforts and sponsorship do more than sell brands, they sell tobacco use to Canadians and entrench attachment to smoking.²
- The tobacco industry targets all market segments, and has paid particular attention to young people, targeting children as young as 12. Documents show tobacco companies were aware that young people were more influenced by “social requirements” than “taste requirements.”^{3 4}
- Tobacco firms advertise to raise total sales. Numerous studies confirm a strong link between advertisement and whether young people smoked.⁵
- The tobacco industry vigorously resists any attempt to control or regulate tobacco marketing, and creatively finds ways around any restrictions placed on it.⁶
- As early as 1972, tobacco companies withdrew radio and TV advertising.⁷ Given restrictions on direct advertising, sponsorship became the fastest-growing form of marketing in North America.⁸ Cigarette advertising dropped dramatically in Canada after the passage of the Tobacco Products Control Act in 1988. However it quickly recovered after the Supreme Court of Canada struck down the Act in 1995. Sponsorship restrictions introduced in the late 1990s again reduced advertising expenditures.⁹
- Tobacco companies are switching their marketing efforts towards the grey area of bar promotions as “key outlets” which are highly effective in increasing sales through the reinforcement of brand image, facilitation of brand sampling and brand trial as well as the creation of databases.¹⁰
- The tobacco industry has used movies to promote smoking, and have paid stars large sums of money to use their brands in movies.¹¹ In 2002 10.9 smoking incidents occurred per hour in major motion pictures, surpassing the historic high of 10.7 smoking incidents per hour found in 1950 major motion pictures.¹²
- Regulations under the federal Tobacco Act require 50% of a cigarette package to be covered with prescribed anti-smoking messages and graphic images, with information on six chemical emissions from the product. In Ontario, under Section 5 of the Smoke-Free Ontario Act, the Minister of Health has the authority to regulate any aspect of packaging.

- On January 19, 2005, the Supreme Court of Canada upheld Saskatchewan’s law banning the use of promotional displays for tobacco in premises accessible to minors. Other jurisdictions could proceed with similar legislation, knowing that this law had withstood a court challenge.
- British Columbia requires the tobacco industry to disclose product ingredients, additives and smoke emissions by brand. Ontario does not yet do so.¹³

Action:

What:

- Lobby the federal government to legislate plain packaging for cigarettes with additional health/ingredient warnings and eliminate deceptive labelling such as “light” and “mild”.
- Lobby the provincial Minister of Health to use his regulatory power to include more ingredients and warnings on cigarette packages and to match British Columbia’s disclosure requirements for the constituents of all brands of tobacco.
- Lobby the federal government to restore the full Tobacco Act (with its ban on corporate sponsorship and its ban on false promotion through the creation of erroneous impressions) by appealing the Quebec Court of Appeal ruling of August 22, 2005.

How:

Use your expertise and credibility as an RN to help influence public policy.

- Write a letter to the Prime Minister, the Premier, the Federal Minister of Health, the provincial Minister of Health, your own MP or your own MPP indicating why this is an important issue (refer to Sample Letters).
- In any meetings with your own MPP or MP, press for stronger controls on tobacco marketing. See the guide “How Governments Work and How to Convince Them to Control Tobacco” at the end of this kit. See also *The Smoke-Free Lobby* at <http://www.ocat.org/sfl/images/SFLobby2004.pdf> for further tips on working with government.
- During elections, use all-candidates meetings as opportunities for raising tobacco issues.
- Use your skills and credentials as an RN for public education to promote tobacco control and work in coalition with other tobacco campaigners (e.g., see Tobacco Control Resources). For example:
 - offer your skills as a resource to your children’s parent-school association to help the school to strengthen its anti-smoking program for students;
 - speak to students on the risks of smoking and let your local schools and teachers know about resources like *Lungs are for Life* from the Lung Association and Ontario Physical and Health Education Association;
 - use National Nonsmoking Week (third week of January), World No-Tobacco Day (May 31) and Ontario’s Drug Awareness Week (third week of November) as opportunities for letters to the editor or other public education activities.

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- ¹ Smoking and Health Action Foundation, *Canada's Tobacco Act* October 1997
- ² Physicians for a Smoke-Free Canada (2002), *Cigarette Marketing in Canada: How Tobacco Advertising Works*, August.
- ³ Collishaw, Neil (undated), *The Story of Players Lights* at http://www.smoke-free.ca/pdf_1/documentresearchpdf/playerslights.PDF, accessed December 29, 2005. See also numerous documents on tobacco marketing at http://www.smoke-free.ca/eng_research/document.htm.
- ⁴ Thompson, Francis (2000), "The Tobacco Industry and Youth Smoking," *Non-Smokers' Rights Association*, brief to the Standing Senate Committee on Energy, the Environment and Natural Resources, June 8.
- ⁵ Campaign for Tobacco-Free Kids (2005), *Tobacco Company Marketing to Kids*, September 8, at <http://www.tobaccofreekids.org/research/factsheets/pdf/0008.pdf>, accessed December 29, 2005.
- ⁶ For example, see Callard, Cynthia, Dave Thompson and Neil Collishaw (2005), *Curing the Addiction to Profits: A supply-side approach to phasing out tobacco*, Canadian Centre for Policy Alternatives.
- ⁷ Physicians for a Smoke-Free Canada, *Filter Tips: A Review of Cigarette Marketing in Canada -- 3rd Edition -- Winter 2001*. <http://www.smoke-free.ca/filtertips03/themoney.htm>, accessed November 23, 2005.
- ⁸ Physicians for a Smoke-Free Canada, *Tobacco in Canada*, Spring 2002
- ⁹ Physicians for a Smoke-Free Canada, *Tobacco Industry Advertising Expenditures in Canada 1987-2000*, p. 3. <http://www.smoke-free.ca/factsheets/pdf/AdvertExpend2000.PDF>, accessed November 2, 2005.
- ¹⁰ Katz, S. K., & Lavack, A. M. (2002). Tobacco related bar promotions: Insights from tobacco industry documents. *Tobacco Control*, 11(Suppl 1), i92-i101.
- ¹¹ For example, see the \$500,000 deal between Sylvester Stallone and Brown and Williamson at <http://tobaccodocuments.org/youth/AmBWC19830614.Lt.html>.
- ¹² Glantz, S.A., Kacirk, K.W., & McCulloch, C. (2004). Back to the future: Smoking in movies in 2002 compared with 1950 levels. *American Journal of Public Health*, 94(2), 261-263.
- ¹³ Ontario Campaign for Action on Tobacco, *1st Annual Ontario Tobacco Control Report Card*. April 2001

FACT SHEET:

Environmental Tobacco Smoke (ETS) or Second-Hand Smoke

Did you know...

- Exposure to second-hand smoke is the **third** leading cause of preventable death in Canada.¹
- Between 1,100 – 7,800 Canadians die each year from illnesses caused by second-hand smoke with 350 – 2,600 of these deaths occurring in Ontario²
- One pooled analysis of two large studies found the risk of lung cancer rose with the duration of exposure to second-hand smoke: while workplace exposure raised the risk 16%, long-term exposure raised it 27%.³
- Second-hand smoke adversely affects children's: respiratory health, birth weight, risk of sudden infant death syndrome, behaviour, attention, ability to reason and understand, and later risk of developing heart disease and cancer.⁴
- The Ontario Medical Association has called for legislation banning the use of tobacco in vehicles used to transport children,⁵ citing evidence that exposure to second-hand smoke in vehicles is 23 times more toxic than in houses due to the smaller enclosed space.⁶
- Research has shown that it takes only 30 minutes of exposure to second-hand smoke to start showing some of the adverse physiological changes experienced by those actively smoking – changes related to research findings that second-hand smoke is implicated in coronary heart disease.⁷
- Idle cigarettes account for 2/3 of second-hand smoke⁸ and contain over 4000 chemicals – over 40 of which are known to cause cancer.⁹ Smoldering cigarettes burn at a lower temperature, burn less cleanly and contain higher concentrations of many of the toxic substances in tobacco smoke.¹⁰ There is twice as much tar and nicotine in side-stream smoke than mainstream.¹¹
- The American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) the world's leading ventilation standard-setting organization, no longer provides standards for air with tobacco smoke in it, only smoke-free air.¹² ASHRAE concluded "At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity."¹³
- 9 in 10 Ontario adults support smoke-free public places and workplaces. The support is also high among Ontarians who smoke – 7 in 10.¹⁴

- The Smoke-Free Ontario Act will ban smoking in enclosed workplaces and public places as of May 31, 2006.
- Ontario and international economic studies show that smoke-free policies have no adverse effect on sales or employment in restaurants and bars.¹⁵

Action:

What:

- Lobby to strengthen public education about second-hand smoke: in the home, in vehicles, at work and in public spaces.
- Lobby municipally and provincially for extension of smoke-free legislation and regulations into all workplaces and public spaces that are not yet protected, such as patios, bus stops and entrances to buildings.
- Lobby provincially for protection of children while being transported in vehicles.

How:

Use your expertise and credibility as an RN to help influence public policy.

- Write a letter to the Ontario Premier, the Ontario Minister of Health and Long-Term Care, your own MPP, and your own municipal politicians indicating why this is an important issue (refer to Sample Letters).
- Take advantage of any meeting with your MPP or municipal politician to call for protection of all Ontarians in all locations from second-hand smoke. See the guide "How Governments Work and How to Convince Them to Control Tobacco" at the end of this kit. See RNAO's Political Action Kit, *Taking Action!*, at <http://www.rnao.org>.
- During elections, use all-candidates meetings as opportunities for raising tobacco issues.
- Approach your public health units about establishing a public education campaign for parents who smoke on the impact on their children.

¹ Ontario Medical Association. (2003, February). "OMA position paper. The duty to protect: Eliminating second-hand smoke from public places and workplaces in Ontario," *Ontario Medical Review*, 42-57.

² *ibid*

³ Brennan, Paul, et al. (2004), "Secondhand Smoke Exposure in Adulthood and Risk of Lung Cancer Among Never Smokers: A Pooled Analysis of Two Large Studies," *International Journal of Cancer*, Vol 109, pp. 125-131.

⁴ Documented extensively in Ontario Medical Association (2004), *Exposure to second-hand smoke: Are We Protecting Our Kids?: A Position Paper by the Ontario Medical Association*, October.

⁵ Ontario Medical Association (2004), *Exposure to Second-Hand Smoke: Are We Protecting Our Kids?*, p. 2.

⁶ *Ibid*, p. 6.

⁷ Kuusi, Timo and Miia Valkonen (1998), "Passive Smoking Induces Atherogenic Changes in Low-Density Lipoprotein," *Circulation* (Journal of the American Heart Association), pp. 2012-6.

⁸ Physicians for a Smoke-Free Canada, *Tobacco in Canada, 2000*.

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- ⁹ Physicians for a Smoke-Free Canada (1999), *Tobacco Smoke Components: Carcinogens*, March.
- ¹⁰ US Environmental Protection Agency (1992), *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, December.
- ¹¹ The Lung Association of Ontario (undated), *Stop Smoking!* <http://www.on.lung.ca/nosmoking/> downloaded September 13, 2005)
- ¹² ASHRAE (2005), *Environmental Tobacco Smoke; Position Document Approved by ASHRAE Board of Directors*, June 30, p. 4.
- ¹³ ASHRAE (2005), *Environmental Tobacco Smoke; Position Document Approved by ASHRAE Board of Directors*, June 30, p. 2.
- ¹⁴ Canadian Tobacco Use Monitoring Survey (2000), *You're not the only one smoking this cigarette, February-December 2000*.
- ¹⁵ Ontario Ministry of Health and Long-Term Care (2005), *Economic Impact of Smoke-Free Policies*, April 21, http://www.health.gov.on.ca/english/public/updates/archives/hu_04/tobacco/tobacco_amend_05.pdf, accessed January 25, 2006.

FACT SHEET:

Light and Mild Myths

Did you know...

- In 1976, Canadian tobacco companies began introducing 'light' or 'mild' cigarette brands. These new brands were pitched at those who smoke, with promises of "full taste" and "low tar". In less than a decade, these brands captured 40% of the Canadian market.¹
- Studies indicate that many who switch from 'regular' to 'light' cigarettes intensify their smoking behaviour, exposing themselves to tar doses far beyond the amounts listed on cigarette packs.²
- Current statistics show that 34% of those who switched to 'light' or 'mild' did so because they were worried about their health; 29% preferred the lower strength; 28% said it was a step towards quitting; 22% preferred the taste and 9% stated less cost.³
- A study published in the Journal of the National Cancer Institute (January 2000), indicates that those who smoke "light" or "mild" may be getting twice the amount of tar as previously thought. While cigarette smoke from high tar cigarettes was too irritating to inhale very deeply, people who use low tar cigarettes smoke more intensely, delivering more carcinogens and toxins to the peripheral lung area where adenocarcinoma develops.⁴
- Tobacco control researchers report that the cigarette companies knew the dangers of "light" cigarettes yet concealed that from the public, while viewing "light" cigarettes as an option to maintain clients who were concerned about the health risks of smoking.⁵
- 60.9% of women who smoke and 49.3% of men who smoke use "light" or "mild" cigarettes. However, many who use "light/mild" cigarettes do so in the belief that these cigarettes deliver less tar (19.3%) or that they are less risky (14.9%).⁶
- On May 31, 2001, the government gave the tobacco industry a 100-day deadline to voluntarily withdraw the terms *Light* and *Mild* from their packaging. The industry refused to comply, asking for a two-year transition period and for the government to 'OK' an alternative way to differentiate 'high-tar' from 'low-tar' cigarettes.⁷
- In October 2001, Health Canada ran an extensive national media campaign describing 'light' and 'mild' as deceptive and deadly. To quote: "No one would label a hazardous product like this light or mild. Except the Tobacco Industry."⁸
- The European Union is banning the terms 'light' and 'mild'. Brazil has already banned it. The Australians are investigating it. There are major lawsuits underway in the United States and Israel, accusing the tobacco industry of consumer fraud for its mislabelling of cigarettes.⁹

- In December 2001, then-Minister of Health Allan Rock published a Letter of Intent to Regulate that would require manufacturers and importers to remove the words “light” and “mild” from product packaging.¹⁰ The tobacco industry responded with threats of trade challenges and other legal actions.¹¹ As of May 2005, Health Canada continues to study abolition of these designations on packages.¹²

Action:

What:

- Lobby the federal government to legislate plain packaging for cigarettes with additional health/ingredient warnings and eliminate deceptive labeling such as “light” and “mild”.
- Lobby the Ontario government to make use of Section 5 of the Smoke-Free Ontario Act to regulate packaging.

How:

- Write a letter to the Prime Minister, the Federal Minister of Health and your own MP indicating why this is an important issue (refer to Sample Letters).
- Take advantage of any meeting with your MP to call for amendment of the Tobacco Act to add further warnings and eliminate deceptive labeling.
- Write to the Ontario Premier, the Ontario Minister of Health and Long-Term Care and your own MPP to use the Tobacco Control Act to regulate increased health warnings on packages.
- Consider other avenues for influencing the political process, such as a letter to the editor on the occasion of National Nonsmoking Week (third week of January) or World No-Tobacco Day (May 31) (see sample letter in kit).

¹ Non-Smokers’ Rights Association (2001). *Misleading cigarette marketing: the ‘light’ and ‘mild’ deception*. May 30.

² Non-Smokers’ Rights Association. Press Release, November 22, 1999

³ Canadian Council for Tobacco Control. National Clearinghouse on Tobacco and Health Program. *Are light cigarettes better for health?* <http://www.nctc.ca/NCTHweb.nsf> January 2001

⁴ Djordjevic, Mirjana V., Steven D. Stellman, Edith Zang (2000), “Doses of Nicotine and Lung Carcinogens Delivered to Cigarette Smokers,” *Journal of the National Cancer Institute, Vol. 92, No. 2., pp. 106-111*

⁵ Callard, Cynthia, Dave Thompson and Neil Collishaw (2005), *Curing the Addiction to Profits: A supply-side approach to phasing out tobacco*, pp. 37-39, Canadian Centre for Policy Alternatives.

⁶ Physicians for a Smoke-Free Canada (2004), *Smokers of “light” cigarettes: Findings from the Canadian Tobacco Use Monitoring Survey*, September. <http://www.smoke-free.ca/factsheets/pdf/LightCigaretteSmokers.pdf>, accessed January 9, 2006.

⁷ Non-Smokers’ Rights Association. Canadian Coalition for Action on Tobacco Press Release May 27, 2002.

⁸ Non-Smokers’ Rights Association (2002), *What Health Canada and the Government have said about ‘light’ and ‘mild’ cigarettes*, May.

⁹ Garfield Mahood, Non-Smokers’ Rights Association, Canadian Coalition for Action on Tobacco (2002) Press Release May 27.

¹⁰ Non-Smokers' Rights Association (2002), *What Health Canada and the Government have said about 'light' and 'mild' cigarettes*, May.

¹¹ Callard et al. (2005), *Op cit.*, p. 27.

¹² Henderson, Erin (2005), *Montreal study finds light cigarettes no better than regular brands*, Canadian Press, May 11.

FACT SHEET:

The New Tobacco Control Environment in Ontario

Did you know...

- Across Canada, long-time campaigns for tobacco control have been successful in changing legislation, attitudes and behaviour. These hard-won successes can be built upon for the next stage of tobacco control.
- In Ontario, health professionals and others through their organizations have lobbied many years for these results: RNO since 1988; the Ontario Campaign for Action on Tobacco (Canadian Cancer Society Ontario Division, the Heart and Stroke Foundation of Ontario, the Non-Smokers' Rights Association, the Ontario Lung Association, and the Ontario Medical Association) since 1992.
- The government's Smoke-Free Ontario Campaign seeks to reduce tobacco consumption by 20% within two years through legislation and community programs.¹
- The Campaign includes:
 - The Smoke-Free Ontario Act, which starting May 31, 2006 will provide protection from second-hand smoke in enclosed public spaces and work spaces, with exemptions granted for designated smoking rooms in certain specified facilities.
 - A 66% increase in funding for tobacco control to \$50 million, with funding for youth prevention (\$5.6 million); cessation (\$13.8 million); aboriginal tobacco control (\$2 million); evaluation, surveillance and administration (\$4.6 million); support for tobacco control staff and organizations (\$2.7 million); public health units (\$7.7 million) and public education (\$13.6 million).
 - The appointment of a 15-member committee of experts to advise the government on:
 - Smoke-Free Ontario Act regulation development;
 - Preparation for enforcement of the Act starting May 31, 2006;
 - Education programs;
 - Creation of a provincial smoking cessation system; and
 - Evaluation of the campaign results.

Areas Requiring Further Attention

- The actions Ontario's government has taken have advanced tobacco control and indicate serious commitment, but tobacco control advocates must maintain momentum and help the government to keep its promises:
- The government raised tobacco taxes by \$5/carton in 2004 and by \$1.25 in 2005, but it must raise them by a further \$11 to meet its promise to raise tobacco taxes to the national average. This is important because of the strong deterrent effect that higher prices have on potential smokers.

- Implementation of the Smoke-Free Ontario Act requires a well-developed program to inform all parties about the Act and to monitor and enforce it.
- While funding for tobacco control has risen significantly to \$50 million, the Ontario Tobacco Strategy Steering Committee in June 2002 has called for much higher tobacco control program spending -- \$108.5 million per year.²
- The Smoke-Free Ontario Act provides protection for enclosed workplaces and enclosed public spaces, but there is not yet protection for workplaces and public spaces that are not enclosed. Furthermore, there is no protection for children while in the home or while being transported in cars. Research shows that exposure to second-hand smoke not only damages children's health – it predisposes them to taking up smoking. While there is scope for protection under regulation, there is a great need for more effective public education about this health danger that children are helpless to avoid on their own.

Implications for RNs and Tobacco Control Advocates:

- Lobby the government to implement as early as possible its campaign promise to raise tobacco taxes to the national average, implying a hike of over \$11 per carton of cigarettes.
- Lobby the government to ensure that employers, employees and the public clearly understand their rights and obligations under the smoke-free Ontario Act.
- Seek to expand the reach of prevention and cessation programs. For RNs, this would include not only advocacy at the policy level to expand program spending, but also using their own practice to inquire clients about smoking habits and referring them to cessation programs. RNs should also remind other health care professionals that clients should routinely be asked about smoking, and to remind these health care professional that RNs can be a good resource for first interventions in smoking.
- RNs themselves are well prepared and placed to deliver smoking cessation and prevention services. RNAO's best practice guideline on smoking cessation is an excellent resource to help prepare RNs for initial interventions.^{3 4}
 - The Health Education Fact Sheet *Deciding to Quit Smoking* has been developed to support nurses in their discussions with clients about smoking cessation, and is available at http://www.rnao.org/bestpractices/PDF/Smoking_Fact_Sheet.pdf.
 - RNs should familiarize themselves with local smoking cessation services. A good starting place for such information is the local public health unit.

¹ Ministry of Health and Long-Term Care (2005), *McGuinty Government Stepping up Fight Against Smoking*, May 31. http://www.mhp.gov.on.ca/english/health/smoke_free/news_releases/053105-1.asp, accessed Dec. 29, 2005.

² *Enhancing Health in Ontario by Strengthening the Ontario Tobacco Strategy*, p. 30.

³ *Integrating Smoking Cessation into Daily Nursing Practice* funded by the Ontario Ministry of Health and Long-Term Care, is available at http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C3_smoking.asp.

⁴ The associated e-learning module *Helping People Quit Smoking* funded by Health Canada, is available at <http://www.rnao.org/smokingcessation/>.

BACKGROUNDER

Action on Tobacco Control

Canada's registered nurses have long advocated for strong action against the great health risk presented by tobacco. In an October 1987 statement, the Canadian Nurses Association (CNA) called on nurses and nursing organizations to work towards a smoke-free society. In that statement, it also called on the government to ban tobacco advertising and promotion; to require prominent health warnings on all tobacco products; to stop the sale of tobacco to minors; to support tobacco control; and to ban smoking in workplaces, and all public places including transportation. The Registered Nurses Association of Ontario (RNAO) adopted the CNA statement in April 1988.

In 2000, RNAO passed a resolution to publicly support government action to increase taxes on cigarettes and encourage its members to lobby all levels of government to provide strict control of tobacco product advertisement.

Reducing tobacco use requires a multi-faceted strategy including:

- prevention (aimed particularly at young people),
- cessation (helping people quit smoking), and
- protection of non-smokers.

By lobbying for tobacco tax increases, for cost-recovery court actions, and for a full slate of tobacco control measures, we will help improve Ontario's anti-tobacco strategy. This backgrounder provides an overview of key issues related to tobacco legislation and tobacco control.

A. Tobacco Legislation:

Canada has a patchwork of laws and regulations governing the sale and use of tobacco at the municipal, provincial, and federal levels. In areas where there is overlap, the law that most restricts smoking takes precedence. These laws and regulations have grown more restrictive over time. The tobacco industry has vigorously resisted these restrictions, at all government levels.

Municipal governments can pass their own by-laws making workplaces and public places 100% smoke-free under the Municipal Act (1994). By the summer of 2005, well over 100 Ontario municipalities had passed smoking bylaws, giving over 80% of Ontario residents protection from second-hand smoke in most enclosed public places. Of these municipalities, over 80¹ representing more than 30% of Ontarians had already banned smoking in virtually all enclosed venues, with no Designated Smoking Rooms (DSRs). When it comes into force on May 31, 2006, the Smoke-Free Ontario Act will, with limited exceptions, deliver this kind of protection to all Ontarians.

The Government of Ontario regulates selling and smoking of tobacco through the Smoke-Free Ontario Act.

Bill 164 (the Tobacco Control Statute Law Amendment Act) and the Smoke-Free Ontario Act

On June 13, 2005, Ontario's Bill 164 (the Tobacco Control Statute Law Amendment Act) received royal assent. This new provincial legislation strengthens existing tobacco control legislation. Starting May 31, 2006, the Act prohibits smoking in enclosed workplaces, enclosed public places and a variety of specified common areas. There will be exemptions for controlled smoking areas in specified residential facilities such as residential care facilities, psychiatric facilities, and hotels. Controls on displays of cigarettes will be strengthened on May 31, 2006, with a ban on displaying tobacco to start on May 31, 2008. Health advocates waged a successful campaign to keep in the law a ban on "power wall" displays of cigarettes, against intensive lobbying from the tobacco industry.²

Bill 164 repealed the *Smoking in the Workplace Act* and renamed the *Tobacco Control Act* (1994) as the *Smoke-Free Ontario Act*. The *Tobacco Control Act* set rules in regard to selling or supplying tobacco, restrictions on smoking, and enforcement. The legislation specifies a minimum age to purchase cigarettes (19), identification requirements, locales where tobacco can and can not be sold (e.g., pharmacies and vending machines were restricted), packaging, signage where tobacco is sold, designated smoking areas and strict fines for non-compliance.

The *Ontario Health Protection and Promotion Act* bans smoking in schools, health care facilities, recreational facilities, etc. but does not apply to hospitality venues.³

Federal legislation regulates almost every aspect of tobacco production, distribution, labelling and promotion (see section below on advertising and sponsorship), as well as, tobacco taxes. The federal government also has the authority to ban or restrict smoking in areas of federal jurisdiction (federal lands, federal corporations, and areas of federal regulation such as transportation, banking and communication).⁴

Tobacco Act (1997, c. 13)

The *Tobacco Act* includes: restrictions on advertising, bans on tobacco company sponsorship, and product and packaging regulations. The Act also addresses the tobacco marketing process: the way the product is manufactured, the way it is packaged, how it is promoted, and where and how it can be sold and distributed. Amendments to the Act in 1998 laid out the transition process for the ban on sponsorship and imposed reporting requirements on tobacco companies related to sales, product ingredients, research, manufacturing, distribution and promotional activities. New regulations in June 2000 expanded labelling requirements on both the outside and inside of cigarette packages, including requirements to carry one of 16 new warnings that cover half of the package.⁵

On August 22, 2005, the Quebec Court of Appeal struck down elements of the Act, but otherwise, upheld the Act. Both the tobacco companies and the federal government are expected to appeal the decision to the Supreme Court of Canada.⁶

The Non-Smoker's Health Act

The *Non-Smoker's Health Act* restricts smoking on commercial carriers and in workplaces that fall under federal jurisdiction.

B. Tobacco Taxes and Price:

Federally, the *Excise Tax Act* governs excise taxes applied to tobacco products. The Ontario equivalent is the *Tobacco Tax Act*. Under this Act, provincial tobacco taxes are automatically raised (or lowered) an equivalent amount in response to federal excise tax increases (or decreases) on tobacco products. However, tobacco taxes vary widely from province to province.

Taxes are a large component of tobacco prices, and as such are an important tool in deterring tobacco use, particularly among youth. This became very clear in the mid 1990s when governments made sharp cuts in tobacco taxes in the face of massive cross-border cigarette smuggling; the downward trend in youth smoking rates was reversed.⁷ Even a temporary tax cut has long-run consequences because tobacco is highly addictive. As a result of several successive federal and provincial tax cuts between February and April 1994, taxes on cigarettes were lowered by almost 50%. By April 1994, the combined federal and provincial cuts had reduced tobacco taxes in New Brunswick, Nova Scotia, Prince Edward Island, Quebec and Ontario by between \$14 and \$21 per carton (\$19.20 in Ontario).⁸

There have been a number of civil and criminal charges filed by federal and provincial governments against tobacco companies related to their participation in cigarette smuggling during the 1990s. This smuggling was not only profitable – it helped to drive down tobacco taxes.^{9 10 11 12 13 14}

Between 1995 and 2005, federal and provincial tobacco taxes gradually rose. However over most of the period, cigarette prices in Ontario and Quebec were not only far below those in the rest of Canada, they were also far below those in the border states. Price differences between jurisdictions reflect different tobacco tax levels. As of April 18, 2005, Quebec and Ontario still had by far the lowest cigarette prices in Canada, estimated at \$63.58 and \$66.63 per carton respectively. In the rest of Canada, estimated prices were much higher (\$77.78 on average, ranging up to \$86.48, with neighbouring Manitoba at \$84.15).^{15 16}

C. Tobacco Advertising and Sponsorship:

Tobacco advertising and sponsorship is regulated under the 1997 federal Tobacco Act. Among other things, the Act bans “lifestyle” advertising and the use of mass media to advertise tobacco products for sale in Canada. It also seeks to limit the access of tobacco advertisers to minors.

Sponsorship promotion was banned, although this provision was partly struck down by the Quebec Court of Appeal on August 22, 2005. The ruling disallowed the ban on the use of the name of the tobacco manufacturer in promotions, although it sustained the ban on the use of brand names. The ruling also struck down the ban on promotion that was “likely to create an erroneous impression” about the product, although the ban on “false, misleading or deceptive” advertising remained intact. Appeals are expected to the Supreme Court of Canada by both the tobacco industry (which seeks to further weaken the Act) and by the federal government (to defend the Act in its entirety).

Advertising Regulation

Regulations under the Tobacco Act increased the information required on cigarette packages. Packages must contain one of sixteen prescribed messages about the dangers of smoking which along with prescribed graphic images must cover 50% of the package. Additional information on smoking cessation and the levels of toxic chemicals in the product and its emissions must also be on or inside the package. Regulations have not yet gone as far as recommended by a 1994 parliamentary committee. That committee recommended that generic packaging be imposed for tobacco products sold in this country in an effort to eliminate packaging as an advertising vehicle.¹⁷

Sponsorship

Tobacco sponsorship of public events has been an alternate route to promote tobacco and circumvent advertising restrictions. After the Tobacco Act was proclaimed, successful lobbying by tobacco manufacturers and arts and cultural organizations resulted in a five-year transition period to eliminate sponsorship that included no changes for the first two years (1998-2000). In October 2000, with the amendment of the federal Tobacco Act, tobacco companies were prohibited from advance promotion of events. As noted above, the sponsorship ban has been ruled unconstitutional by the Quebec Court of Appeal, although a ban on brand advertising at events remains.

“Light” and “Mild” Debate

In 1976, Canadian tobacco companies began introducing ‘light’ and ‘mild’ cigarette brands that promised users “full taste” and “low tar”. In less than a decade, these brands captured 40% of the Canadian market.¹⁸ Studies indicate that those who switch over expose themselves to tar doses far beyond the amounts listed on cigarette packs¹⁹, a fact of which the cigarette manufacturers were said to be aware but did not share with the public.²⁰ In 2001, Health Minister Alan Rock put the issue of labelling and marketing of “light” and “mild” cigarettes on the agenda. When the tobacco industry failed to respond voluntarily to his request to remove this labelling, the Minister developed regulations that would require manufacturers and importers to remove the words “light” and “mild” from product packaging. The tobacco industry responded with threats of trade challenges and other legal actions.²¹ As of May 2005, Health Canada continues to study abolition of these designations on packages.²²

D. Tobacco Control Strategies:

Health Canada’s Tobacco Control Strategy (2001-2011)

The federal government targeted three objectives over ten years with its national tobacco control strategy:

- reduce the number of people who smoke from 25% to 20% of the total population²³,
- decrease the number of cigarettes sold by 30%, and
- increase retailer compliance with tobacco-sales-to-youth from 69% to 80%.²⁴

These targets were to be achieved through a mix of strategies including: advertising with specific targeted ads for youth, improved enforcement to address the risks of second-hand smoke, development of effective tax strategies, production of smoking cessation materials, and increased product regulation. This was supported by a commitment of \$480 million in a comprehensive and integrated tobacco strategy, with \$210 million of that total to be directed towards anti-smoking campaigns for youth.

Ontario Tobacco Strategy

The Smoke-Free Ontario Act is the centrepiece of Ontario's tobacco control program. It is supported by a \$50 million commitment to the Smoke-Free Ontario campaign; this is a 66% increase in funding for 2004/5. The goal is to reduce tobacco consumption by 20% within two years. The government will be advised by a Smoke-Free Campaign Committee comprised primarily of health professionals and control advocates.

The provincial approach to curbing tobacco use has three main components: prevention of tobacco use particularly by children and youth; protection from exposure to second-hand smoke; and, help for people who want to stop smoking.

In 1998, the Minister of Health, Elizabeth Witmer, established an Expert Panel to recommend steps that Ontario could take to achieve more effective tobacco control results. The Expert Panel's final report, *Actions Speak Louder than Words: Getting Serious about Tobacco Control in Ontario*²⁵, identifies several recommendations that are strongly supported by RNAO, including the following initiatives targeted to the federal and provincial levels of government. Most of these proposals have been acted on, but there is room for more action.

Expert Panel Recommendations:

Provincial initiatives:

- Amend the Ontario Tobacco Control Act to make it easier to prosecute vendors and prevent senior courts from diluting the Act's intent (The new Smoke-Free Ontario Act has made prosecution easier.);
- Increase program funding under the Ontario Tobacco Strategy (Funding has increased – 66% to \$50 million in 2005-6 – but tobacco control experts have called for far higher expenditures);²⁶
- Put pressure on school boards to add anti-tobacco health education to curriculum (In 2005-06, Ontario budgeted \$5.6 million for youth prevention programs);
- Mass media anti-smoking campaigns to educate on risks of smoking, second-hand smoke and deceptive advertising (The \$50 million investment includes \$13.6 million for public education, and the vehicle for that will largely be mass media.);
- Require larger health warning signs and tobacco products to be placed out of sight behind counters at point-of-sale locations (Tobacco products will be out of sight by May 31, 2008 under Bill 164, while larger warning signs are under discussion.);
- Increase fines and other penalties for non-compliance with the Tobacco Control Act (Bill 164 has left fines substantially unchanged.);
- Initiate legal action, supported by necessary legislation, to recover health care costs caused by tobacco products (British Columbia has successfully defended its own cost-recovery legislation at the Supreme Court of Canada in a 9-0 decision, and other provinces are as a result expected to pursue health care cost recovery litigation. Ontario is reported to have such legislation in process.²⁷);

- Require that all indoor public places be 100% smoke-free (This will be a requirement in Ontario for all enclosed public spaces by May 31, 2006 under Bill 164, with limited exceptions.); and
- Set the annual funding for a mature Ontario Tobacco Strategy at 0.5 cents per cigarette sold and designate the Ministry of Health and Long-Term Care and the Chief Medical Officer of Health as champions for the strategy (Ontario announced that it was spending \$50 million on its Smoke-Free Ontario Campaign for 2005-06.).

E. Other Government Initiatives:

- In 1998, British Columbia became the first Commonwealth jurisdiction to launch a lawsuit against the tobacco industry to recover tobacco-related health care costs. When the underlying legislation was ruled unconstitutional, BC introduced the Tobacco Damages and Health Care Costs Recovery Act, SBC 2000, whose validity was also challenged by the tobacco industry. The Act was upheld at the BC Court of Appeal on May 10, 2004, The Supreme Court of Canada heard the appeal on June 8 and 9, 2005. Eight provinces intervened on behalf of the Act and on September 29, 2005, the Court handed down its ruling that the Act was constitutional. Other provinces are now expected to launch their own tobacco lawsuits and some like Newfoundland and Labrador already have similar Acts in place.^{28 29} Ontario is reported to have legislation in progress.³⁰
- In August 2004, Quebec Superior Court ordered JTI-Macdonald to pay Revenue Quebec \$1.3 billion, due to taxes lost due to smuggling.

F. Non-Governmental Initiatives

Across Canada, there are also a number of class actions and individual product liability cases in process.³¹ On February 21, 2005, a Quebec Superior Court Judge certified two class action lawsuits against tobacco companies, and on February 8, 2005, the BC Supreme Court certified a class action against Imperial Tobacco over marketing of “light” or “mild” cigarettes.³²

¹ Ontario Tobacco-Free Network (2005), at <http://www.theotn.org/gfgmap.html>, accessed September 26, 2005.

² Personal communication, Francis Thompson, Non-Smoker’s Rights Association, August 31, 2005.

³ Physicians for a Smoke-Free Canada (), *Background on Protection from Second-Hand Smoke in Canada*, p. 3. <http://www.smoke-free.ca/factsheets/pdf/Q&A-smokefreecommunities.pdf>, retrieved January 5, 2006.

⁴ Physicians for a Smoke-Free Canada (2005), Op. cit.

⁵ See www.infotobacco.com (accessed September 21, 2005).

⁶ Thu Thanh Ha (2005), “Tobacco ad laws loosened by court”, *Globe and Mail*, August 23.

⁷ Canadian Cancer Society, Non-Smokers’ Rights Association, Physicians for a Smoke-Free Canada, and Quebec Coalition for Tobacco Control (1999), *Surveying the Damage: Cut-rate Tobacco Products and Public Health in the 1990s*, October, pp. 41-42.

⁸ Hamilton, Vivian H, Carey Levinton, Yvan St. Pierre and Franque Grimard (1997), “The effect of tobacco tax cuts on cigarette smoking in Canada,” *CMAJ*, Vol. 156, Issue 2, 187-191, January 1997.

⁹ Thompson, Francis (2003), *Rothmans, Benson & Hedges and the Smuggling of Cigarettes into Canada*, http://www.nsra-adnf.ca/news_info_PF.php?cPath=27&news_id=102&pf=1 Downloaded August 31, 2005.

¹⁰ Pedersen, Lisbet (2002), *Tobacco Litigation Worldwide*, Norwegian Agency for Health and Social Welfare, Department for Tobacco Control, pp. 42, 43.

¹¹ http://www.yorku.ca/nathanson/CurrentEvents/april_to_june_2000.htm, accessed September 20, 2005.

¹² Airspace Action on Smoking & Health (2004), *Smuggling their own products for increased profit*, Summer.

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- ¹³ Ontario Tobacco Research Unit (2005), *The Tobacco Control Environment: Ontario and Beyond*, June, p. 12.
- ¹⁴ Canadian Cancer Society, et al. (1999), *op citr*, pp. 24, 26.
- ¹⁵ Smoking and Health Action Foundation (2005), *Cigarette prices in Canada*, June 6.
- ¹⁶ Ontario Tobacco Research Unit (2005), *The Tobacco Control Environment: Ontario and Beyond*, June, p. 13
- ¹⁷ Smoking and Health Action Foundation submission to the World Health Organization, *Framework Convention on Tobacco Control: An International Instrument to deal with an international problem*. August 25, 2000
- ¹⁸ Non-Smokers' Rights Association. *Misleading cigarette marketing: the 'light' and 'mild' deception*. May 30, 2001
- ¹⁹ Non-Smokers' Rights Association. Press Release, November 22, 1999
- ²⁰ Callard, Cynthia, Dave Thompson and Neil Collishaw (2005), *Curing the Addiction to Profits: A supply-side approach to phasing out tobacco*, Canadian Centre for Policy Alternatives, pp. 37-39.
- ²¹ Callard et al. (2005), *Op cit.*, p. 27.
- ²² Henderson, Erin (2005), *Montreal study finds light cigarettes no better than regular brands*, Canadian Press, May 11.
- ²³ Health Canada, *Canadian Tobacco Use Monitoring Survey*, http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc/prevalence/prevalence_e.html, accessed September 1, 2005. However, statistics show that the level had already dropped to 22% by 2001, making the objective of 20% more modest than it seemed; the 20% goal had been met by 2004.
- ²⁴ Health Canada, *Federal Tobacco Control Strategy*, http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/about-apropos/role/federal/strateg/index_e.html, accessed September 1, 2005.
- ²⁵ *Actions Speak Louder Than Words: Getting Serious about Tobacco Control in Ontario*, A Report to the Minister of Health and Long-Term Care by the Expert Panel on the Renewal of the Ontario Tobacco Strategy, February 1999
- ²⁶ For example, the Ontario Tobacco Strategy Steering Committee in June 2002 called for a tobacco control budget of \$140 million per year, including \$108.5 million for programs; \$14 million for evaluation, monitoring and research; and \$17.5 million for infrastructure. *Enhancing Health in Ontario by Strengthening the Ontario Tobacco Strategy*, p. 30.
- ²⁷ Sibbald, Barbara (2005), "All provinces likely to join tobacco litigation," *Canadian Medical Association Journal*, Vol 173, No. 11, p. 1307, Nov. 22.
- ²⁸ Non-Smokers' Rights Association (2005), *Tobacco-related Litigation in Canada*, January.
- ²⁹ Ministry of Health Services, British Columbia (2005), *Tobacco Control: Legal Action* <http://www.healthservices.gov.bc.ca/tobacco/litigation/>, accessed September 20, 2005.
- ³⁰ Sibbald, Barbara (2005), "All provinces likely to join tobacco litigation," *Canadian Medical Association Journal*, Vol. 173, No. 11, Nov. 22, p. 1307.
- ³¹ Non-Smoker's Rights Association (2005), *Tobacco-related Litigation in Canada*, January.
- ³² Moxley, Mitch (2005), "Big tobacco loses the first round," *National Post*, February 22, p. A4.

SAMPLE LETTERS:

Action on Tobacco Control

A. Advice to the Prime Minister and the Premier re: Tobacco Taxes, Advertising and Sponsorship

Attached are draft letters to use as a guide in preparing your own letter. You may draw on your own experience in your practice to personalize the letter. **Please remember to copy RNAO and your local MP/MPP as well!** This sends an important message to both levels of government that this issue is important to our members. Share this action idea with as many nurses and non-nurses as possible.

B. Letter to the editor

Letters to the editor are a good way to send a message to your community, and attached is a sample. Such letters must be brief, to the point and newsworthy – highlighting personal experience or expertise often works. Read letters from your target paper for hints on content, length and style; some papers will only print a sentence or two. Often the newspaper will print letters written as responses to one of their recent articles. Don't forget to include your own address and phone number, as the paper will need to contact you for quick.

Thanks and Good Luck!

SAMPLE LETTER #1:

Prime Minister of Canada

Prime Minister of Canada
Room 309-S, Centre Block
House of Commons
Ottawa ON K1A 0A6

Dear Prime Minister:

As a registered nurse concerned about the tobacco epidemic in Canada, I urge you to strengthen tobacco control. Canada has taken a number of steps, but it must do much more to strengthen anti-tobacco initiatives and reduce the burden of disability and premature death resulting from tobacco use and exposure to environmental tobacco smoke (ETS).

In particular, I urge you to:

- Raise tobacco taxes further, as this helps deter young people from taking up the habit.
- Defend the Tobacco Act in its entirety by appealing the August 2005 ruling of the Quebec Court of Appeal to the Supreme Court of Canada.
- Implement Canada's commitment to ban tobacco advertising under the Framework Convention on Tobacco Control before the 2010 deadline.
- Require manufacturers and importers to remove the misleading "light" and "mild" labels from cigarette packages.

Prime Minister, as you are aware, smoking is the leading preventable cause of death in Canada resulting in over 47,000 deaths per year. Tobacco costs the Canadian economy over \$9.5 billion in direct and indirect costs – over half of the total cost of all substance abuse. The government must take stronger action on tobacco taxes and on all the dimensions of tobacco control: marketing (including packaging, labelling and information disclosure), retail controls, supports for smoking cessation, research, monitoring and evaluation.

As a registered nurse, I work to improve the health of Canadians. Prime Minister, we need your government assistance on this issue as well.

In closing, these are critical times for tobacco use prevention and reduction initiatives. I urge your leadership to increase tobacco taxes in Canada, ban tobacco product advertising and tobacco-sponsored events, and invest more in public education campaigns directed at wiping out tobacco use. Effective control of tobacco is essential to healthy public policy and to sustainable health care.

Sincerely,

_____, RN

Cc. Federal Minister of Health
Federal Minister of Finance

SAMPLE LETTER #2:

Premier of Ontario

Premier of the Province of Ontario
Room 281, Legislative Building, Queen's Park
Toronto ON M7A 1A1

Dear Premier:

As an RN, I support the actions your government has taken to control tobacco use. However, the tobacco epidemic calls for further action.

Raising cigarette taxes by \$5.00 per carton in 2004 and by \$1.25 in January 2005 was a welcome but long-overdue step to discourage smoking. Your government has delivered substantial improvements in tobacco control, and smoking rates in Ontario have fallen, but Ontario could do more to discourage smoking. Cigarettes are far cheaper in Ontario than in the rest of Canada, except for Quebec, and we know that the most powerful tool in deterring smoking is price. As a consequence, the province earned a very poor score in the 2005 National Non Smoking Week Status Report. Your commitment to raise tobacco taxes to the national average will save many lives, but the earliest possible implementation of that commitment would start saving lives right away.

Premier, as you are aware, smoking is the leading preventable cause of death in Canada, resulting in over 16,000 deaths per year in Ontario alone. Your own Government figures show that tobacco use imposes at least \$1.7 billion in annual health care costs and \$2.6 billion in yearly productivity costs. The payback from effective tobacco control is very high and you have the support of the public and of health professionals alike.

I accordingly urge your government to take the following action:

- Implement as soon as possible your commitment to raise tobacco taxes to at least the national average (currently a hike of over \$11 per carton).
- Use the scope of the Smoke-Free Ontario Act to enact regulations that protect Ontarians from second-hand smoke in all public and work places.
- Deliver and education and enforcement program for the Smoke-Free Ontario Act ensuring that employers, employees and the public are very clear about their rights and responsibilities under the Act.
- Strengthen youth anti-smoking programs, and increase your investment in program funding for the Ontario Tobacco Strategy.

As a registered nurse, I advocate for healthy public policy and optimal health of all Canadians. Ultimately, the reduction of tobacco use will require a multi-faceted strategy including prevention, cessation and protection of non-smokers. This requires your continued leadership. You have built a base from which you can proceed to make a major difference, but you must deliver on the substantial promises.

Sincerely,

_____, RN

Cc. Provincial Minister of Health
Provincial Minister of Finance
PC Health Critic
NDP Health Critic

SAMPLE LETTER #3:

Letter to the editor

Mr. /Ms. X
Editor, Your Newspaper
Address

Dear Mr. /Ms. X:

Re: Today's article on World No-Smoke Day

Would you please print the following letter to the editor?

Thank you for your attention.

Sincerely,

_____, RN

Re: World No-Smoke Day: May 31 [date]

As a registered nurse, I am haunted by the faces of tobacco victims and their families. That is why I work so hard to help people to quit smoking and to prevent young people from starting. While the Smoke-Free Ontario Act has made progress in controlling smoking, more must be done.

- Since higher tobacco prices are the single best control step, write or speak to your MPP to make sure the provincial government meets its commitment to raise tobacco taxes to the national average.
- Encourage smoking friends or family members to seek out smoking cessation programs offered by the health care system. The best practice guideline on smoking cessation from the Registered Nurses' Association of Ontario is helping make high quality assistance more accessible.

Economists tell us that there is a huge financial payback from tobacco control – remind the politicians – but the big thing is to stop the needless suffering. Let's make World No-Smoke Day count!

_____, RN

ADDRESSES

Federal (or

<http://www.parl.gc.ca/common/senmemb/house/members/CurrentMemberList.asp?Language=E&Parl=38&Ses=1&Sect=hoccur&Order=PersonOfficialLastName>)

Note: Due to the January 23, 2006 federal election, the federal contact information must be updated.

Prime Minister of Canada
Langevin Block
80 Wellington St.
Ottawa ON K1A 0A2

Minister of Health
Brooke Claxton Bldg., Tunney's Pasture
P.L. 0906C
Ottawa, Ontario, Canada K1A 0K9

Federal Minister of Finance
Rm. 418-N, Centre Block, House of Commons
Ottawa, ON K1A 0A6

Leader of the Opposition

Gilles Duceppe, MP
Bloc Québécois Party Leader
Room 533-S, Centre Block, House of Commons, Ottawa, Ontario K1A 0A6
Fax: (613) 954-2121
E-mail: Duceppe.G@parl.gc.ca

Jack Layton, MP
NDP Party Leader
300-279 Laurier West
Ottawa ON K1P 5J9
Fax: (613) 995-4565
E-mail: jack@fed.ndp.ca

Provincial (or

<http://olaap.ontla.on.ca/mpp/daCurRdg.do?ocale=en&ord=LASTNAME>)

Honourable Dalton McGuinty
Premier of the Province of Ontario
Room 281, Legislative Building
Queen's Park
Toronto ON M7A 1A1
Fax: (416) 325-3745
E-mail: dmcguinty.mpp.co@liberal.ola.org

Honourable Dwight Duncan
Minister of Finance
7 Queen's Park Crescent, Frost South, 7th Floor, Toronto ON M7A 1Y7
Fax: (416) 325-0374
E-mail: dduncan.mpp@liberal.ola.org

Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
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PC Health Critic
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Shelley Martel, MPP
NDP Health Critic
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John Tory, MPP
Ontario PC Party Leader
Room 381, Legislative Building
Toronto Ontario M7A 1A8
Fax: 416-325-0491
E-mail: john.tory@pc.ola.org

Howard Hampton, MPP
Ontario NDP Party Leader
Room 200, North Wing, Legislative Building,
M7A 1A5
Fax: 416-325-8222
E-mail:
howard_hampton-mpp@ontla.ola.org

OTHER RESOURCES AND INFORMATION:

Tobacco Control Resources

Please Note: If links are broken, go to organization's main site and search from there.

1. Legislation

Federal: Tobacco Act	http://laws.justice.gc.ca/en/index.html (search by title), or http://laws.justice.gc.ca/en/T-11.5/text.html
Ontario: Smoke-Free Ontario Act, Tobacco Control Act and Smoking in the Workplace Act	http://www.e-laws.gov.on.ca/ (search by title), or http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94t10_e.htm http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90s13_e.htm
Second-hand smoke in the workplace legislation in Canada	http://www.smoke-free.ca/Second-Hand-Smoke/2002-03%20Workshop%20CDROM/index.htm
Second-hand smoke legislation in Canada	http://www.smoke-free.ca/factsheets/pdf/Q&A-smokefreecommunities.pdf
Toronto No-Smoking Bylaw (one of many municipal bylaws in Ontario)	http://www.city.toronto.on.ca/health/smoke_index.htm#smoke
Tobacco Law Compendium (no updates since April 2004)	http://www.tobaccolaw.org/LoginEnglish.htm

2. Government Tobacco Control Programs

Health Canada Go Smoke-free!	http://www.hc-sc.gc.ca/hecs-sesc/tobacco/index.html
Health Canada The Scoop (web site for youth)	http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/youth-jeunes/scoop-primeur/index_e.html
Canadian Health Network tobacco section (Public Health Agency of Canada)	http://www.canadian-health-network.ca/1tobacco.html
Ontario Ministry of Health and Long-Term Care resources and announcements on tobacco control	http://www.health.gov.on.ca/english/public/updates/archives/hu_04/hu_tobacco_leg.html
Ontario, Ministry of Health Promotion Smoke-Free Ontario Web site	http://www.mhp.gov.on.ca/english/health/smoke_free/default.asp

3. Tobacco Control Monitoring and Research

Health Canada: Canadian Tobacco Use Monitoring Surveys	http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc/index_e.html
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Ontario Tobacco Research Unit	http://www.otru.org/
National Clearinghouse on Tobacco and Health	http://www.ncth.ca/NCTH_new.nsf
Global Link: global tobacco control	http://www.globalink.org/
Tobaccopedia: the on-line tobacco encyclopedia	http://www.tobaccopedia.com/

4. National Tobacco Control Advocacy Groups

Smoking and Health Action Foundation/Non-Smokers' Rights Association	http://www.nsra-adnf.ca/	<p>NSRA Toronto: 221-720 Spadina Avenue, Toronto, Ontario M5S 2T9 Tel. (416) 928-2900 Fax. (416) 928-1860 e-mail: toronto@nsra-adnf.ca</p> <p>NSRA Ottawa: 1903-130 Albert Street Ottawa, Ontario K1P 5G4 Tel. (613) 230-4211 Fax (613) 230-9454 e-mail: ottawa@nsra-adnf.ca</p>
Physicians for a Smoke-Free Canada	http://www.smoke-free.ca/	1226A Wellington Street Ottawa, Ontario K1Y 3A1 Tel: (613) 233-4878 Fax: (613) 233-7797 Email: psc@smoke-free.ca
Canadian Council for Tobacco Control (now through National Clearinghouse on Tobacco and Health Web site)	http://www.ncth.ca/NCTH_new.nsf	75 Albert Street, Suite 508 Ottawa, Ontario K1P 5E7 Canada Toll-free: (800) 267-5234 Tel: (613) 567-3050 Fax: (613) 567-2730 E-mail: info-services@cctc.ca

5. Provincial Tobacco Control Advocacy Groups

Ontario Campaign for Action on Tobacco	http://www.ocat.org/	525 University Avenue Suite 300 Toronto, Ontario M5G 2K7 Tel: (416) 340-2992 Fax: (416) 340-2995 Email: ocat@oma.org
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Ontario Tobacco-Free Network	www.theotn.org	20 Holly Street, Suite 204 Toronto, ON M4S 3B1 Tel: (416)-922-2238 or toll free 1-866-922-2238 FAX: 416 440-3331 E-mail: theotn@rogers.com
Ontario Division, Canadian Cancer Society	http://www.ontario.cancer.ca/ccs/internet/standard/0,3182,3543_12971_langld-en,00.html	1639 Yonge Street Toronto, Ontario M4T 2W6 Tel: 416-488-5400 or toll-free at 1-800-268-8874 Fax: 416-488-2872 E-mail: webmaster@ontario.cancer.ca
Ontario Lung Association (Lungs Are for Life is directed at school curricula)	http://www.on.lung.ca/nosmoking/index.html http://www.lungsareforlife.ca/ http://cleartheair.ca/	573 King Street East, Suite 201 Toronto, Ontario M5A 4L3 Tel: (416) 864-9911, or toll-free 1-800-972-2636 Fax: (416) 864-9916 Email: olalung@on.lung.ca
Heart and Stroke Foundation of Ontario	Http://ww2.heartandstroke.ca/	1920 Yonge Street, 4th Floor Toronto, Ontario M4S 3E2 Telephone (416) 489-7111 Fax (416) 489-6885
Cancer Care Ontario	http://www.cancercare.on.ca/index_tobacco.htm	620 University Avenue Toronto, Ontario, Canada M5G 2L7 Phone: 416.971.9800 Fax: 416.971.6888 Email: publicaffairs@cancercare.on.ca
Leave the Pack Behind (peer-to-peer for post-secondary students)	http://www.leavethepackbehind.org/	

6. Smoking Cessation

Registered Nurses' Association of Ontario Nursing Best Practice Guideline <i>Integrating Smoking Cessation into Daily Nursing Practice</i> , funded by Ontario Ministry of Health and Long-Term Care	http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C3_smoking.asp . All Best Practice Guideline at: http://www.rnao.org/bestpractices/index.asp
Registered Nurses' Association of Ontario Nursing Best Practice Guideline e-learning module: <i>Helping People Quit Smoking</i> , funded by Health Canada.	http://www.rnao.org/smokingcessation/

Registered Nurses' Association of Ontario <i>Health Education Fact Sheet: Deciding to Quit Smoking</i>	http://www.rnao.org/bestpractices/PDF/Smoking_Fact_Sheet.pdf
Program Training and Consultation Centre (training and consultation on cessation)	1-800-363-7822 www.ptcc.on.ca
Health Canada: <i>Quit Smoking</i>	http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/index_e.html
<i>Smoking Cessation Guidelines: How to Treat your Patient's Tobacco Addiction</i>	http://www.smoke-free.ca/pdf_1/smoking_guide_en.pdf
College of Family Physicians of Canada, Health Canada, the Canadian Council for Tobacco Control, Physicians for a Smoke-Free Canada. <i>Y2Quit</i> :	http://www.smoke-free.ca/Y2Quit/
Canadian Cancer Society, Ontario Division. <i>Smokers' Helpline</i> : See also <i>One Step at a Time</i> booklets available in hard copy	1-877-513-5333 http://www.cancer.ca/ccs/internet/standard/0,3182,3543_430909_langId-en,00.html http://ccs.stopsmokingcentre.net/
National Clearinghouse on Tobacco and Health Program, <i>Cessation Resources for Patients</i> ,	http://www.ncth.ca/NCTH_new.nsf ; click on Cessation
National Center For Chronic Disease Prevention and Health Promotion, <i>How to Quit</i> .	http://www.cdc.gov/tobacco/how2quit.htm
National Center For Chronic Disease Prevention and Health Promotion, <i>You Can Quit Smoking Guide</i> .	http://www.cdc.gov/tobacco/quit/canquit.htm
National Cancer Institute. <i>Tobacco Control Research</i> .	http://dccps.nci.nih.gov/tcrb/
International Network of Women Against Tobacco.	http://www.inwat.org/inwatnewsletter.htm
Tobaccopedia section on cessation:	http://www.tobaccopedia.com/cgi-local/seek.cgi?search=CAT&Category=Smoking%20cessation
Gottaquit.com (Monroe County, New York)	http://www.gottaquit.com/

7. Literature, Reports and other Resources

New Directions for Tobacco Control in Canada - A National Strategy	http://www.hc-sc.gc.ca/ahc-asc/media/nrcp/2002/2002_58bk3_e.html
Actions Will Speak Louder than Words: Getting Serious about Tobacco Control in Ontario – A Report to the Minister of Health from her Expert Panel on the Renewal of the Tobacco Strategy	http://www.otru.org/external_reports.html This site has many reports on tobacco control. OTRU reports at http://www.otru.org/reports_index.html
Canadian Tobacco Control Research Initiative	http://www.ctcri.ca/en-pages/research-grants.htm

National Clearinghouse on Tobacco and Health	http://www.ncth.ca/NCTHweb.nsf
Research for International Tobacco Control	http://archive.idrc.ca/ritc/en/index.html
Legacy Tobacco Documents Library	http://legacy.library.ucsf.edu/
The Cigarette Papers	http://www.library.ucsf.edu/tobacco/cigpapers/
Medline resources on smoking cessation (many useful links)	http://www.nlm.nih.gov/medlineplus/smokingcessation.html
John A. Tauras, Patrick M. O'Malley, Lloyd D. Johnston, <i>Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis</i> , June 2001	http://papers.nber.org/papers/W8331

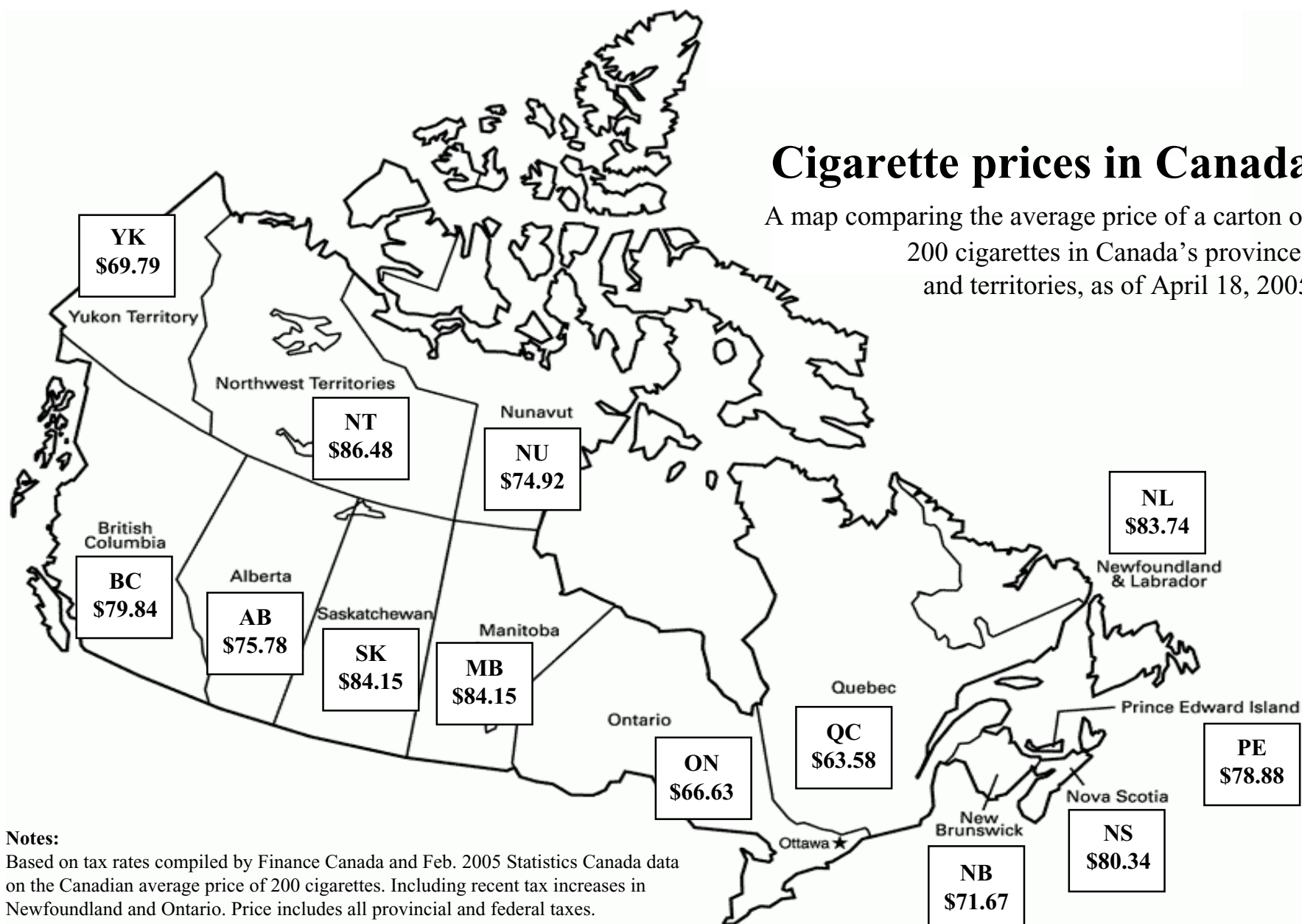
Centers for Disease Control and Prevention. (1999) Best Practices for Comprehensive Tobacco Control Programs. Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available on line from CDC.

8. Political Action Information

Ontario Campaign for Action on Tobacco, in association with the Heart & Stroke Foundation of Ontario, The Canadian Cancer Society (Ontario Division) and the Ontario Lung Association (2004), <i>The Smoke-Free Lobby</i> .	http://www.ocat.org/sfl/images/SFLobby2004.pdf
Callard, Cynthia (undated), <i>How Governments Work and How to Convince Them to Control Tobacco</i> (reproduced in this kit). Physicians for a Smoke-Free Canada.	http://www.smoke-free.ca/pdf_1/KievGov.PDF
Canadian Health Network (undated) <i>Fact Sheet on Second Hand Smoke</i>	http://www.canadian-health-network.ca/faq-faq/tobacco-tabagisme/8e.html
Health Canada (undated), <i>Fact Sheet - Passive Smoking: Nowhere to Hide</i>	http://www.canadian-health-network.ca/faq-faq/tobacco-tabagisme/8e.html
McDonald, Paul W. (2003), <i>A Recommended Population Strategy to Help Canadian Tobacco Users</i>	http://www.otru.org/pdf/special/special_population_strategy.pdf
Callard, Cynthia, Dave Thompson, and Neil Collishaw (2005), <i>Curing the Addiction to Profits: A supply-side approach to phasing out tobacco</i> , Canadian Centre for Policy Alternatives.	

Cigarette prices in Canada

A map comparing the average price of a carton of 200 cigarettes in Canada's provinces and territories, as of April 18, 2005



Source: Smoking and Health Action Foundation, Ottawa, (613) 230-4211, www.nsra-adnf.ca

How Governments Work and How to Convince Them to Control Tobacco*

**Practical tips to improve your political game*

Cynthia Callard

Is there a sure-fire way of winning a political struggle? If so, no one has patented it yet. The political process doesn't happen in the sterile conditions of a laboratory or within the logical framework of computer analysis. It belongs to the messy world of human nature – a chaotic world of irrational thought and complex motivation. No two political campaigns are remotely the same.

There are, however, certain reliable steps to political success. These are:

1. Getting tobacco on the public agenda

- Raising awareness of and building public support for our goals
- Winning the competition against other issues for public attention

2. Getting favourable decisions

- Getting governments to make pro-health decisions.

3. Protecting political gains and minimizing losses

- Re-positioning after decisions to ensure continued success

1. Getting on the public agenda

Smoking, lung cancer, heart disease, emphysema. These are life and death issues: but they are not the only life and death issues that concern governments. Our issue has to compete for attention against an almost infinite number of other concerns. Getting public, media and government – keeping it and renewing it – is an enormous challenge.



Be in the news – and drive the news

It's not enough to have a story in the newspaper – there are dozens of stories in the newspapers each day. Governments, like individuals, respond to the stories which command attention.

That's why our stories must be presented in a way that triggers a response. Decision-makers may ignore the story "more teenagers smoking:" they won't ignore the headline "government tries to hide figures on teenage smoking rates."



Caution:

To avoid taking action, governments:

Deflect

They shift attention away from themselves, and try to get us turn our energies elsewhere. I.e. “We can’t ban advertising until there is international agreement” or “These tax issues are decided by another department,” or “There’s nothing we can do to provide non-smoking work areas in private factories.”

Delay

They pretend the issue is being addressed, when in fact nothing is happening. Meetings take a long time to happen. Letters aren’t answered for weeks or months. Reports are mysteriously delayed.

Study groups are set up involving the health community. These groups have no real power to affect change, and can waste advocates’ energies.

By postponing decisions they hope to discourage us, wear us down, stall the momentum we have built, or wait until public interest is lost.

Deny and Deceive

Governments (like the tobacco industry) will try to deny the validity of our concerns. Their denial comes in many forms:

- They may deny the importance of the issue (i.e. “we won’t be able to meet with you for several weeks”)
- They may deny resources (i.e. “I’d like to help, but there isn’t enough money in the budget”)
- They may deny the truth (i.e. “There’s not enough proof that advertising causes people to smoke for us to ban tobacco advertising”)

Deception is worse form of denial. Governments may try to leave the impression that something will happen, when they know in fact that nothing will be done. They may pretend to be sympathetic, when there is no real intention of considering our views. They may withhold information to which we have legal rights. They may lie or misrepresent their own research.

Discount and Discredit

They will try to dismiss both tobacco issues and those who are fighting for them. They will minimize the impact of smoking when they are not prepared to take action. They will question our legitimacy, our research, our intelligence, our motives.

Divide

Governments will try to ‘divide and conquer’. They will ask for ‘reasonableness’ when their real intention is to distract us with a fight between moderates and more radical members. They may try to divide us by offering small gains (i.e. signs at retail stores), hoping to send some away before any meaningful changes are made.

Deal

When governments begin to negotiate, this may mean we are headed for victory. And then again, it may not. If they indicate no real intention to move towards your demands, or if they set up negotiations in a way that you are handicapped, then you should consider that the negotiators are intending to defeat our goals, not work with us towards meaningful controls on tobacco.



Be on every meeting agenda

The more often decision-makers hear about our concerns, the more likely they are to realize that they must do something to respond. The people who run government spend hours in meetings - the more times a day they hear about tobacco, the more likely we are to see action on it. Get smoking on the agenda of every meeting possible: this includes cabinet meetings, committee meetings, meetings between politicians and their friends, international meetings, neighbourhood meetings, party meetings, staff meetings, family gatherings – any meeting at all. Even a tiny agenda item (like asking for a no-smoking area at a small public event) helps build awareness of tobacco issues.



Be persistent

Public attention for most issues dies down very quickly, and politicians and governments learn that if they ignore a concern, or give a lame response, both the issue and its advocates may go away. Don't let them give the 'brush off.' Show them that we won't go away. Reply to their indifference with yet stronger and louder arguments and better information, and a fresh, news-worthy angle.



Be creative

Selling ideas is just another form of marketing. Many businesses and interests groups are competing for attention. To get noticed in this busy market place of ideas, our ideas have to be attention-grabbing.



Make Friends

We need every friend we can get. Seek out those individuals in high and low places who are personally and politically committed to tobacco control. Look especially for influential individuals in areas where the tobacco companies are active - the media, universities, business, the arts, etc. Keep our allies up-to-date, and involve them as appropriate.



Broaden our base

Develop real alliances with sympathetic individuals and groups. Most certainly these should be in the health community (professional and charitable organizations). But they should also include groups beyond the health community – including business, the arts, labour, churches, political parties. Remember that real alliances require mutual support – we can't expect other groups to support us unless we are also willing to support them as appropriate.



Force decisions

Smoking is a chronic social issue – this makes it easier for the public to ignore it, or to support government delay in responding to it. By developing a 'crisis' or decision point, we command public and media attention. Even small decisions, like a request to remove a tobacco ad from a municipal park, or make a sports arena smoke-free will advance awareness and action on tobacco.



Be mainstream

There are lots of crazy people in the world, and newspapers and politicians carefully avoid them. We can't afford to take the risks of appearing like extremists or religious zealots. We can control body language, tone of voice, style of dress, rhetoric and tv-backgrounds to ensure that we appear as 'normal' as we are.



Work together

The ideas which go furthest and fastest are those which are articulated in the community and which have the support of both political leaders and bureaucracies. Government departments set the administrative agenda – and they can and will slow down any agenda they oppose. And policies and programs from government departments have a better chance of succeeding if there are supporters in the broader community.

2. Win the Public Debate

Once tobacco-control is on the public agenda, the hard work begins.

Unlike some other public health issues, tobacco is not a one-sided debate. When governments decide to do something about tuberculosis, for example, they chose tuberculosis over issues for limited resources. Addressing tobacco-caused disease is quite different. Governments must be willing to stare-down a large and powerful commercial sector as well as its domestic and international allies. They must not only choose the public interest, they must choose against the corporate interest. These aren't easy decisions for government, and it's not easy for us to convince them to make the right decisions.

That's why we must be prepared to:



Play hardball

The industry plays to win, so we must too. That doesn't mean playing 'dirty' or doing anything dishonest or devious. We must still take the high ground. But we must also understand what it takes to defeat the tobacco industry when it fights hard against us. Political campaigns require flexible strategies, quick responses, and tireless workers.



Have a tough skin

In a campaign for tobacco control, we will put the tobacco industry and its friends (and maybe even politicians or government) on the defensive. Their counter-attack will be fierce. They will say nasty things about us and will do nasty things to us. Sadly, even some of our friends will believe them, or will side with them. The media and politicians will treat us with suspicion, and challenge everything we say and do. Understanding that this unpleasantness is a natural part of achieving success makes it easier to accept.



Confirm and exploit relationships and allies

Once we've built alliances and found friends in high and low places, we need to use them. Confirm and cement the allegiance of these individuals and groups by asking them to do something on the issue, even if it is something quite small (like writing a letter).



Be on best behaviour

Policy makers will have surprising difficulty in choosing between 'us' and 'them.' That's why it's important not to give them any excuse to make the wrong choice. Be careful not to do anything or say anything which gives them this excuse. Be polite, be honest, be generous, be kind, be trust-worthy, open-minded, act in good faith. Remember – they'll be watching.



Think like a politician

In the final crunch, the big decisions will be made by politicians (some of whom will be senior members of the bureaucracy). Understanding how they make their decisions makes it easier for us to present them with our decision in an attractive way.

3. Prepare for loss – and prepare for victory

Tobacco use is an enormous problem, and one without quick remedy or instant solutions. Reducing tobacco use involves both individual and social change, neither of which happen quickly or smoothly.

Every victory against tobacco use will be accompanied by another assault on public health by the tobacco industry. Ad bans will be circumvented. High taxes will be undermined through smuggling. Bans on smoking in public places will be flouted. So once we've finished celebrating our victories, we have to unroll strategies to protect our gains.

The converse is also true. Every apparent defeat before the industry teaches us something useful for the next engagement. And it's never too early to begin preparing for that next battle.

Because public interest is so fleeting, it's important to overlap the next campaign's strategy into current activities. If government, the media and the public think that a problem has been solved, it may be difficult to capture their attention quickly again. Similarly, if they think that the tobacco industry can't be defeated, they may not be interested in the next challenge to it. We can improve our readiness for the next steps by:

- Keeping our eye on the horizon.
- Developing a media message which signals the next campaign, and which leaves the media and the public interested in the next rounds
- Monitoring enforcement of legislative gains, and by documenting abuses by the industry of government concessions.

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Understanding Politicians (and learning to think like them).

Politicians are just like the rest of us –**NOT!** Their job makes them look at the world differently than we do, and make decisions in a very different way. Knowing how they think makes it easier to work with them and makes it easier to get them to do the things we want.

Politicians live in the “here and now.”

Do you know what you will be working on next week? Politicians don't. To stay flexible and free to respond to new events, they often don't plan more than a few days ahead. (other than appearances at official events, which must be scheduled in advance). They live in the present and think mostly about today's issues, today's news-stories, today's decisions. They will think about smoking on the days that it is in the news – and forget about it on other days.

Politicians want immediate rewards – and want to avoid immediate difficulties

Health workers plan for policy changes which will take effect over years or even generations. A politician plans for the next newspaper headline, or the next meeting (and, of course, the next election). To motivate politicians to take action means finding an immediate positive reward.

Politicians are competitive.

Everything is partisan to a politician. Don't expect them to want to 'build agreement,' or work with members of other parties, or to share the limelight with you or anyone else. They live – and die – by publicity.

Politicians want to be liked.

Politicians need as many people as possible to approve of them. They don't like to say “no;” to any request, in case it creates enemies. There are two important lessons from this.

- Always ask for something they can agree with.

In addition to asking for your big items (i.e. a ban on tobacco advertising), make sure you ask for something else that they may be able to support (i.e. programs in schools) or do (i.e. writing a letter in support of a program). That way you both walk away with a some good feeling, and the door is left open for future talks.

- Listen carefully for 'no'.

If a politician can't say 'yes,' she may say 'no' in a very quiet and subtle way. Even groups of politicians – like cabinets – will prefer to avoid saying no. Instead of directly rejecting our ideas, they'll fail to take any action on them. As a rule of thumb, if they don't look you in the eye and say 'yes' – then the answer is 'no.'

Politicians make 'deals.'

Politicians barter constantly with each other, and spend much of their time “making deals.” They are quite comfortable trading off policy gains in one area against those in another. Tobacco is a special issue for us, and we might not be willing to trade it against a totally unrelated issue – but a politician will. A Minister of Health may agree to abandon tobacco control, for example, in return for more money for hospitals, or for a new public building in her or his city.

Politicians think locally

Politicians feel a strong loyalty and responsibility for their communities. Don't expect them to care about the 'big picture.' They may willingly oppose controls on tobacco if they think it will hurt even a handful of local tobacco farmers or threaten only a few jobs in their community.

