

ALBERTA TOBACCO REDUCTION REPORT CARD

PREPARED FOR: *the Government of Alberta*

GRADING PERIOD: *2012* to *2017*

Prepared by the Campaign for a Smoke-Free Alberta.

Members:

Action on Smoking & Health (ASH) • Alberta Policy Coalition for Chronic Disease Prevention • Alberta Public Health Association • Canadian Cancer Society, Alberta/NWT Division • Heart and Stroke Foundation • The Lung Association – Alberta/NWT

REPORT CARD FOR: *the Government of Alberta*

TOPIC: *Tobacco reduction*

GRADING PERIOD: *2012 to 2017*

subject	grade	comments
affordability	D	Alberta increased cigarette taxes by \$1 per 20 pack in 2015. However, Alberta cigarettes are still among the most affordable in Canada. Alberta taxes on cigarettes are the second lowest among western provinces. Tobacco tax increases are the single most effective means of reducing youth smoking. A portion of any additional revenue generated from a tobacco tax increase should be reinvested in the Alberta Tobacco Reduction Strategy, which remains largely unfunded and unimplemented. None of the proceeds from the 2015 tobacco tax increases were reinvested in this strategy.
flavoured tobacco	A	Alberta has some of the strongest flavoured-tobacco restrictions in the world and it was the second jurisdiction globally to ban menthol tobacco. However, flavoured pipe/waterpipe tobacco is still exempted from the regulations.
youth access	D	Alberta has the worst rate of tobacco sales to minors of any province. Although new legislation to reduce tobacco sales to minors was enacted in 2014, it has not been fully implemented and it is not adequately enforced. Full implementation requires signage, mandatory retail training and active enforcement with underage test shoppers. The current exemption allowing stores to let underage clerks sell tobacco must be removed to reduce illegal sales to minors and to protect underage staff. Alberta liquor stores cannot allow minors to sell liquor.
smoking restrictions	B	Alberta has banned smoking in almost all indoor workplaces and public establishments. In 2014, Alberta also banned smoking in vehicles containing minors. However, smoking is still allowed in all outdoor public places with the exception of patios and entryways. Alberta needs to protect all workers from secondhand smoke by phasing out smoking in all public housing facilities and hotel guest rooms. The use of waterpipes (hookahs) and e-cigarettes also need to be banned everywhere smoking is prohibited.
healthcare cost recovery	A	Alberta is suing tobacco companies for \$10 billion for negligent and deceptive marketing practices resulting in increased healthcare costs. Alberta is also seeking public health remediation from tobacco companies for their deplorable and predatory marketing strategies.
smoke-free movies	F	The depiction of smoking in movies and film is responsible for one-third of youth smoking. Alberta Film Classification continues to allow depictions of smoking in films that are youth rated without requiring any counter-messaging prior to the showing of these films. Any movie or film that depicts smoking or tobacco use should be rated as Restricted (R).
stop-smoking treatment	B	Alberta offers relatively comprehensive coverage for approved prescription and non-prescription smoking-cessation medication to those on approved drug plans. However, some provinces are providing free cessation-medication coverage to all residents via prescription (Quebec) or a quit line (B.C.).
ATRS* implementation	D	Approved in 2012, the ATRS remains largely unfunded and unimplemented. There is little to no reporting of budgets, programming or progress and there is no overall evaluation. The ATRS programming is focused largely on stop-smoking programs and services with limited resources applied to prevention and protection.
ATRS* performance and targets	B	Despite policy, funding and programming challenges, Alberta has made good progress in reducing tobacco use since 2010. Smoking rates among Albertans aged 15 and older declined from 19 per cent in 2010 to 15.5 per cent in 2015 although both rates were above the national average of 17 per cent in 2010 and 13 per cent in 2015 and this gap may be widening. Smoking rates among Alberta youth aged 12 to 19 declined from 13 per cent in 2010 to 10 per cent in 2014, although both rates were above the national average of 11 per cent in 2010 and eight per cent in 2014.

*Alberta Tobacco Reduction Strategy

REPORT CARD FOR: *the Government of Alberta*

TOPIC: *Tobacco reduction*

GRADING PERIOD: *2012 to 2017*

OVERALL GRADE

C-

major areas for improvement:



- continue to reduce tobacco affordability through further tobacco tax increases
- reinvest a portion of any new tobacco tax revenue in the Alberta Tobacco Reduction Strategy, which remains largely unfunded and unimplemented
- extend the flavoured-tobacco ban to include pipe and waterpipe tobacco (shisha)
- reduce youth access to tobacco by fully implementing and enforcing restrictions on sales to minors
- extend smoking restrictions to include public housing units, hotel guest rooms and outdoor public spaces, and ban the use of waterpipes (hookahs), e-cigarettes and marijuana smoking everywhere tobacco smoking is prohibited
- movies and films depicting smoking or tobacco use should be rated Restricted (R) to reduce youth exposure
- extend smoking-cessation medication coverage to all Albertans who are trying to quit smoking
- fully fund and implement the Alberta Tobacco Reduction Strategy with robust reporting, monitoring and evaluation

grade	descriptor
A+ A A-	excellent
B+ B B-	good
C+ C C-	satisfactory
D+	poor
D	minimal pass
F	failure

AFFORDABILITY

Grade:



Tobacco taxes are effective in reducing tobacco use.

Tobacco taxes are the single most effective means of reducing and preventing tobacco use¹ and this effect has been witnessed in Alberta on several occasions. In high-income countries like Canada, every 10 per cent increase in the price of tobacco results in a three to four per cent decline in tobacco use among the general population.

Tobacco taxes have an even more profound impact among youth due to their lower levels of disposable income. Every 10 per cent increase in the price of cigarettes results in a six to 12 per cent decline in tobacco use among adolescents.

Based on the proven and profound impact of tobacco pricing on consumption, tobacco tax increases should be a cornerstone of any meaningful government strategy to reduce tobacco use.

Alberta has the most affordable cigarettes among provinces.

Alberta has the most affordable cigarettes of any province and it has the eighth lowest cigarette tax rates among 13 provinces and territories (see tables 1 and 2 following). Alberta's relatively low tobacco taxes combined with having the highest wages of any province translates into greater affordability.

It only takes 38 minutes of labour for Alberta youth aged 15 to 24 to purchase a pack of 20 cigarettes. In contrast, it takes 40 minutes of labour for Saskatchewan youth aged 15 to 24 to purchase 20 cigarettes and 41 minutes of labour for British Columbia youth to purchase 20 cigarettes (see table 1 following).

As long as Alberta maintains one of the most affordable cigarette prices in Canada, the public health community will continue to fight tobacco use with one hand tied behind its back. The planned increases in Alberta's minimum wage will make tobacco even more affordable for many Alberta youth.

The modest 2015 tobacco tax increases did not substantially reduce cigarette affordability in relation to other provinces. Alberta is presently tied with Ontario and Quebec for the dubious title of having the most affordable cigarettes in Canada.

Alberta needs to increase cigarette prices by \$1.50 per pack to match current affordability levels in B.C. and by \$2 per pack to match affordability levels in Saskatchewan.



recommendation

We recommend substantial tobacco tax increases to reduce tobacco affordability (i.e., \$2 per pack). We also recommend that a portion of any future increase (i.e., at least \$20 million) be used to fully implement the Alberta Tobacco Reduction Strategy, which remains largely unfunded and unimplemented. Public opinion polls have revealed that Albertans are more likely to support a tobacco tax increase if a portion of the revenue is applied to tobacco reduction programs. Alberta youth deserve first-class protection from tobacco and higher tobacco taxes are needed to help keep children tobacco-free for life.

¹ World Health Organization, MPOWER brochure, "Raise Taxes on Tobacco" http://www.who.int/tobacco/mpower/publications/en_tf_mpower_brochure_r.pdf?ua=1, 2008

Table 1: Provincial, territorial and federal tax and price on cigarettes based on an estimated representative product cost of \$30 for a carton of 200 premium-brand cigarettes, December 1, 2016². Federal excise taxes=\$24.50 per 200 cigarettes.

Jurisdiction		Provincial taxes on 200 cigarettes	Federal excise, GST	Total retail price
1	Manitoba	\$68.08	\$30.18	\$128.26
2	Nova Scotia	\$65.99	\$29.98	\$125.97
3	New Brunswick	\$61.59	\$29.78	\$121.37
4	Prince Edward Island	\$59.41	\$29.73	\$119.14
5	Newfoundland and Labrador	\$59.35	\$29.68	\$119.03
6	Northwest Territories	\$57.20	\$30.09	\$117.29
7	Saskatchewan	\$55.23	\$29.73	\$114.96
8	Alberta	\$50.00	\$29.73	\$109.73
9	Nunavut	\$50.00	\$29.73	\$109.73
10	British Columbia	\$47.80	\$29.62	\$107.42
11	Yukon	\$42.00	\$29.33	\$101.33
12	Ontario	\$38.46	\$28.80	\$97.26
13	Québec	\$29.80	\$28.72	\$88.52

Table 2: Prices of cigarettes, average hourly wages and affordability of tobacco products (defined as the number of minutes of labour required to purchase one pack of 20 premium cigarettes) by province for employed Canadians aged 15 to 24 years and 15 years and older.

Province	Price per package ⁴	Average hourly wage ³		Minutes of labour to purchase one package of 20 cigarettes		Affordability ranking	
		15 to 24 years	15 years and older	15 to 24 years	15 years and older	15 to 24 years	15 years and older
Alberta	\$10.97	17.22	29.51	38	22	2	1
Québec	\$ 8.85	14.45	24.67	37	22	1	1
Ontario	\$ 9.73	14.73	26.21	40	22	3	1

2 Tobacco tax tables supplied by Rob Cunningham, Canadian Cancer Society, August 22, 2015

3 <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labr69k-eng.htm> (November 2016)

4 Tobacco tax tables supplied by Rob Cunningham, Canadian Cancer Society, August 22, 2015

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		15 to 24 years	15 years and older	15 to 24 years	15 years and older	15 to 24 years	15 years and older
British Columbia	\$10.74	15.15	25.38	43	25	5	4
Saskatchewan	\$11.50	16.49	27.00	42	26	4	5
Newfoundland and Labrador	\$11.90	14.96	24.77	48	29	6	6
New Brunswick	\$12.14	13.95	22.52	52	32	7	8
Nova Scotia	\$12.60	14.03	23.36	54	32	10	8
Manitoba	\$12.83	14.44	23.66	53	33	8	10
Prince Edward Island	\$11.91	13.28	21.41	54	33	10	10

FLAVOURED TOBACCO

Grade:



Alberta has established itself as a global leader in prohibiting flavoured-tobacco products. Alberta has prohibited most forms of flavoured tobacco including menthol flavoured tobacco. In fact, Alberta is the second jurisdiction in the world to ban menthol flavoured tobacco following Nova Scotia, which implemented its ban four months earlier.

The ban on menthol tobacco was one of the first policy initiatives announced by the Notley government shortly after its election in May 2015. The Notley government deserves full marks for its global leadership on this significant health-policy measure.

According to the national Youth Smoking Survey, the majority of Alberta youth tobacco users were using flavoured-tobacco products in 2012/2013. We are optimistic that the ban on flavoured tobacco will reduce the rates of flavoured-tobacco use among Alberta youth and will help to reduce the overall rate of youth tobacco use through the elimination of this predatory marketing strategy.

Despite the significant progress, Alberta's flavoured-tobacco legislation is still not fully implemented. The *Tobacco and Smoking Reduction Act* provides the Alberta cabinet with the authority to ban all flavoured-tobacco products.

Flavoured waterpipe (shisha) tobacco is currently exempted from the flavoured-tobacco ban despite high rates of flavoured-shisha use among Alberta youth. In fact, the latest national Youth Smoking Survey revealed that 7,100 Alberta youth tobacco users in grades six to 12 are using flavoured shisha tobacco⁵. This rate exceeds the number of Alberta youth who are using menthol cigarettes (n=6,500) and flavoured smokeless tobacco (n=6,500) although both of these flavoured-tobacco categories have been prohibited in Alberta.

The rising popularity of waterpipes and shisha tobacco among youth is well documented and the wide availability of flavoured shisha tobacco is contributing to this problem. Alberta research has revealed that the popularity of flavoured shisha tobacco extends well beyond the traditional cultural use of shisha tobacco and waterpipes among Middle Eastern populations and now extends into the general youth population⁶.



recommendation

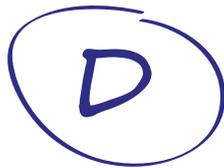
We applaud the Notley government for banning most forms of flavoured tobacco including menthol flavoured products. However, we urge the Alberta cabinet to fully implement the flavoured-tobacco ban by prohibiting the sale of flavoured shisha (waterpipe) tobacco, which is being used by thousands of Alberta youth. The *Tobacco and Smoking Reduction Act* authorizes cabinet to ban any form of flavoured tobacco. Alberta youth deserve first-class protection from all forms of flavoured tobacco including flavoured shisha (waterpipe) tobacco.

5 Flavoured-tobacco use among Canadian youth: Evidence from Canada's 2012/2013 Youth Smoking Survey, September 10, 2014 https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/sites/ca.canadian-student-tobacco-alcohol-drugs-survey/files/uploads/files/yss12_flavoured_tobacco_use_20140910.pdf

6 Waterpipe (Hookah) Smoking Among Youth and Women in Canada is New, not Traditional. Hamal F. et al, *Nicotine Tob Res.* 2015 Jul 17. pii: ntv152. <http://www.ncbi.nlm.nih.gov/pubmed/26187392>

YOUTH ACCESS

Grade:



According to a national retail-compliance survey commissioned by Health Canada in 2014, Alberta has the highest rate of illegal tobacco sales to minors of any province with 22 per cent of retailers tested willing to sell to minors versus 15 per cent nationally⁷.

The absence of effective provincial legislation coupled with the absence of active enforcement have contributed to this disturbing outcome. The elimination of the Health Canada's Alberta tobacco inspection program a few years ago has likely further exacerbated the problem.

Until recently Alberta was the only province in Canada without any provincial legislation to prohibit tobacco sales to minors. However, in 2014, the Alberta government enacted new provincial restrictions on tobacco sales to minors that includes:

- a provincial ban on sales to minors under the age of 18 that complements the federal ban;
- retailers must "card" anyone who appears to be under the age of 25;
- new signage requirements (unimplemented);
- new retail training requirements (unimplemented); and,
- new fines and ticketing procedures.

As noted, the new measures have not been fully implemented and no enforcement authority has been assigned to actively enforce the new legislation. Instead, enforcement has been delegated to peace officers who are simply authorized to respond to complaints rather than engage in active enforcement with underage test shoppers.

For more than 15 years, Health Canada tobacco inspectors were engaged in the active enforcement of federal restrictions on tobacco sales to minors. This enforcement involved the use of underage test shoppers who worked with the inspectors to identify retailers who were willing to sell to minors. Health Canada issued warning letters to stores that sold tobacco to the test shoppers and then returned to the store at an undisclosed date to make a follow-up test purchase. Repeat violations were subject to prosecution and many retailers were prosecuted during this period. Provincial retail-compliance rates improved steadily over the duration of this enforcement program.

At present, Alberta has more rat inspectors than tobacco inspectors. The Alberta government needs to assign a provincial enforcement authority to actively enforce the new youth-access legislation or contract this function to a third-party enforcement provider. There is strong evidence that supports the need for active enforcement of youth-access restrictions with the aid of underage test shoppers.

The new signage and training requirements also need to be implemented and the health minister has full cabinet authority to implement these measures. The minister could easily authorize the development of signage and new retail training requirements to help reduce tobacco sales to minors. Alberta liquor retailers are subject to stringent signage and training requirements that could be adapted to Alberta tobacco retailers. There is good evidence in support of effective signage and retail training to help reduce illegal tobacco sales to minors.

⁷ Evaluation of Retailers Behaviour of Certain Youth-Access-to-Tobacco Restrictions, 2014; Health Canada June 2015 <http://healthycanadians.gc.ca/science-research-sciences-recherches/data-donnees/survey-sondage/summary-sommaire-2014-eng.php>

Under the retail regulations, an exemption to the ban on youth tobacco possession has been made to allow underage store clerks to sell tobacco products. However, this exemption is likely contributing to increased sales to minors since there is a direct correlation between the age of a clerk and the likelihood of selling to minors⁸. Underage staff should not be selling tobacco products since tobacco is a target of theft and it places minors in unnecessary danger. We recommend removing this exemption in order to reduce tobacco sales to minors and to protect the workplace safety of underage staff. Alberta liquor retailers cannot allow minors to sell liquor and tobacco retailer should be subject to the same requirement. There is no good reason to allow minors to sell tobacco and not to sell liquor since both products are harmful and attract crime.

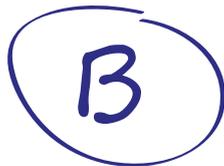
recommendation



We recommend that the Alberta government restores the active enforcement of legislation prohibiting tobacco sales to minors that was previously the responsibility of Health Canada. This enforcement can be delegated to an existing enforcement agency such as the Alberta Gaming and Liquor Commission, which currently enforces restrictions on tobacco retail promotions and contraband tobacco sales. Alternatively, the government could tender a contract with third-party enforcement vendors. Underage test shoppers should be employed by the enforcement agency or vendor to assist with detection and prosecution. We also recommend the full implementation of new signage and training requirements in a manner that is consistent with published evidence and best practices. These measures have already been fully authorized by cabinet through its proclamation of sections 7 and 9 of the [Tobacco and Smoking Reduction Act](#). We also recommend the removal of the exemption that allows underage clerks to sell tobacco to minors under section 7.3 of the [Tobacco and Smoking Reduction Regulation](#) to protect the workplace safety of underage staff and to reduce illegal sales to minors. Alberta liquor stores cannot allow minors to sell liquor.

SMOKING RESTRICTIONS

Grade:



Alberta has banned indoor smoking in the vast majority of workplaces and public establishments; however, many Albertans remain unprotected from exposure to secondhand smoke at work. A number of indoor workplaces have been exempted from the legislation, including hotel and motel guest rooms, group living facilities and hookah (waterpipe) establishments. All Alberta workers deserve to be protected from secondhand smoke. Service-industry workers are not second-class citizens and they deserve first-class protection from secondhand smoke.

The government should also extend the provincial smoking ban to prohibit the use of e-cigarettes and marijuana smoking in all public establishments. The use of these products in public areas undermines smoking bans by modeling smoking behaviour to youth, by placing non-smokers at risk and by causing conflict with bystanders. Twelve Alberta municipalities⁸ have already banned the use of all smoking materials including marijuana.

Since Alberta's provincial smoking ban was implemented in 2008, a growing number of provinces and Alberta municipalities have banned smoking in various outdoor settings. Twelve Alberta municipalities⁸ including the cities of Edmonton and Calgary have prohibited tobacco use in a variety of outdoor public spaces. Nine Alberta municipalities⁸ have banned smoking at outdoor playgrounds, eight municipalities⁸ have banned smoking at outdoor sports fields, four⁸ have banned smoking at outdoor public events and three⁸ have banned smoking in municipal parks. Three Alberta municipalities⁸ have banned smoking in all hotel guest rooms.

The Alberta government should extend the provincial smoking restrictions to include more outdoor places—particularly those that are accessible to children and youth. We are particularly concerned about the well-documented impact of adults modeling smoking behaviour to youth. Non-smokers are also at risk from exposure to secondhand smoke outdoors, especially in crowded settings and particularly among those with asthma, allergies and environmental sensitivities.

The Alberta government should also phase out smoking in all public housing units in the province. Youth are particularly at risk from smoking in multi-unit dwellings and the Alberta government has a duty and a responsibility to protect youth within its domain including those who reside in group living facilities and subsidized housing. The Alberta government was the first in Canada to require foster homes to be smoke-free and this protection should be extended to all provincially regulated or subsidized-housing and group-living facilities. At a minimum, smoking should be prohibited in any public housing unit that is turned over to a new resident, especially in light of the considerable cleaning and restoration costs that are associated with smoking in a residential unit.



recommendation

The Alberta government should enact existing legislation to prohibit the use of waterpipes (hookahs) in public establishments and approve regulations to ban the use of e-cigarettes and marijuana smoking everywhere that smoking is prohibited. The government should extend its outdoor smoking restrictions to include any public area where children are allowed in order to reduce youth exposure to tobacco use and unhealthy modeling. The government should also phase out smoking in all public housing throughout the province, starting with any housing units that are turned over to new residents. In addition, all hotel and motel guest rooms should be required to be smoke-free to fully protect staff and patrons.

HEALTHCARE COST RECOVERY

Grade:



In 2012, the Alberta government launched a [\\$10 billion lawsuit](#) against Canadian tobacco companies for alleged negligent and fraudulent actions that have resulted in increased healthcare costs in Alberta. Every Canadian province has launched similar actions against Canadian tobacco manufacturers with British Columbia leading the charge.

The lawsuits by Canadian provinces follow similar lawsuits that were launched by a number of American states in the 1990s. The U.S. lawsuits resulted in the 1998 [Tobacco Master Settlement Agreement](#) between 46 states and U.S. tobacco companies in which the companies agreed to pay \$250 billion in damages over 25 years and to place a number of restrictions on tobacco sales and marketing. The marketing restrictions included a ban on tobacco-industry sponsorships, the elimination of cartoon characters like “Joe Camel” and restrictions on tobacco sales to minors. The industry also agreed to finance the American Legacy Fund, which supports tobacco-control efforts throughout the U.S.

Proportionally speaking there is much more on the line for Canadian tobacco companies as a result of the provincial government lawsuits. Canadian healthcare is largely publicly funded by provincial governments unlike American healthcare, which is largely funded by employers through private healthcare insurance. U.S. states are responsible only for a fraction of healthcare costs in their respective jurisdictions.

The [Alberta lawsuit](#) is somewhat unique because it calls for remedial action from tobacco companies to curb tobacco use such as court-imposed restrictions on tobacco sales and marketing.

The tobacco industry’s wrongful and deceptive behaviour.

For decades, the Canadian tobacco industry has engaged in numerous deceptive, fraudulent and criminal activities, including:

- the promotion of so-called “light” and “mild” cigarettes;
- adding candy and fruit flavourings to tobacco products that target youth;
- targeting youth, women and minorities with aggressive marketing campaigns;
- participating in major contraband tobacco schemes; and,
- misrepresenting the harmful nature of tobacco.

Alberta taxpayers have been paying for the tobacco industry’s transgressions for many years. The healthcare system is under tremendous strain and the tobacco industry has contributed to this burden. It would be fiscally irresponsible for the government to overlook the industry’s actions when Alberta taxpayers have struggled to finance the healthcare system. Billions of dollars are at stake and the tobacco industry must be held accountable. Tobacco use is estimated to have cost the Alberta healthcare system \$470 million in 2002 alone⁹.



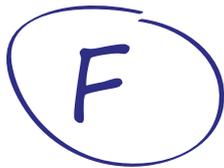
recommendation

We urge the Notley government to continue the healthcare cost recovery lawsuit against tobacco companies and hold the industry accountable for its egregious, negligent and fraudulent behaviour that has placed an enormous burden on our quality of life, our economy and our provincial healthcare system.

⁹ The Costs of Substance Abuse in Canada 2002. Canadian Centre on Substance Abuse. <http://www.ccsa.ca/Eng/topics/Costs-of-Substance-Abuse-in-Canada/Pages/default.aspx>

SMOKE-FREE MOVIES

Grade:



Smoking imagery in movies is an ongoing concern because on-screen tobacco use contributes to youth smoking initiation. Witnessing positive associations of tobacco use in films increases the social acceptability of smoking and encourages experimentation among adolescents. In fact, the exposure of youth to depictions of smoking and tobacco use in movies and film is responsible for up to one-third of youth smoking according to the U.S. Surgeon General and other health authorities.

Smoking in movies glamorizes tobacco by associating it with characters portraying wealth, power, sex and rebellion. This association sends pro-tobacco messaging to its viewers. Quite rarely do movies portray the realistic health consequences associated with smoking.

Alberta has made significant progress in eliminating tobacco advertising from public venues accessible to youth. However, tobacco use in youth-rated films remains a significant concern. Motion pictures are a primary source of entertainment for many young people and films rated Parental Guidance (PG) are among the highest-grossing category.

For decades, motion pictures have been used by tobacco companies as promotional venues to change social smoking norms and increase the acceptability of tobacco use. Most tobacco appearances are presented in pleasant situations to provoke positive perceptions of smoking and are often done unknowingly to the audience.

Alberta youth are subject to on-screen tobacco marketing regardless of their choice to be exposed. As Alberta strengthens its control measures on tobacco marketing and promotion, the tobacco industry is relying on other strategies to promote its products to youth.

Over the years, the influence of on-screen smoking imagery on youth behaviours has been called into question by health organizations. There has also been an accumulation of published scientific evidence revealing that youth exposure to smoking in movies and films increases smoking initiation and addiction among youth. On the basis of this accumulating evidence, the US Surgeon General has declared a causal association between smoking in films and youth smoking initiation¹⁰. The attributable risk associated with exposure to smoking in movies predicts that one-third to one-half of smoking youth were recruited from exposure to onscreen smoking¹¹.

A recent Alberta study¹² by University of Alberta researcher Kelly West, MPH, estimated that 7,252 Alberta youth have started smoking solely as the result of their exposure to smoking imagery in films rated G, PG and PG14. The study found that between 2004 and 2014 there were 2.5 billion smoking impressions in youth-rated films in Alberta alone.

10 U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. 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, 2012. <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>

11 Jonathon Polansky, "Tobacco Vector: How American Movies, Canadian Film Subsidies and Provincial Rating Practices will Kill 43,000 Canadian Teens Alive Today – and What Canadian Governments can do about it," Physicians for a Smoke-free Canada, 2010, http://www.smoke-free.ca/eng_home/2010/news_press_August19i_2010.htm

12 The Impact of Exposure to Onscreen Smoking on Youth in Alberta, 2014. Kelly West. MPH University of Alberta School of Public Health. Insights 2014, <http://www.smokefreealberta.com/latest-news/76-new-alberta-research-sparks-student-action-to-rid-smoking-imagery-from-youth-rated-movies.html>

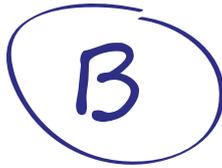


recommendation

We recommend that the Alberta government amend the Film and Video Classification Regulations to include effective content ratings for movies that depict smoking and tobacco-related imagery. Specifically, we recommend that all movies and videos depicting smoking imagery be classified as Restricted (age 18 and older). In the interim, any movies or videos that depict tobacco imagery should incorporate public service announcements in standard film and video formats with tobacco warning messages prior to the start of any feature film.

STOP-SMOKING TREATMENT

Grade:



Alberta offers relatively comprehensive coverage for approved prescription and non-prescription smoking-cessation medication to those on approved drug plans¹³. Coverage is currently offered to Albertans who receive drug benefits through the Assured Income for Severely Handicapped program and the Income Support program.

This coverage could be extended to more Albertans through the Alberta Quits smoking-cessation service, which provides free telephone counselling and online support to people who are trying to quit. Pharmacists could also be actively engaged with these efforts since they can now prescribe stop-smoking medication and they are compensated for smoking-cessation counselling by Alberta Health. Evidence shows that smoking-cessation medication combined with counselling can significantly increase the success of quitting.

Quebec offers all adult residents free prescription stop-smoking medication through its provincial pharmacare program. British Columbia offers all adult residents free nicotine-replacement therapy combined with telephone counselling through its provincial smoking-cessation helpline and through participating pharmacies. Both programs have merit and Alberta could adopt either approach or a hybrid of both.

Alberta could also extend its current coverage to other provincial drug benefit plans such as the Alberta Adult Health Benefit plan and the Seniors Benefit plan. There should be no lifetime coverage limits or age limits placed on approved smoking-cessation medication because it often takes smokers several attempts to successfully quit smoking. Annual limits allow for repeated quit attempts while controlling costs and preventing abuse.

The additional costs associated with the coverage of smoking-cessation treatment can be recovered through reduced healthcare costs among those who quit smoking.



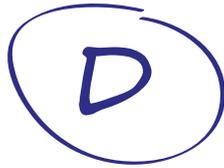
recommendation

The Alberta government should extend its current drug coverage for smoking-cessation medication to all Albertans through a cost-effective and evidence-based approach. This coverage should be combined with free counselling to improve success rates. This program could be financed through an applied tobacco tax increase, which will also encourage more Albertans to quit smoking.

¹³ Stop-Smoking Medication Use, Subsidization Policies, and Cessation in Canada, White CM et al Am J Prev Med 2015; 49(2):188–198 <http://www.ncbi.nlm.nih.gov/pubmed/26033348>

ATRS IMPLEMENTATION

Grade:



The [Alberta Tobacco Reduction Strategy](#) (ATRS) was initially launched in 2002 with a \$12 million annual budget and it was based on a 10-year implementation plan that came to an end in 2012. The ATRS was renewed in 2012 with a revised 10-year plan and new 10-year performance targets but no specified budget.

The development of the renewed ATRS involved extensive consultations among a variety of key stakeholders including several government ministries, health charities, health professions and public health academics. The strategy has been widely applauded as an ambitious and comprehensive evidence-based plan to reduce tobacco use in Alberta.

However, the implementation of this ambitious strategy has been impaired by a lack of funding, reporting, monitoring and evaluation. No additional specified funding was provided for the implementation of the strategy with the exception of a short-term prevention project that was terminated in 2014. An investment of up to five dollars per capita (\$20 million) was proposed in the development of the ATRS but additional sustained funding has not materialized since the renewed strategy was launched in 2012.

No annual progress reports or program budgets regarding the ATRS have been made publicly available since 2008. The current budget for the strategy is unreported although it is believed to be considerably less than the \$9 million annual budget that was last reported in 2008.

Alberta Health Services has been primarily responsible for the implementation of the strategy since the formation of the organization in 2009. Prior to 2009, the Alberta Alcohol and Drug Abuse Commission was primarily responsible for implementation and the Alberta Cancer Board was also actively engaged in implementation. Both organizations were dissolved in 2009 and core tobacco-reduction staff were consolidated into the Tobacco Reduction Program within the population health division of Alberta Health Services.

Current tobacco-reduction efforts within Alberta Health Services appear to be focused largely on the provision and promotion of smoking-cessation programs and services under the Alberta Quits banner, including a provincial helpline, website and community stop-smoking programs. Limited resources appear to be applied to tobacco-use prevention and protection and these are applied primarily through a somewhat sporadic and unpredictable granting program.

Alberta Health has primary responsibility and oversight for the ATRS as conveyed in the strategy document. However, there does not appear to be a direct line of reporting between the Tobacco Reduction Program at Alberta Health Services and the Addiction and Mental Health division of Alberta Health, which is ultimately responsible for the ATRS. The lack of a direct line of reporting may be impairing the implementation of the strategy.

The ATRS was designed to be implemented in three phases with three major components, including cessation, prevention and protection. Most of the actions outlined in phase one have not been completed even though the strategy is now more than three years old. Progress has been made on the delivery of cessation programs and the passage and implementation of new legislation to prohibit flavoured-tobacco products, reduce tobacco sales to minors and protect youth from secondhand smoke in vehicles. Progress has also been made through the tobacco-reduction granting program especially on projects that align well with ATRS implementation. However, limited resources have been applied to tobacco-use prevention programs and to tobacco protection and enforcement in comparison to tobacco cessation resources.

For example, there is no sustained provincial mass media campaign, youth-engagement prevention program or tobacco-retail enforcement program. All of these initiatives are identified as phase one activities of the ATRS and they are all evidence-based interventions that are supported by published peer-reviewed research.



recommendation

We recommend that the Alberta government fully fund and implement the Alberta Tobacco Reduction Strategy with robust reporting, monitoring and evaluation.

ATRS PERFORMANCE TARGETS

Grade:

B

Despite policy, funding and programming challenges, Alberta has made good progress in reducing tobacco use since 2010.

Smoking rates among Albertans aged 15 and older¹⁴ declined from 19 per cent in 2010 to 15.5 per cent in 2015 although both rates were above the national averages of 17 per cent in 2010 and 13 per cent in 2015 and this gap may be widening. The 10-year Alberta target for 2022 is 12 per cent.

Smoking rates among Alberta youth aged 12 to 19¹⁵ declined from 14 per cent in 2010 to 10 per cent in 2014 although both rates were above the national averages of 11 per cent in 2010 and eight per cent in 2014. The 10-year Alberta target for 2022 is six per cent.

While this progress is encouraging, these trends are not likely to be sustained without (1) increased tobacco taxes to reduce affordability; (2) enhanced and enforced restrictions on tobacco including the full implementation of the *Tobacco and Smoking Reduction Act*; and, (3) additional funding to allow for the full implementation of the Alberta Tobacco Reduction Strategy.

¹⁴ Tobacco Use in Canada: Patterns and Trends 2015 Edition. Propel Centre for Population Health Impact. University of Waterloo http://tobacco-report.ca/2015/TobaccoUseinCanada_2015.pdf

¹⁵ Canadian Community Health Survey, 2013 CANSIM Table 105-0501 <http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=1050501>