

IMAGINE!

A SMOKE-FREE BC

A Plan to
Support Tobacco Control in
British Columbia

CleanAir
COALITION OF B.C.

by:
The BC Lung Association
Heart and Stroke Foundation of B.C & Yukon
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Finding answers. For life.

THE  LUNG ASSOCIATION™
British Columbia

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1. IMAGINE! A Smoke-Free BC

Cigarettes, when used as directed, kill half of their users. In British Columbia, about sixteen people die each day from tobacco use, which translates into more than 6,000 deaths annually from tobacco-related illnesses such as heart disease and lung cancer. Thousands of individuals are disabled as a result of tobacco use and countless more experience health problems when exposed to second-hand smoke. Quitting smoking, while difficult, is not impossible. Social and biological supports are often necessary to assist people as they quit.

The Conference Board of Canada estimates that costs to employers have increased from \$2,565 per smoking employee in 1997 to \$3,396 in 2006¹. The cost of smoker absenteeism has increased from \$230 to \$323 and the cost of productivity due to smoke breaks has gone from \$2,175 to \$3,053 (these changes are partly attributable to wage increases; more than 70% of the cost of absenteeism and more than 30% for productivity).

IMAGINE! A SMOKE-FREE BC

Goals

- Make it harder for children and youth to start smoking or use other tobacco products
- Make it easier for those addicted to nicotine products to quit
- Protect the public from exposure to second-hand tobacco smoke
- Educate the public about the tactics and strategies used by the tobacco industry to target youth and increase uptake and consumption

Smoking and use of other tobacco products is estimated to cost the BC economy over \$2.7 billion in direct and indirect costs according to research noted as part of the *Winning Legacies* Document, prepared for the BC Healthy Living Alliance.

In 2005/06, the provincial government collected close to \$700 million in tobacco taxes, yet spent less than \$3 million on provincial tobacco control activities. The bottom line is that the costs to society and the health care system are enormous, even when offset by the vast amount of tobacco taxes collected and the minimal amount spent on tobacco control.

The BC government was once considered a leader in tobacco control across Canada. It has been recognized for landmark and leading edge programs and legislation, such as Kick the Nic, the Tobacco Monitoring Use and Disclosure Regulations and the Tobacco Damages and Health Care Recovery Costs Act.

Around mid-2001, the BC government began to erode funding for tobacco control actions and activities, reduced staffing levels within the Ministry of Health and overrode the WCB Panel of Administrators' Decision and allowed designated smoking rooms to be built and workers to decide whether to work in a smoke-filled and thus carcinogenic

¹ The Conference Board of Canada, *Smoking and the Bottom Line: Updating the Costs of Smoking in the Workplace*, Briefing – August 2006.

environment. As a result, BC's traditional role as one of the leading jurisdictions in tobacco control role was compromised.

Since 2004, the BC government has made positive steps forward in tobacco control. BC is the only Canadian jurisdiction to co-brand telephone and internet-based cessation services that are available 24/7/365 through the QuitNow.ca and QuitNow by Phone services. Phone services are available in over 130 languages. The BC government introduced Bill 10 in the Spring of 2007, which will eventually ban smoking in all indoor public places, with the elimination of designated smoking rooms, and on public and private school property. Regulations will be developed that ban smoking in entranceways to public buildings and the new legislation also will prohibit advertising tobacco products in places where youth under 19 have access. The Clean Air Coalition of B.C. applauds the provincial government for taking these steps to reduce tobacco use in British Columbia. The provincial government needs to continue to take a leadership role in tobacco control to show its commitment to the citizens of British Columbia that they truly want to be the healthiest jurisdiction ever to host an Olympic Games.

While much work has been done, more work needs to be completed to support tobacco control activities and realize a smoke-free BC. Such work is meant in part to protect all, but especially infants, children and youth of the province, by educating people about the dangers of tobacco use and second-hand smoke, even in private places like homes and cars where other people are present. No single organization has responsibility for reducing tobacco use. No single intervention will reduce tobacco use. Policies and programs at the federal, provincial and local level, when working together, all contribute to reductions in tobacco use and minimizing exposure to second-hand smoke.

The Heart and Stroke Foundation of B.C. and Yukon and the BC Lung Association, through the Clean Air Coalition of B.C., have launched an initiative and framework that will allow everyone to participate collectively in substantially reducing smoking prevalence rates in BC. To that end, let's **IMAGINE! A SMOKE-FREE BC.**

2. IMAGINE Campaign Framework

IMAGINE! A Smoke-Free BC is an advocacy campaign designed to influence key decision makers in tobacco control policy and action. It is intended to provide a framework that can be used for the tobacco control community. The Framework:

1. Outlines the purpose, goals and objectives of the Imagine Campaign
2. Indicates the principles within which organizations can participate in the Imagine Campaign
3. Identifies the range of advocacy initiatives that could be undertaken as part of the Campaign

2.1 *Vision of Imagine! A Smoke-Free BC Campaign*

The overall vision of the campaign is to reduce tobacco use in BC to levels below a 5% prevalence rate by 2012, where British Columbians are fully protected from second-hand smoke wherever they are and any funds from tobacco settlements are directed towards prevention, protection, cessation and denormalization actions and activities.

2.2 *Mission of Imagine! A Smoke-Free BC Campaign*

The mission of the campaign is to provide leadership and excellence in tobacco control advocacy in BC.

2.3 *Objectives of Imagine! A Smoke-Free BC Campaign*

The objectives of the campaign are to support advocacy efforts that:

- Make it harder for children and youth to start smoking or use other tobacco products **(Prevention)**
- Protect the public from involuntary exposure to second-hand tobacco smoke **(Protection)**
- Make it easier for those addicted to tobacco products to quit **(Cessation)**
- Educate the public about the tactics and strategies used by the tobacco industry to target youth and increase uptake and consumption **(Denormalization)**

2.4 *Why an Advocacy Campaign?*

According to an Ipsos-Reid poll conducted in April 2006, the majority of individuals in British Columbia are supportive of smoke-free environments.² In fact, advocacy efforts by individuals and organizations have resulted in sound policy development, evidence based practice and the implementation of leading edge tobacco control programs. These combined efforts have made British Columbia the envy of most jurisdictions in Canada and across North America for its very low tobacco prevalence rates.

No single organization can, nor should, be solely responsible for tobacco control advocacy, as no one organization has the necessary resources to undertake the

² <http://www.newswire.ca/en/releases/archive/May2006/09/c7929.html>

activities necessary to achieve the desired vision. It is reasonable however, for organizations to work collaboratively on a common campaign to reach the desired goal of a smoke-free BC.

For example, some non-governmental organizations may place a priority on restricting the sale of tobacco products in pharmacies, while others may be primarily concerned about protecting individuals from second-hand smoke. While it would be useful to collaborate on key priorities, each activity and effort in and of itself will create momentum toward the goal of making BC smoke-free.

2.5 Principles of Imagine! A Smoke-Free BC Campaign

- Tobacco use is preventable.
- Tobacco-related diseases are the leading cause of disability and death in BC.
- Most individuals become addicted to nicotine before the age of 18 as a result of the tactics of the tobacco industry.
- There is no single intervention or approach that will address tobacco use – a comprehensive approach is required.
- Tobacco control requires multiple strategies and efforts by multiple individuals and organizations to succeed.
- Non-governmental organizations may choose to participate in or contribute to campaigns that meet their organizational goals as resources permit. All organizations that agree to the goals and objectives will be welcome to participate in advocacy efforts.
- Funding for tobacco control should be based on the Centers for Disease Control Guidelines (\$6 - \$17 per capita in States with a population between 3 to 7 million).
- Policy interventions are paramount to making a difference in tobacco use and therefore the federal, provincial and municipal governments have an important role in reducing tobacco use.
- Monitoring and surveillance are important activities that must be conducted on an on-going basis.
- Evidence-based approaches are essential to making a difference. Key evidence-based interventions include:
 - Tobacco tax increases
 - Smoke-free legislation and policies
 - Elimination of tobacco product advertising
 - Mass media and communication activities
 - Cessation programs
- Tobacco control monies received through litigation or through a settlement should be targeted to non-profit organizations with a mandate to reduce tobacco use through evidence based programs and services.

2.6 A Comprehensive Approach

Tobacco control strategies should take a comprehensive approach, given that no single intervention or activity is sufficient to reduce smoking rates adequately. Different organizations have differing mandates in the tobacco control battle and as such each has a different role to play. A variety of interventions can be initiated, that together creates synergy, and a supportive climate for reducing tobacco use. A comprehensive

approach includes interventions within each of the previously mentioned objectives of prevention, protection, cessation and denormalization. In addition, a fundamental component of an effective, comprehensive tobacco reduction strategy includes evidence-based federal and provincial policy and legislation interventions.

3. Goals of IMAGINE! Campaign

The campaign seeks to establish a framework and network to address, inspire and achieve momentum towards a smoke-free BC. The following goals will provide the groundwork for change and supporting organizations can sign onto interventions that support their organizational goals and objectives.

IMAGINE! the following:

3.1 *Prevention Goals*

IMAGINE! Funding from tobacco company litigation

Who would have thought that numerous jurisdictions worldwide would receive compensation from tobacco companies for the harm caused by its products? Several US states started the charge of litigation against tobacco companies and now BC, with many other provinces following suit, took the initial lead in Canada to recover health care costs from big tobacco. Ideally, the funding from tobacco litigation settlements should be placed in a dedicated fund that is administered by a non-profit organization for prevention, protection, cessation and denormalization initiatives.

IMAGINE! A fully funded tobacco control program

Who would have thought that despite the colossal damage caused by tobacco use – the leading cause of preventable disease and death – that funding levels would still be drastically below what is recommended by the Centres for Disease Control? The Ministry of Health allocates less than \$1 per capita in funding for tobacco control activities. Yet, the province collects more than \$175 per capita in tobacco taxes.

3.2 *Protection Goals*

IMAGINE! 100% smoke-free public places

Manitoba was the first province in Canada to implement 100% smoke-free legislation that fully protects its workers. Following Manitoba's lead, most other provinces and territories in Canada have also implemented such legislation; it will soon to be the standard, as of 2008, in BC.

IMAGINE! 100% smoke-free patios

Who would have thought that cities and towns in Alberta would make their patios smoke-free? Now, it is the norm in Newfoundland and Labrador and Nova Scotia, as well as other cities in Saskatchewan and Ontario. Just recently, the City of Vancouver voted to make outdoor patios smoke-free in all restaurants and bars following the first smoke-free patios municipal bylaw in BC in the Capital Regional District passed earlier this year. The City of White Rock is following suit in 2008.

IMAGINE! Smoke-free vehicles when children are present

Who would have thought that several jurisdictions in North America would make it illegal to smoke in a vehicle when children are present? Now, in Arkansas, California, Louisiana and the City of Bangor, Maine have varying degrees of legislation in place to protect children and youth in vehicles. Other US States are considering similar legislation to protect children and youth. Wolfville, NS has become the first municipality in Canada to approve making it illegal to smoke in a vehicle when a minor is present; the bylaw is expected to come into effect on June 1, 2008.

IMAGINE! Smoke-Free homes where children reside

Who would have thought there would be a growing trend for no smoking in private homes? Many jurisdictions worldwide have mounted significant educational campaigns to inform the public of the added dangers of second-hand smoke in confined spaces such as homes, especially when children are involved.

IMAGINE! Smoke-free parks and beaches

Who would have thought that in parks and on beaches, one would be free to enjoy the outdoors without breathing in second-hand smoke? Currently most ocean-side municipalities in California have made their beaches smoke-free.

IMAGINE! Smoke-free multi-unit dwellings where individuals and families are not exposed to drifting smoke

Who would have thought that apartments, condominiums and non-profit housing associations would implement smoke-free policies? Now, rental agencies such as Globe General Agencies in Winnipeg have made 5,000 units smoke-free; a condominium project on Vancouver's North Shore was purposely built to be smoke-free; and a non-profit housing project in Esquimalt, Grafton Lodge, was built to be 100% smoke-free and has been since April 2004.

3.3 Cessation Goals

IMAGINE! Increased tobacco taxes

Increasing tobacco taxes is one of the most effective approaches to reducing tobacco rates and consumption in adolescents and young adults due to their

sensitivity to product pricing. While BC previously led the country with the highest taxes on tobacco products, we are now lagging behind many other jurisdictions in Canada.

IMAGINE! Tobacco-free health care stores, such as pharmacies

Who would have thought that tobacco products would still be permitted to be sold in pharmacies or places that promote health and help people battle their addictions? Now, six provinces and two territories have banned the sale of tobacco products in pharmacies, including Ontario, Quebec, the Northwest Territories, Nunavut and all Atlantic provinces.

IMAGINE! Regulated tobacco sales much like that for alcohol

Many of the regulations surrounding the sale and marketing of tobacco in BC are the same as those for another drug in BC, namely alcohol. Yet the actual sale of alcohol is much more regulated, only in licensed retail outlets where minors are not allowed access. If most other regulations surrounding the two products are so similar, why can't BC have a model of tobacco sales exactly like that of alcohol?

IMAGINE! Cessation supports in every community

Helping people quit smoking requires a coordinated community response, which includes community counselling centres available in every community – or a similar response based on the unique needs of the community. In some communities in Northern BC, Nicotine Intervention Counselling Centres are available to provide individuals with the behavioural and counselling supports that they need to help them to quit smoking.

IMAGINE! Nicotine Replacement Therapies (NRT) are available to those who require them

Who would have ever thought that NRT would be freely available to all people who require it to support their cessation efforts? Now, Quebec and Nova Scotia provide financial support for NRT to all residents who need it. With the recent addition of Champix as a proven cessation therapy, this product, as well as Zyban, should also be freely available to those who would benefit from its availability.

IMAGINE! Plummeting tobacco use among individuals with mental health and addictions issues

Who would have thought that tobacco use among individuals with mental health and addictions issues would be double that of the provincial smoking prevalence rate in BC? While a population health approach is important, BC should aggressively target this high risk population.

IMAGINE! Plummeting tobacco use among Aboriginal People

Who would have thought that tobacco use among Aboriginal people could reach up to three times the provincial smoking prevalence rate in BC? While a population approach is important, BC should aggressively target high-risk groups, especially Aboriginal communities.

IMAGINE! Plummeting tobacco use among other higher risk populations

Who would have thought that other populations among such as the gay, lesbian, bisexual, transgendered (GLBT) community and young adults would exhibit higher than average smoking rates? Efforts should be made to understand and address the reasons for the higher rates among these groups to combat the tobacco use issue.

IMAGINE! Supports for health care professionals in assisting patients to quit smoking

Many people requiring medical attention may not associate their tobacco use with their medical problem. But in many cases, tobacco use may be a contributing or exacerbating factor. Tobacco control workers should focus on assisting health care workers deal with tobacco use among their patients.

IMAGINE! Plummeting spit tobacco use

Who would have thought that the use of spit tobacco, traditionally thought of as a product used solely by older men, would be increasing among youth and young adults? Currently spit tobacco use trends indicate that certain segments of the population are at higher risk for spit tobacco use in BC, especially the First Nations and rural communities, and those that participate in organized sports such as hockey and baseball where spit tobacco use has been historically high. BC should step up efforts to address this issue, especially in light of increasing smoking bans, which could result in smokers turning to spit tobacco.

3.4 Denormalization Goals

IMAGINE! Well-funded, ongoing mass media campaigns to counter big tobacco

Who would have thought that mass media campaigns, funded with tobacco litigation settlement funds in California and Massachusetts, would see significant reductions in tobacco use and uptake among youth and adults for the period that campaigns were operating? BC needs to support province-wide, on-going and well-funded media campaigns for counter-marketing efforts.

IMAGINE! Tobacco control policies and resources that are sensitive to differences based on gender, ethnicity and socio-economic status

Who would have thought that sex, ethnicity and socioeconomic status among other identifiers would play a role in one's response to tobacco control policies? There are differential responses to policies and programs among and within sub

groups, and those dealing with tobacco control policies need to understand such to address tobacco use effectively.

3.5 *Next steps*

The next steps in this effort are:

1. to host a Tobacco Control Summit with organizations interested in supporting the Imagine Framework
2. to identify priority areas for collaboration
3. to seek support from other individuals and organizations, through endorsements and support

3.6 *IMAGINE! It isn't hard to do*

The next line of that famous John Lennon song, Imagine tells it all:

It isn't hard to do.

This plan is intended to inspire and encourage the provincial government to Imagine! A Smoke-free BC.

***You may say that I'm a dreamer
But I'm not the only one
I hope someday you'll join us
And the world will be as one***

Together we can make the dream a reality.

APPENDIX A. Worldwide Precedents and the BC Experience

The goals of the *IMAGINE!* campaign are proven methods to reduce tobacco consumption. It should be noted that these interventions are most effective when used in combination.

BC, once considered to be a leading jurisdiction in smoke-free activities, has a varied record in each of these interventions.

The following outlines precedents and the BC experience in each of the goal interventions of the *IMAGINE!* campaign.

Funding from tobacco company litigation

In 1998, British Columbia became the first jurisdiction in Canada and the Commonwealth to launch legal action against tobacco companies for “past, wrongful conduct of the tobacco industry, including the deceptive promotion of their product”, the legal action designed primarily to recover health care costs incurred by the province as a result of tobacco use. In September 2005, the Supreme Court of Canada unanimously upheld the Province’s right to sue the tobacco industry and concluded that the *Tobacco Damages and Health Care Costs Recovery Act* is constitutional.³

Several US States have also previously and since launched similar legal action against tobacco companies.

A fully funded tobacco control program

In work compiled by the Canadian Cancer Society for the year 2006, BC ranked 8th among the 11 Canadian provincial or territorial jurisdictions for which they obtained information in per capita spending on tobacco control activities.⁴

| Per Capita Spending on Tobacco Control, 2006 | |
|--|---------------|
| Northwest Territories | \$5.82 |
| Quebec | \$4.36 |
| Alberta | \$3.86 |
| Yukon | \$3.37 |
| Ontario | \$2.48 |
| Nova Scotia | \$2.45 |
| Nunavut | \$2.43 |
| BRITISH COLUMBIA | \$0.95 |
| Saskatchewan | \$0.59 |
| Manitoba | \$0.57 |
| Newfoundland and Labrador | \$0.39 |
| New Brunswick | na |
| Prince Edward Island | na |

³ Ministry of Health, <http://www.health.gov.bc.ca/tobacco/litigation/index.html>

⁴ Mayhew, Maureen. (January, 2007). *Smoke Free BC - Healthy People, Healthy Place*. Unpublished draft report. p. 3.

For a jurisdiction with a population the size of British Columbia's, the Centre for Disease Control recommends spending \$6-18 per capita (on average 7.5% of its collected taxes from tobacco products) on tobacco control activities. BC falls well short of even the minimal amount.

100% smoke-free public places

California is one of the leading jurisdictions in ensuring smoke-free public places. The following smoke free places exist in California: workplaces including restaurants and clubs (1995), smoke free bars (1998), smoke free doorways to within 20 feet or approximately 6 metres of all public buildings (2004) and smoke free public parks (2005). In addition, there are 18 smoke free beaches along the California coast. Calabas, California is the premier example where all indoor and outdoor public places are smoke-free as of March, 2006. The majority of smokers who quit indicated that smoke free laws helped them succeed.⁵

The Canadian Cancer Society has compiled a list of 11 types of indoor public places. The following table lists the number of those where smoking is not allowed and where there is no provision for designated smoking rooms. Currently BC ranks near the bottom, but will be increasing its non-smoking status with legislation implemented in 2008.⁶

| Indoor public places where smoking is banned and no designated smoking room is present (of 11), 2006 | |
|---|----------|
| Manitoba | 8 |
| New Brunswick | 8 |
| Ontario | 8 |
| Newfoundland and Labrador | 7 |
| Northwest Territories | 7 |
| Nova Scotia | 7 |
| Nunavut | 7 |
| Saskatchewan | 6 |
| Quebec | 4 |
| Alberta | 4 |
| BRITISH COLUMBIA | 2 |
| Prince Edward Island | 2 |
| Yukon | 1 |

100% smoke-free patios

Evidence suggests that outdoor smoke is harmful and that smoking areas should be separated from non-smoking areas by a distance of seven meters.⁷ Economic studies have also shown that there is no long term negative impact to implementing smoke-free patios, and that in many cases, many customers who would have otherwise stayed at

⁵ California Department of Health (2005).

⁶ Mayhew, Maureen. (January, 2007). *Smoke Free BC - Healthy People, Healthy Place*. Unpublished draft report. p. 3.

⁷ Kennedy D.T, e. a. (2006). *Tobacco smoke pollution in outdoor hospitality settings - the results of pm2.5 monitoring on patios and inside bars*. Paper presented at The 13th World Conference on Tobacco OR Health, Washington DC.

home have decided to frequent the now smoke-free establishment.⁸ Yet in BC, there is no province wide legislation on smoke-free patios, like there is in Nova Scotia and Newfoundland and Labrador. The Capital Regional District became the first municipal jurisdiction to implement a smoke-free patios bylaw effective July 1, 2007. The City of Vancouver has now voted to do the same, and the City of White Rock has voted to do so in 2008.

Smoke-free vehicles when children are present

Research shows that vehicles can be a potent source of second hand smoke (SHS), where levels of SHS can be 23 times more toxic than in a house because circulation is restricted within a small space.

The 2004 Ontario Medical Association (OMA) report entitled “**Exposure to second-hand smoke: are we protecting our kids?**” revealed that children exposed to SHS are at a higher risk for respiratory illnesses including asthma, bronchitis and pneumonia, as well as sudden infant death syndrome (SIDS) and increased incidences of cancer and heart disease in adulthood.

A ban on smoking in cars where children are present was passed by the California Senate in June 2007, with legislation expected to be in place by October, 2007. Other jurisdictions in the United States such as Arkansas, Louisiana, Bangor, Maine, Keyport, New Jersey, and Rockland County, New York have also taken action to protect children from the dangers of SHS. South Australia has also recently joined this group.

Smoke-Free homes where children reside

Regulating smoking in one’s home is a difficult task especially if the second hand smoke does not affect those who choose not to be in that home. However, much like cars, homes are enclosed spaces and the second hand smoke resulting can negatively affect the health of non-smokers, especially children.

A 2003 survey found that one in five British Columbians allow smoking inside the home. This rate is much higher in the north, with four in ten (37%) residents allowing smoking in the home. Despite these high rates, however, 31% of those who allow smoking in the home currently place at least some restrictions on smoking behaviours in the home. This may suggest that these residents may be receptive to creating 100% smoke-free environments.

Many jurisdictions, including BC, have mounted educational campaigns of varying comprehensiveness. In 2005, the BC Ministry of Health distributed smoke-free homes (and smoke-free cars) decals to every grade 5 and 6 student in the province, in the hope that children would be able to affect a smoke-free policy in their own home. A more dedicated pilot campaign was conducted at the same time in the Northern Health Authority with moderate success.

⁸ Cremieux Y, & Ouellette P. (2001). *Actual and perceived impacts of tobacco regulation on restaurants and firms*. *Tob Control*, 10, pg. 33-37.

Smoke-free parks and beaches

Evidence suggests that outdoor smoke is harmful and that smoking areas be separated from non-smoking areas by a distance of seven meters.⁹ Second-hand smoke is more harmful to children and thus stronger efforts should be made to ban smoking in places where children frequent, such as parks and beaches. In California, there is legislation in place for all public parks to be smoke-free, and 18 beaches have smoke-free bylaws. Currently, no public parks or beaches in BC are afforded the smoke-free designation.

Smoke-free multi-unit dwellings where individuals and families are not exposed to drifting smoke

Across Canada, there is now legislation in most jurisdictions that prohibits smoking in workplaces, public places and the common areas of multi-unit residential dwellings (MUDs). However, there is currently no legislated effective protection for residents who are involuntarily exposed to second-hand smoke (SHS) infiltrating their private homes from neighbouring units. A by-product of the smoke-free legislation seems to be a huge leap in public appreciation of the *danger* of SHS. Hotels have been providing separate smoking and non-smoking floors for decades, and two major chains have recently become 100% smoke-free. Unfortunately, the multi-unit housing sector has been slow in responding to the increasing public demand for smoke-free accommodation. As a result, despite the fact that 86% of adult British Columbians do not smoke, there is a significant absence of available smoke-free housing options for residents living in MUDs who do not want to be involuntarily exposed to tobacco smoke in their homes.

Some States in the US are far more advanced in this area than here in Canada. For instance, the State of Michigan now has 21 local housing commissions (public housing) which have adopted smoke-free policies. The policies cover about 42 apartment buildings/developments, with over 3,000 apartment units. Further, a few California cities, including Dublin and Calabasas, recently made second-hand smoke a public nuisance, while the Belmont City Council recently passed a Bylaw to ban smoking inside condominiums, townhouses and apartments. It is the first jurisdiction to explicitly prohibit people from lighting up inside their own homes, if the homes are part of a multi-unit dwelling.

Increased tobacco taxes

Studies have shown that higher taxes on tobacco discourages smoking, especially in youth who are more price sensitive than adults in general. According to the US Surgeon General's Report, a 10% increase in price will cause a 3-5% reduction in cigarette consumption. The Pacific Institute for Research and Evaluation used statistical modeling to find that a \$1 per carton increase in excise tax will cause an immediate decrease in youth smoking rates by 30%. A Canadian Cancer Society survey conducted in 2006 found that 81% of British Columbians support an increase of 40¢ per package of cigarettes.¹⁰

⁹ Kennedy D.T, e. a. (2006). *Tobacco smoke pollution in outdoor hospitality settings - the results of pm2.5 monitoring on patios and inside bars*. Paper presented at The 13th World Conference on Tobacco OR Health, Washington DC.

¹⁰ Mayhew, Maureen. (January, 2007). *Smoke Free BC - Healthy People, Healthy Place*. Unpublished draft report. p. 5.

British Columbia is midway in the level of tobacco taxes, however the monies collected are not dedicated to funding tobacco control activities.

Taxes on 200 Cigarettes, 2006

| | |
|---------------------------|----------------|
| Northwest Territories | \$42.00 |
| Newfoundland and Labrador | \$40.96 |
| Manitoba | \$40.15 |
| Saskatchewan | \$40.15 |
| Nova Scotia | \$36.61 |
| BRITISH COLUMBIA | \$35.80 |
| Prince Edward Island | \$34.90 |
| Alberta | \$32.00 |
| Nunavut | \$31.20 |
| New Brunswick | \$28.47 |
| Yukon | \$26.40 |
| Ontario | \$24.70 |
| Quebec | \$20.60 |

Tobacco-free health care stores, such as pharmacies

Eight Canadian provinces and territories ban the sale of cigarettes in pharmacies; BC is not one of those jurisdictions. It makes sense to implement such a ban as pharmacies as businesses promote health and wellness, contrary to the effects of tobacco. Quebec is the leading jurisdiction in Canada on this issue. In Quebec, it is a professional misconduct for pharmacists to sell tobacco products. In addition, Quebec has banned sales of tobacco sales in 19 of 22 locations associated with healthy living.

Cessation supports in every community

Counselling services to help smokers quit exist in BC. QuitNow.ca on line and QuitNow By Phone are complimentary services available to all residents free of charge (funded by the province). Specific Health Authorities have implemented Nicotine Implementation Counselling services. There are as yet no province wide in-person counselling services. Physicians, who are one of the most influential groups to provide this service, often do not have time to do so and there is no specific fee code under the medical services plan for physicians to bill for such services. Other possible locations for such services include dental offices, pharmacies and other health care facilities. Counselling provided by knowledgeable healthcare workers has been shown to be effective in pharmacies.¹¹

The supports available in health authorities vary from community to community based on the support provided by the health authority and the smoking rates within the community.

Cessation supports should be available in every community across the province.

Nicotine Replacement Therapy (NRT) available to those who require it

Quebec and Nova Scotia provide financial support for NRT to all residents who need it. British Columbia has implemented some pilot projects to provide NRTs to their specific

¹¹ McDaniel A. (2006). Internet-based smoking cessation initiatives: Availability, varieties and likely effect on outcomes. *Disease Management & Health Outcomes*, 14(5), 275-285.

client groups; the two recent pilot projects were conducted through the Ministry of Employment and Income Assistance and through the Public Service Agency for its employees and dependents.

Plummeting tobacco use among individuals with mental health and addictions issues

Tobacco use is prevalent among persons with mental illness or addictions and the effects of tobacco use are relatively high compared to the general population. There are many factors contributing to these high rates. Nicotine is known to trigger several biochemical events, including enhanced release of the neurotransmitters dopamine, norepinephrine, and serotonin. These neurotransmitters are implicated in many psychiatric disorders and are involved in the reward systems associated with other addictive substances. Persons with mental illness also often use tobacco to cope with the effects of their illness.

Based on a review conducted by the Provincial Health Services Authority in 2006, they endorsed the following approaches:

- Tobacco treatment for persons with mental illness or addictions should be integrated into existing mental health and addictions services.
- Counsellors and health care providers need support and training to incorporate brief interventions into their practices
- Nicotine replacement therapy should be provided to all individuals with mental illness or addictions who are wanting to quit or reduce their smoking
- Individuals who quit smoking and are taking anti-psychotic medications should have their medication dosages monitored in the first months following cessation.
- Smoke free spaces support and encourage individuals with mental illness and addictions to remain smoke free.

Plummeting tobacco use among Aboriginal People

In British Columbia, the rate of tobacco use is approximately three times higher in the Aboriginal population than the general population. This mirrors the statistic on the national level.¹² Statistics have also shown that 15-20% of all deaths within the Aboriginal community can be attributed to tobacco use.¹³

The higher rate is due in part to the fact that tobacco use has a historical place within Aboriginal culture. It has been used for several generations as an offering to the spirits and thus has a place of respect within the culture. Thus, a dichotomy arises where tobacco control policies directed at the Aboriginal community needs to respect this cultural place of tobacco yet still inform and control tobacco use since there is no safe use of the product.

The creation of the First Nations Health Council, formed by the First Nations Leadership Council, is a positive step in British Columbia to addressing health and wellness of the Aboriginal community, including its use of tobacco. Other measures in BC to address tobacco use by the Aboriginal community in BC is the Honour Your Health Challenge,

¹² National Aboriginal Health Organization – First Nations Center. (2003). *Public Opinion Poll First Nations Views on Their Health and Health Care*, (Preliminary results).

¹³ http://www.ansr.ca/The_Facts.aspx

which similarly addresses health and wellness in a holistic manner, this health and wellness including tobacco misuse.

Plummeting tobacco use among other higher risk populations

Other population groups within BC also display higher than average rates of tobacco use. Two of these groups are the gay, lesbian, bisexual and transgendered (GLBT) community and young adults aged 19-29. Traditional methods of addressing tobacco use – such as disseminating information through health care - among young adults has not worked since that demographic is one of the lowest to visit a doctor or dentist.

Funded by Health Canada, Proud to Quit is a BC based program by the GLBT community for the GLBT community to assist in dealing with tobacco use issues, primarily cessation.¹⁴

The British Columbia Healthy Living Alliance (BCHLA), a coalition of nine non-profit agencies, is conducting a two year program including a tobacco strategy aimed at addressing tobacco use by 19-29 year olds. The five initiatives within the strategy aim to deal with tobacco use in all areas of a young adult's life: at post-secondary institutions (through on-campus policies, course curricula and a mass media campaign developed by students), at home by looking at smoking policies at multi-unit dwellings, at work through workplace cessation initiatives, and where they recreate and spend their social time.

Supports for health care professionals in assisting patients to quit smoking

Health care workers are increasingly faced with patients who may have a smoking issue in addition to their other ailment for which they are being treated. The smoking may or may not be a cause of that ailment, but smoking cessation in these instances are becoming an increasingly important issue for health care workers as health care facilities become smoke-free zones.

The five regional health authorities, the agencies overseeing their region's health care facilities, have become the primary organizations dealing with brief intervention training and counselling.

Plummeting spit tobacco use

Spit tobacco use is an emerging public health issue that needs to be addressed in part because of new societal trends, tobacco marketing to youth and increasing and unexpected use as a consequence of increased smoking bans. While smoking rates are still much higher than spit tobacco use in Canada, actual prevalence rates of spit tobacco use are difficult to determine because researchers are not addressing spit tobacco in their research, or it is only touched upon in a cursory manner. Health Canada surveys report that spit tobacco rates are at about 2%, yet in discussions with tobacco control staff in BC, the actual prevalence rate is considered to be much higher, especially in rural communities and within some demographic population groups.

¹⁴ <http://www.proudtoquit.org/>

The National Spit Tobacco Education Program (NSTEP) in the US is one of the leading organizations in the promotion of non-spit tobacco use. NSTEP's origins come from the dental hygiene field. NSTEP has spawned other regional models of anti-spit tobacco programs, including one in BC called BCSTEP. In addition, the CAC conducted focus groups in 2007 with youth and young adults, sports associated groups and First Nations groups in order to collect information for the spit tobacco control community in BC about use and attitudes of spit tobacco among those specific groups.

Well-funded, ongoing mass media campaigns to counter big tobacco

Mass media campaigns through television, radio and the internet involving quick, provocative messaging are considered to be effective. In California, communities began to self-regulate in response to these campaigns.¹⁵ Florida noted success in reducing youth smoking through media campaign competitions in schools.¹⁶ Up to the early 2000s, BC used to have well coordinated and effective media campaigns that disappeared when funding for tobacco control was eroded.

Tobacco control policies and resources that are sensitive to differences based on gender, ethnicity and socio-economic status

Most tobacco control policies deal with the population as a whole. The tobacco control research community in British Columbia is leading the charge in first identifying the subpopulations that are at higher risk for tobacco use and second devising strategies and resources tailored to meeting the smoking cessation needs of these groups.

¹⁵ California Department of Health. (2006). *California tobacco control - update 2006*. In California Department of Health (Ed.).

¹⁶ Bauer U, & et al. (2000). *Florida campaign shows progress in reducing youth smoking*. JAMA., 284, pg. 723-728.

APPENDIX B. List of Acronyms

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| BC | British Columbia |
| BCHLA | British Columbia Healthy Living Alliance |
| BCSTEP | British Columbia Spit Tobacco Education Program |
| CAC | Clean Air Coalition of British Columbia |
| GLBT | gay, lesbian, bisexual, transgendered |
| MUD | multi-unit residential dwelling |
| NRT | nicotine replacement therapies |
| NSTEP | National Spit Tobacco Education Program |
| OMA | Ontario Medical Association |
| SHS | second-hand smoke |
| SIDS | sudden infant death syndrome |
| US | United States |
| WCB | Worker's Compensation Board |