



Tobacco Reduction:
The Next Five Years

A Comprehensive Strategy
2008-2012



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INTRODUCTION

In August 2001, a group of concerned individuals and organizations representing a variety of professional backgrounds came together to address the need for a leadership body to coordinate provincial tobacco control activities. This led to the formulation of an organizational structure for the Manitoba Tobacco Reduction Alliance (MANTRA) which was incorporated in June 2002. It was agreed by the founding partners that MANTRA would serve as an ongoing catalyst and coordinator of a comprehensive provincial tobacco control strategy that would support the *National Strategy for Tobacco Control* and in that context the following goals were enunciated:

Prevention

Prevent young people and adults from starting to use tobacco and reduce their access to tobacco.

Protection

Protect non-smokers' health.

Cessation

Help smokers quit smoking.

Influence

Influence public attitudes toward the tobacco industry and the use of its products.

As a means of achieving these goals, MANTRA released its *Tobacco Reduction: A Comprehensive Strategy* in June 2003. The strategy included the following guiding principles:

Collaborative

Work with federal/provincial and community-based partners in joint problem solving and decision-making.

Complementary

Coordinate partners and cooperate in developing laws and undertakings.

Integrated

Strive for one unifying purpose to allow for individual achievement.

Population Health

Target the whole population through health promotion, disease prevention, and other interventions.

Comprehensive

Take a multi-faceted approach to reach priority "audiences."

Sustainable

Achieve desired outcomes through a cost effective manner.

After five years of working to achieve the specific recommendations contained in the document, it is time to ask ourselves "*What have we accomplished?*" and, more importantly, "*Where do we go from here?*"

ACCOMPLISHMENTS

TOBACCO CONTROL: THE LAST FIVE YEARS

MANTRA seeks to accomplish its goals through the use of policy and legislation, public education, industry accountability and product control, reduction and cessation, prevention and education, and community interventions. Since the release of its first Comprehensive Strategy in June 2003, MANTRA, in cooperation with its partners, has been able to realize a number of significant accomplishments. Of 31 recommendations in the original strategy, 15 have been achieved, 8 have been partially achieved, and 8 have yet to be addressed. The following are some of the significant achievements:

Policy and Legislation

- Grants became available for community-based tobacco control initiatives through a federal/provincial Chronic Disease Prevention Control funding agreement starting in 2005.
- Government of Manitoba implemented smoke-free workplace and public place legislation effective October 1, 2004.*
- Government of Manitoba introduces legislation in December, 2008 to prevent smoking in vehicles where children under the age of 16 are present.*

*MANTRA and its partners actively promoted the introduction and passage of these pieces of legislation in accordance with the Comprehensive Strategy.

Industry Accountability and Product Control

- The control of tobacco products was further enhanced by the implementation of legislation in August 2005 that prohibited the display, promotion, and advertising of tobacco products.*
- In 2008, the Government of Manitoba passed enabling legislation that would allow the province to bring a lawsuit against the tobacco industry for cost recovery. This was publicly supported by MANTRA.

*MANTRA actively promoted the introduction and passage of this legislation and also sat on the advisory committee.

Reduction and Cessation

- MANTRA engaged stakeholders to produce a provincial tobacco Cessation Framework which was then presented to the Minister of Healthy Living in April 2005 and has formed the basis for ongoing cessation activities.
- Communication campaigns, including print and electronic media, have been conducted by the Smokers' Helpline, MANTRA, and the Province of Manitoba to encourage smokers to quit and to avail themselves of cessation resources.
- Training individuals to deliver cessation interventions has been a high priority with initiatives such as the Brief intervention Counselling in four health regions; province wide training of over 350 health professionals in Health Behaviour Change, and a three-day advanced cessation training for 37 individuals through the TEACH program.

Prevention and Education

- Since 2004, Manitoba Health and Healthy Living has annually promoted the Review and Rate program to discourage tobacco use among grades 6 to 12. Last year, over 24,000 students participated in the program.
- In the fall of 2008, the Education Minister, Peter Bjornson, announced that all schools in Manitoba had adopted policies that would make school grounds smoke-free.

Community Interventions

- Regular monitoring of legislation regarding sales to minors, tobacco display and advertising, and smoke free public places is an ongoing responsibility of enforcement officers. Last year approximately 800 compliance checks were made.
- Mass media campaigns were conducted by MANTRA in October 2005, January 2007, and January 2008 to educate the public on the dangers of second hand smoke and the need to protect children.
- The SWAT (Students Working Against Tobacco) has been recently expanded as part of an ongoing effort to increase youth involvement in tobacco control initiatives. MANTRA has supported the work of SWAT since its inception.
- Tobacco reduction resources and materials have been widely distributed. In 2008, MANTRA distributed brochures to over 72,000 homes in northern and central Manitoba.
- Both federal and provincial grants have been made available to schools and community groups over the past five years to develop, deliver, and evaluate tobacco control initiatives.
- Health care providers are strongly encouraged to conduct a minimum brief intervention with tobacco users. In 2007, MANTRA sent mailings to over 1500 health professionals to urge them to intervene and utilize existing cessation resources.
- In 2007, the rural regional health authorities asked MANTRA to coordinate a proposal for a comprehensive and integrated workplace smoking cessation initiative. Pilot projects are currently being implemented around the province.

Research, Monitoring, and Evaluation

Although there are no specific objectives in this category that can be pointed to as having been totally achieved, there are encouraging signs that the value of research, monitoring, and evaluation is being taken seriously. Partners in Planning for Healthy Living and Community Health have recently undertaken a Youth Health Survey which includes data on tobacco use. This data will be shared in an effort to assist in planning and decision making.

MANTRA's mass media campaigns have all been conducted with a follow up survey. Following the last campaign in March 2008, Prairie Research Associates Inc. was hired to conduct surveys on the *Awareness of Advertising About Children and Second Hand Smoke* and *Attitudes of Manitobans to Smoking and Increasing the Ban on Cigarette Use*. Both of these documents have provided excellent decision making information. Most recently, MANTRA has engaged in the Quit Happens smoking cessation in the workplace initiative. EKOS Research has been assigned to this project as an independent evaluator. We look forward to the results of their research.

CHALLENGES

TOBACCO CONTROL: TODAY

Answering the Difficult Questions

Having reviewed some of the accomplishments of the past five years, there is also a need to ask and answer some of the difficult questions before proceeding with a new direction.

Would it be safe to assume that tobacco work has been “done” and that it is time to move on to other pressing public health issues?

Public health issues are not competing issues. Rather than looking at which risk factor is highest in profile, we must be looking for ways to find synergies to address these issues collectively. Many of the chronic diseases that are the result of risky behaviours are rooted in the same determinants of health including a lack of sufficient physical activity, improper eating habits, and the consumption of harmful/addictive substances.

As to whether the commercial use of tobacco is largely under control, a quick look at the following chart will tell us that in real numbers, we have only in the past year begun to impact smoking rates.

Year	Manitoba Population	Smoking Rates (CTUMS)	Actual Number of Smokers
2002	1,156,217	21%	242,806
2003	1,159,784	21%	243,554
2004	1,169,667	21%	245,630
2005	1,173,815	22%	258,239
2006	1,178,457	20.1%	236,870

Would it be safe to assume that there is a single “formula” for tobacco reduction that will consistently provide the same results?

It is a proven fact that increasing the cost of tobacco products is one of the most effective means to reduce consumption. A 10% increase in tobacco prices will normally yield a 4% decrease in consumption and probably higher in youth. Those numbers are predicated on the fact that all tobacco products are coming from a regulated source where taxation can be effectively applied to increase costs.

Recent surveys have shown a large influx of smuggled and contraband cigarettes previously in central Canada, but now spreading to Manitoba. Approximately 22% of all cigarettes sold in Canada are illegally imported and sold, often to youth, at significantly reduced costs. The tobacco control domain is constantly in flux as new pressures are brought to bear by individuals and organized activities that put profit ahead of public health.

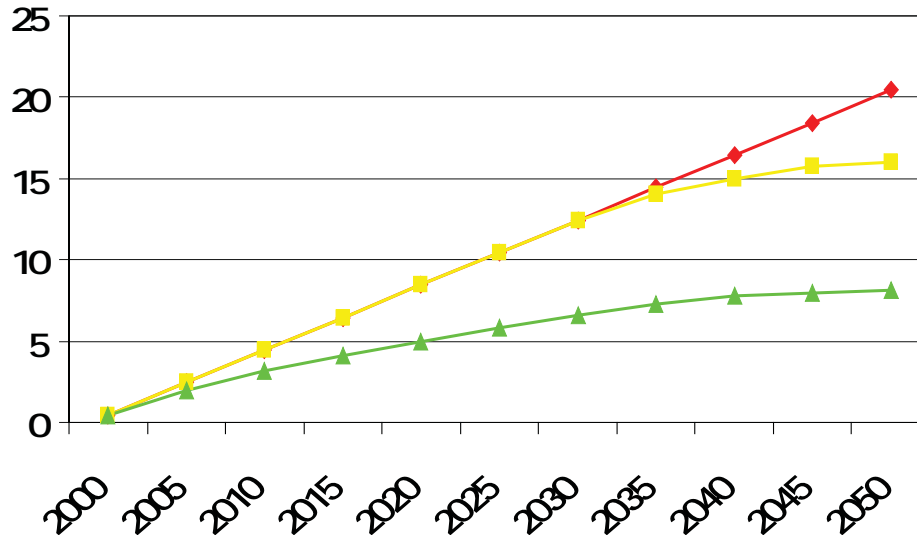
Would it be safe to assume that previous warnings regarding an impending “epidemic” of tobacco related diseases have been averted?

A projection of US tobacco related deaths based on current trends is shown in the following figure. Without a significant reduction (50%) in adult consumption rates by 2020, deaths from smoking related diseases will continue to rise at least until the year 2050 and beyond.

Similar predictions could be made for Canada. As indicated, youth prevention will have little or no

significant impact on these numbers. Only a concerted effort to reduce tobacco use will have the needed impact to avoid a crisis in related health care.

Projections of Smoking Causing Mortality in the United States: Prevention vs. Treatment



IDENTIFYING THE CHALLENGES

Strategic Consultation: Internal working group

As part of its efforts to establish the groundwork for a new five year tobacco control strategy, MANTRA formulated an internal working group to conduct a SWOT analysis of MANTRA's operations looking at external opportunities and threats and internal strengths and weaknesses. Of particular value to the formulation of a comprehensive strategy was the analysis of the external environment provided to the board in 2006. The group came to the following conclusions.

External opportunities exist within the context of a history of federal and provincial government support for tobacco control legislative and policy changes, funding commitments, and strategic position papers and recommendations. Existing commitments by Health Professional organizations, NGOs and coalitions have equally served to provide a supportive environment for MANTRA to enhance its role as both a catalyst and coordinator.

Threats

The external environment has the potential to impact both on the priority of tobacco control and on the ability of MANTRA to provide leadership in this area. Impacts are being felt in the following ways:

- The ever-changing tactics of the tobacco industry.
- A lessening of political will, institutional support, and public interest in ongoing tobacco control.
- The rise of "competing issues" or diminishing of support, all of which may come from traditional allies.

- Pressure on MANTRA to manage external expectations, exist within external funding constraints, and to retain relevancy with stakeholders.

Opportunities

It was commonly felt that the greatest opportunities for future initiatives existed in the areas of Protection and Cessation:

- Child Protection.
- Cessation Support.
- Issues Based Public Awareness Campaigns.

Further opportunities existed for MANTRA in coordinating collaborative activities:

- Coordination of collaborative efforts such as conferences, forums for brainstorming, teleconference calls, communications, and priority setting.

STRATEGIC CONSULTATION: STAKEHOLDERS

A further brainstorming session with stakeholders was held on February 7, 2008 to ascertain priority directions for the next five years. The following priorities were highlighted within the National Strategy:

Prevention

- Support and expand prevention through teen peer strategies.
- Declare all provincial school grounds as smoke-free zones.

Protection

- Protection for children in cars and homes.
- Protection in multiple unit residential buildings (MURBS).

Cessation

- Access to comprehensive cessation services including Nicotine Replacement Therapy (NRT).
- Provision of training and resources for health professionals.

Denormalization

- Limit availability of and exposure to tobacco.

Responses have been categorized to assist in formulating a strategic direction. Many of the specific ideas presented would form excellent material for individual planning.

STRATEGIC CONSULTATION: PROVINCIAL/NATIONAL

On June 17, 2008, MANTRA, in consultation with Manitoba Health and Healthy Living, conducted a one day round table on *Framing the Future for Tobacco Control in Canada*. Cynthia Callard of Physicians for a Smoke-Free Canada was in attendance. The round table, funded by Health Canada, was designed to exchange perspectives and elicit input on a renewed, larger vision for tobacco control. Twenty-nine participants from a broad cross section of stakeholders enunciated the following vision for future successes:

A world where smoking was inconvenient and tobacco was denormalized

- Smoke-free parks, patios, sports grounds, recreation centres, apartments.
- Tobacco removed from institutional life (shelters, psychiatric institutions).

A world where tobacco was manufactured and sold differently

- No more big tobacco companies/tobacco a less profitable industry.
- Tobacco sold only in stores licensed only for tobacco sales.
- Advertising (promotions, cigarillos, movies) decreased or eliminated.
- Tobacco growing eliminated; tobacco farms phased out.
- Mandated cigarette design (one standard cigarette) and plain packaging.

A world where smokers got the help they needed to quit

- Smoking cessation support much larger (funded programs, lead by ex-smokers, trained and engaged health professionals, pegged into community programs).
- Tobacco use was integrated into patient care at all health care settings.
- Barriers to access for NRTs and stop smoking medication were removed.

A world where First Nations were respectfully engaged

- Where First Nations adults actively discourage youth from smoking.
- Where there is a functioning relationship between First Nations and public health around tobacco.

A world where 0% prevalence results from continually strengthened measures

Cessation

- More focused approach/communication.

Denormalization

- Sold only in licensed outlets (similar to liquor stores).

Protection

- Tobacco products under the Hazardous Products Act.
- More smoke-free zones.

Prevention

- Start young.
- Educate and shape attitudes.

STRATEGIC DIRECTIONS

TOBACCO CONTROL: THE NEXT FIVE YEARS

Based on this and other input, a strategy has been put forward to address tobacco control over the next five years.

The Approach

In order to effectively address the issue of tobacco control it must be understood within the context of what has been termed a “population health” approach. Key elements of that approach involve:

1. Determinants of Health:

These include the entire range of individual and collective factors and conditions and their interactions that have been shown to be correlated with health status. These can be, and often are, factors outside the health care system that significantly affect health. The recognized key determinants of health include:

- Income and social status
- Employment
- Education
- Social environments
- Physical environments
- Healthy child development
- Personal health practices and coping skills
- Health services
- Social support networks
- Biology and genetic endowment
- Gender
- Culture

Implication: Solutions to tobacco control need to be found that take into account all relevant factors and include all relevant stakeholders.

2. Focus on the Health of Populations:

Action is directed at the health of an entire population or sub-population rather than individuals.

Implication: Sub-populations with high smoking rates must increasingly become the focus of tobacco control activities.

3. Invest Upstream:

A population health approach directs investments to those areas that have the greatest potential to influence the population status positively. A population health approach is grounded in the notion that the earlier in the causal stream action is taken, the greater the potential for population health gains.

Implication: Interventions need to be considered at earlier stages in life (such as pre-natal and post-natal exposure) in order to obtain maximum benefit.

4. Base Decisions on Evidence:

A population health approach uses "evidence-based decision making."

Implication: Evidenced based decision making combines the best of our science and the best of our experience to produce the greatest effect.

5. Collaborate Across Levels and Sectors:

A population health approach recognizes that improving health is a shared responsibility. "Intersectoral collaboration" is the joint action among health and other groups to improve health outcomes.

Implication: An understanding of the determinants of health and their interactions along with a commitment to finding solutions in collaboration with all who seek to address those issues.

6. Employ Mechanisms to Engage Citizens:

A population health approach promotes the participation of all Canadians in developing strategies to improve health.

Implication: The development of effective strategies is not only input into the idea but active involvement by all levels in carrying out activities that are suited to capacity.

7. Increase Accountabilities for health outcomes:

A population health approach calls for an increased focus on health outcomes (as opposed to inputs, processes, and products).

Implication: Evaluation that measures outcomes is critical to demonstrating overall progress in tobacco reduction.

Specific Directions

Prevention:

1. A review of data collected by RHAs in the recent Youth Health Survey and the subsequent development of an effective strategy.
2. The development and introduction of a province-wide, curriculum-based physical/health education program on smoking that focuses on social influences and teaches refusal skills.
3. The further development of strong peer-based tobacco prevention programs for youth (SWAT) that have identified, trained leadership and funding.
4. A review of smoking-related policies and their enforcement in all health related centres and provincial schools, including universities and other post-secondary schools, to determine current status and identify future action if needed.
5. The development of an intersectoral collaboration with youth-oriented organizations and the identification of activities to promote tobacco-free lifestyles.

Protection:

1. A legislated ban on smoking in vehicles where children are present.
2. Increased education and programs for pre/post natal parents who smoke as well as caregivers who smoke in the home.
3. A coordinated campaign to establish a 5 metre zone as smoke-free area around all public doorways or air intakes.
4. The introduction of policy/legislation that would see all sports/physical activities for youth conducted on fields and outdoor facilities that are smoke-free.
5. A national, harmonized tax on tobacco products as well as a provincial tobacco tax rate as high or higher than any of the western provinces with an annual increase significantly above inflation.

Cessation:

1. A review of the document, *Tobacco Reduction: A Cessation Framework* by stakeholders with the intent of establishing a province-wide approach to smoking cessation that includes a full range of treatment approaches that match smokers to the most appropriate treatments.
2. The identification of funding for a full range of complimentary smoking cessation treatments for which there is a solid evidence base. Those elements as identified through numerous reviews include:
 - Interventions by health professionals
 - Increase unit price of cigarettes
 - Mass media
 - Buddy systems/peer support
 - Telephone counseling
 - Behavioural counseling
 - Self-help programs
 - Nicotine replacement therapy
 - Incentives
 - Pharmacotherapy
3. The development and implementation of effective pilot programs aimed at promoting the cessation of tobacco use in priority locations: educational institutions, health care facilities, workplaces, and sporting environments.
4. Continued efforts to improve smoking cessation interventions and to increase capacity building through ongoing training of both health professionals and citizens of the community at large.
5. The ongoing availability of federal and provincial grants at the community level to support the development, delivery, and evaluation of school-based and community-based tobacco education, prevention, and cessation initiatives.

Messaging:

6. Utilization of cessation messages that are more targeted to sub-populations, taking into account both demographics and psychographics.
7. Utilization of the most effective messaging, execution and vehicles as outlined in *Tobacco Reduction: A Cessation Framework*, to communicate with identified audiences.

Denormalization:

1. The implementation of an annual licensing fee for all retailers of tobacco products.
2. A moratorium on all new licensing for the sale of tobacco products.
3. A 30% reduction in the number of retail outlets beginning with all health and education related facilities.
4. Tobacco sold exclusively in government regulated tobacco-only sales outlets.

Collaboration:

In order to achieve these objectives, it will be necessary for MANTRA to work collaboratively with its partners at a national, provincial, regional and community level:

- With national counterparts adopting and promoting a plan to reduce/eliminate the increased production and availability of contraband cigarettes.
- With both levels of government to seek resolution to funding issues that continue to jeopardize funded projects.
- With both levels of government and NGOs to establish funding and priorities for increased research, monitoring, and evaluation.
- With Provincial governments to increase commitment to reduce the availability of tobacco products.
- With First Nation leaders and stakeholders to build understanding and to identify areas of common interest in tobacco control.
- With provincial partners to demonstrate the increased benefit of partnering and the need for a more integrated approach to tobacco control at provincial, regional, and community levels.
- With sports organizations and provincial and municipal governments to adopt smoke-free grounds/outdoor facilities for sporting activities.
- With health care professionals across the province to increase interventions for smoking cessation.
- With provincial and regional youth organizations to increase youth participation in tobacco control activities.