



Tobacco Control (Update 2008)

Tobacco is an addictive and hazardous product, and the number one cause of preventable disease and death in Canada. Canada's physicians, who see the devastating effects of tobacco use every day in their practices, have been working for decades toward the goal of a smoke-free Canada. The CMA issued its first public warning concerning the hazards of tobacco in 1954 and has continued ever since to advocate for the strongest possible measures to control its use.

It is estimated that over 37,000 deaths each year are attributable to tobacco use. Tobacco imposes a heavy burden on society in the form of hospital care, disability, absenteeism and loss of productivity. Health Canada estimates that tobacco costs this country \$17 billion annually of which \$4.4 billion constitutes direct health care costs.

Since 2001, Canada's smoking rate has fallen from 25% to below 20%; the decline has been particularly dramatic among young people. The drop is attributed mainly to a comprehensive tobacco control strategy that employs a variety of different interventions, including high prices and taxes, bans on smoking in public places, restrictions on advertising and sponsorship of

tobacco products, and social marketing programs to de-normalize tobacco use and the tobacco industry. While Canada is to be congratulated on its success to date, it needs to maintain an environment that encourages Canadians to remain tobacco free, if it is to sustain and improve upon these rates.

To ensure such an environment, the CMA believes that all governments in Canada should continue to implement a comprehensive, coordinated and effective tobacco control strategy which should include the following elements:

Legislation and regulation

The CMA supports strong comprehensive tobacco control legislation, enacted and enforced by all levels of government. Many strong laws and regulations have already been enacted; but some areas remain to be addressed. The CMA recommends that Canadian governments enact the following measures to strengthen tobacco control:

Advertising and promotion: The CMA supports a total comprehensive ban on all advertising and promotion of tobacco. In 2007, the Supreme Court of Canada declared that such a ban is

constitutional. Canada currently permits a limited amount of tobacco promotion, and must enact a comprehensive ban if it wishes to comply with the terms of the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC), to which it is a signatory. In order to make the current promotion restrictions complete, Canada should enact:

- a ban on the sale of non-tobacco products displaying tobacco brand names, logos or colours;
- a nationwide ban on the display of tobacco products at point of sale, as has been implemented in some provinces;
- a ban on all tobacco-brand marketing associated with the sponsorship of sports, cultural and other events. In addition, the CMA recommends that the tobacco industry be prohibited from using contests or similar events as promotional activities; and
- restrictions on cross-border advertising of tobacco products.

Tobacco manufacturers make frequent use of subtle marketing messages to render smoking attractive and glamorous to young people. The CMA supports educational and public relations initiatives aimed at countering these messages. For example, movie classification systems should restrict access by children and youth to films that portray tobacco use and tobacco product placement.

Descriptors and packaging: The CMA supports a ban on the use of misleading terms such as "light" and "mild" to describe tobacco products with low tar content. There is no evidence that low-tar cigarettes reduce the health risk to smokers. The CMA also calls for an end to brand extensions, such as colours, numbers and code words, which are being used to replace descriptors such as "light".

One way to negate the risk of misleading labelling is to require that tobacco products be sold in plain packages – a measure that Canada was among the first countries to consider in the 1980s. These packages should display prominent, simple and powerful health warnings, such as the graphic pictorial warnings pioneered by Canada, as well as quit tips and information on product content and health risks.

There should also be a minimum package size for all tobacco products, to guard against the use of small-size "kiddie packs" for single sales of cigars or cigarillos.

Access: The CMA recommends that existing regulations involving the sale of tobacco to minors be strictly enforced, with substantial fines for violators.

Restrictions on buying tobacco products should be enacted for Canadians of all ages. In addition to supporting existing bans on cigarette vending machines and self-service displays, the CMA recommends tightening the licensing system to limit the number of outlets where tobacco products can be purchased. The more restricted is tobacco availability, the easier it is to regulate.

Product regulation: The CMA congratulates the Government of Canada on requiring that tobacco products be modified to reduce their risk of starting fires. In addition, the CMA recommends that the federal government set ceilings on the content of toxic ingredients such as tar, nicotine and carbon monoxide in tobacco products, and lower these ceilings progressively. The federal government should exercise its legislative power to regulate the content of tobacco products, for example, by banning flavourings such as menthol and clove.

The CMA recommends that any new products or product changes made by the tobacco industry be studied and evaluated by an

independent research body, prior to being approved for marketing.

Financial disincentives: Price controls are one of the most effective means of discouraging smoking, particularly among young people; a 10% rise in cigarette prices has been associated with a 4% decrease in tobacco use by teenagers. The CMA supports high prices and taxes on tobacco products, and recommends that governments progressively raise taxes as a disincentive to use. All taxes collected from tobacco products should be allocated to providing health care for Canadians, including programs to discourage smoking.

Sale of contraband tobacco has become a major problem in recent years. To discourage the smuggling of lower-cost cigarettes, the CMA recommends that the federal government work with other countries to ensure that tobacco prices are harmonized across national borders. In addition, all levels of government should take the strongest possible measures to control the sale and distribution of contraband tobacco, on their own and in cooperation with other affected jurisdictions.

Sustainable programs: Effective implementation of a comprehensive tobacco control program requires an ongoing commitment by all levels of government. The CMA calls on governments to commit to sustained, well-funded and comprehensive programs to reduce tobacco use, combining policy interventions with educational and social-marketing interventions including mass media campaigns. These programs should reflect current best practices, and be evaluated regularly for effectiveness and impact.

Support for global tobacco control: Effective tobacco control measures such as those described above are required not only in Canada; but worldwide, particularly in developing countries, where multinational

tobacco companies are promoting their products aggressively to make up for loss of revenue in their Western markets. Canada was one of the first countries to ratify the WHO's FCTC; the CMA commends the Government of Canada for showing this leadership and hopes it will continue to do so by implementing all elements of the FCTC in Canada, and providing financial support for implementation globally.

Reduction of tobacco use in high-risk populations

The tobacco strategy recommended above involves population-based tools, which have demonstrated their effectiveness in addressing an epidemic that touches every Canadian to some extent. These should be augmented with tools to reach "high-risk" or "hard-to-reach" populations, such as:

Young people: Most current smokers in Canada started smoking before the age of 17, many before the age of 12. Chewing tobacco is becoming increasingly popular among young people, adding to the already considerable risk that they will become predisposed to cigarette use. Young people are particularly vulnerable to peer pressure, and to tobacco industry marketing tactics. The CMA supports continued health promotion and social marketing programs aimed at addressing the reasons why young people use tobacco, preventing them from starting to use tobacco and encouraging them to quit, and raising their awareness of tobacco industry marketing tactics so that they can recognize and counteract them. These programs should be continuously available in schools and should begin in the earliest primary grades.

The CMA also recommends to provincial/territorial and municipal governments that tobacco use be banned, both outdoors and indoors, on all school properties and post-secondary campuses.

Aboriginal peoples: Tobacco has ceremonial significance among First Nations peoples; the harm associated with tobacco arises not from its ceremonial use but from its daily, repeated abuse. It is estimated that almost 60% of Aboriginal people smoke. Tobacco control policies such as bans on smoking in public places and on sales to minors, may be poorly implemented on reserves.

The CMA recommends that governments work with Aboriginal leaders in developing meaningful, well-funded programs to discourage tobacco use on reserves, and in implementing policies that raise the level of tobacco control on First Nations' communities to FCTC standards.

Other populations at risk: Some populations, such as pregnant women, may be at particularly high health risk from tobacco use. Other populations, for example people on low incomes, have higher smoking rates than the overall Canadian population and may not have received the full benefit of existing tobacco control programs. Interventions should be created specifically for these target groups, to augment rather than replace programs designed for the overall population. They should address the concerns of target groups in a culturally relevant manner and should be designed with their input.

Control of environmental tobacco smoke

Second-hand or environmental tobacco smoke is an established health hazard, particularly for children, pregnant women and people with respiratory problems. Nearly all provinces and territories, and the federal government, have enacted legislation banning smoking in public places and workplaces. The CMA has always supported this move; in 2003, we committed to holding annual meetings only in jurisdictions where legislation ensured a 100% ban on smoking in indoor public places.

The CMA encourages all smokers to restrict their smoking to areas where it will not jeopardize the health of others, and particularly encourages Canadians to keep their homes and cars smoke-free. All jurisdictions should work toward banning smoking in cars when children are present, and in other locations, such as day care centres, in which second-hand smoke may constitute a hazard to non-smokers.

Accountability of the tobacco industry

Internal industry documents have revealed that tobacco manufacturers knew for many years about the dangerous and addictive nature of their products but consistently suppressed this knowledge, and misinformed the public, when promoting them. The CMA recommends that the federal government initiate a transparent review of the practices of the tobacco industry and closely monitor its activities. The CMA also encourages initiatives aimed at bringing the industry's duplicitous activities to the attention of the public.

The tobacco industry has taken a number of steps to promote itself as a good corporate citizen, and the CMA urges Canadians to be aware of such self-serving moves. Since 2004, the CMA has urged the Canada Pension Plan Investment Board to divest itself of its tobacco holdings. Recently, the tobacco industry has made a bid for legitimacy in the research field by establishing partnerships with academic centres or sponsoring research activities. The CMA opposes the involvement and/or sponsorship of the tobacco industry in education and research at universities, colleges and medical research institutions and recommends that all Canadian medical schools adopt policies banning donations and/or grants from the tobacco industry.

The CMA advocates eliminating the Canadian tobacco-growing and tobacco-manufacturing industries and deplors the domestic

manufacture of tobacco products for export. The CMA supports stringent reporting requirements on the tobacco industry concerning all aspects of manufacturing, distribution and sale; this information should be made available to the public regularly. The CMA also supports in principle efforts to hold the tobacco industry legally accountable for the health care costs attributable to tobacco use. Any settlements from such lawsuits should be used specifically for health care (including tobacco-control programs) and not diverted to any other purposes.

Helping patients become smoke-free

The CMA believes that the health care sector should act decisively to prevent and reduce tobacco use. Smoking should not be permitted in health care facilities. Pharmacies should refrain from selling tobacco products, and those provinces and territories which have not banned sales of tobacco products in pharmacies and other health care facilities are urged to do so.

Smoking is prohibited at the CMA and at all its official and social functions. The association has a long-standing policy of refusing to accept advertising from tobacco companies for any of its publications and refusing to purchase or hold tobacco-product stocks in investment portfolios for its members.

The CMA recommends that those few physicians who still smoke become non-smokers. Physicians should refrain from stocking magazines that carry tobacco advertising and refuse to invest in tobacco-industry stocks.

Helping patients become tobacco-free is one of the most important services a health professional can offer; even a brief counselling session with a health care provider on the dangers of smoking and the importance of quitting is a cost-effective method of tobacco control. Physicians and other health

professionals can discourage tobacco use by practising systematic clinical tobacco interventions, which may include:

- routinely counselling children and youth against starting to smoke or chew tobacco;
- taking advantage of “teachable moments,” such as pregnancy or respiratory illness, to empathetically motivate smokers to quit;
- asking each patient about current smoking status and readiness to change; and
- offering personalized care, which may include setting a target quit date and offering behavioural counselling and pharmacotherapy.

The CMA recommends that clinical tobacco intervention be recognized as an essential part of medical care and a core medical service. Pharmacotherapy has been established as an effective therapy for smoking cessation and should be made affordable for patients who require it.

The CMA has taken an active role in developing and disseminating tobacco-control resources for physicians, their office staff and their patients. In 2001, the CMA and eight other health professional associations released a joint statement affirming the vital role of health professionals in counselling patients against tobacco use.

The CMA will continue to build on these recommendations and its previous activity, working with other stakeholders toward the goal of a tobacco-free Canada.