



Reducing Tobacco Use in BC

A Strategy for the Government of British Columbia Respecting Points of Sale

Report Prepared for the
Heart and Stroke Foundation | BC & Yukon
and the BC Lung Association



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British Columbia

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February 2013

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EXECUTIVE SUMMARY

Canada and British Columbia have had tremendous success in reducing the consumption of tobacco products and in reducing tobacco-associated mortality rates. Yet tobacco use remains a major, preventable cause of death – with more than 6000 deaths per year in British Columbia. To address this major public health problem, this report presents recommendations to the Provincial Government for reducing the points of sale of tobacco as one element of a broader range of tobacco control strategies.

To set the context for the proposed options, the report begins by outlining the current federal and British Columbia tobacco control strategies. One key objective of these strategies and of this report is the denormalization of tobacco products, that is, helping the public to understand that tobacco products are harmful and should be shunned socially. Also of note for this report is that a key element of British Columbia's vision for a "Tobacco Free BC" is that there should be "strong regulatory controls for the sale of tobacco, and [that] minors have no access to tobacco products."

The report next examines how restricting points of sale of tobacco products can reduce tobacco consumption. There are strong policy rationales for reducing points of sale of tobacco products including:

- Reducing the number of points of sale can reduce consumption levels by reducing accessibility;
- 35,000 points of sale in Canada (and 6000 in British Columbia) are too many to constitute an appropriate balance between adequate consumer access and public health protection; and,
- Further reducing points of sale can help to advance the federal and BC tobacco control strategies, including supporting denormalization.



A review of the literature reveals that limiting points of sale for tobacco products can be an effective way of reducing tobacco consumption for both young people and adults.

Existing restrictions on points of sale in Canada (both federal and provincial/territorial) and internationally are examined. Sales restrictions to minors are a common feature of legislation and regulations. Other venue restrictions include hospitals and health care facilities, educational institutions and government buildings. Provinces such as Quebec, Saskatchewan, and Nova Scotia have adopted more extensive venue restrictions than British Columbia covering such venues as bars and restaurants, outdoor locations and vending machines.

Next, the report presents recommendations for reducing access to tobacco products. The keystone recommendation of the report is for the establishment of a provincial target level for the number of points of sale in BC, the level to be in the order of 50% below the current number of points of sale. Twelve additional recommendations are intended to assist the Provincial Government in reaching the provincial target level over a ten-year period. These recommendations fall into four groups: prohibition of sales; restrictions on sales; enforcement, and administration/implementation.

Keystone Recommendation to Develop a Provincial Retail Reform Strategy

Recommendation 1: Establish a Provincial Target Level for Points of Sale, Freeze the Current Number of Points of Sale, and Adopt a Strategy to Reach the Target Level Over a Ten-Year Period

It is recommended that the Provincial Government take a leadership role in Canada by establishing a provincial target level for the number of points of sale of tobacco products in BC and a strategy to reach the target level over ten years. As a first step to achieving the target level it is recommended that the Government freeze the number of licenses issued for tobacco sales at the current level of 6000.

Recommendations Respecting Prohibition of Sales of Tobacco Products

Recommendation 2: Prohibit Sales in Pharmacies

All provinces except BC prohibit tobacco sales in pharmacies.¹ These provinces consider it inappropriate for pharmacies, as places where patients seek health therapies, to be selling tobacco products. It is recommended that BC adopt this recommendation as an immediate first step toward achieving the reduced target level of tobacco points of sale.

Recommendation 3: Prohibit Sales in Venues Where Smoking is Banned

In British Columbia, prohibitions on smoking have extended beyond venues where tobacco sales are prohibited. Many other provinces have much broader restrictions on sales venues that more closely parallel the venues where smoking is prohibited. It is recommended that the Government of British Columbia prohibit the sale of tobacco products in bars and restaurants and outdoor facilities.

Recommendation 4: Prohibit Tobacco Sales by Vending Machine

While the federal *Tobacco Act* prohibits sales through vending machines except in places not open to the public or in bars or taverns, Ontario, Quebec, Nova Scotia, P.E.I., Saskatchewan, Northwest Territories and Nunavut have taken further steps to restrict tobacco sales through vending machines. It is recommended that British Columbia follow the example of these provinces/territories and prohibit sales through vending machines.

Recommendation 5: Prohibit Internet Sales

The federal *Tobacco Act* prohibits the delivery of tobacco products across provincial boundaries and the use of the mail for the delivery of tobacco products to consumers. However, this legislation does not cover the delivery of tobacco products by courier service within provinces. Quebec has taken legislative steps to address this problem. It is recommended that British Columbia also legislate in this area. The internet could become an important source of tobacco (as it is in the United States) if British Columbia adopts the recommendations in this report to restrict the tobacco points of sale.

¹ Manitoba is the most recent province to prohibit sales in pharmacies. The legislation comes into force May 31, 2013.

Recommendations Respecting Restrictions on Sales of Tobacco Products

Recommendation 6: Restrict Tobacco Sales from Vendors Near Schools

A number of studies have shown that tobacco use and addiction starts in adolescence or younger. Research has also shown that stores near schools are a primary site for adolescent tobacco acquisition and experimentation. Accordingly, it is recommended that the Provincial Government prohibit the sale of tobacco products by vendors near schools.

Recommendation 7: Restrict Sales to Liquor Stores and Adult-only Venues

For a later stage of the implementation of the Provincial Government's strategy to achieve reduced tobacco points of sale target levels, it is recommended that the Government restrict the sale of tobacco products to some liquor stores and other adult-only venues. Other adult-only venues are to be included so that consumers who are fighting alcohol addiction or with past alcohol addiction problems are not required to go to liquor stores to obtain tobacco.

It is also recommended that when the Provincial Government adopts this recommendation it cap the number of points of sale in liquor stores so that the number of points of sale for tobacco would not grow should the number of liquor outlets increase.

Recommendations Respecting Enforcement

Recommendation 8: Make the Restrictions on Sales to Minors More Effective

The enforcement of legislation prohibiting tobacco sales to minors has experienced growing effectiveness. Nevertheless, for those venues tested in BC we know that up to 15% of minors are still able to purchase tobacco products from vendors – and the percentage may be higher. In addition, it has been argued that reducing youth access to tobacco, given youth access through social sources, requires compliance levels near 100%. Accordingly, it is recommended that the Government of British Columbia take a number of steps to ensure that the restrictions on sales to minors are effectively enforced.

Recommendation 9: Address Contraband Sales of Tobacco Products

The sale of contraband tobacco has become a significant problem in Canada. Implementation of the recommendations in this report could cause more consumers of tobacco to turn to the illicit market. While illicit sales are not as large a part of the tobacco market in BC as in Ontario, BC nonetheless faces a unique challenge in this area. BC's illicit tobacco market is characterized by a combination of counterfeit cigarettes from Asia, illegal imports from the United States and tobacco products from Aboriginal reserves.

To address the issue of illicit tobacco sales it is recommended that the Government of BC work with the RCMP to establish a regional committee for the province to ensure that BC's unique needs and concerns in this area are addressed. In addition, it is recommended that the Provincial Government develop a comprehensive, cross-government strategy to address illicit tobacco sales.

Recommendations Respecting Administration and Implementation

Recommendation 10: Establish a Tobacco Points of Sale Reduction Advisory Committee

It is recommended that the Provincial Government establish a Tobacco Points of Sale Reduction Advisory Committee to assist the Government in the phased implementation of the points of sale reduction strategy.

As a first step, the Advisory Committee could advise the Government on the ten-year target level for tobacco points of sale.

The Advisory Committee could be chaired by the Provincial Health Officer and include representatives from the Ministry of Finance, the Federal Department of Health, the RCMP, the Canadian Cancer Society, the Heart and Stroke Foundation | BC & Yukon and the BC Lung Association (Clean Air Coalition of BC), selected Health Authorities and the Union of BC Municipalities.

Recommendation 11: Implement Education Initiatives

It is recommended that the Provincial Government partner with the Heart and Stroke Foundation | BC & Yukon and the BC Lung Association (Clean Air Coalition of BC) and other key stakeholders to implement a range of educational initiatives to reduce tobacco use in BC.

Education of the general public and of targeted groups within the public including smokers, youth, adults, and educators will be necessary to ensure ongoing support for the recommendations in this report. In addition, a range of educational initiatives aimed at youth, parents, educators, retailers, and the general public are required to help reduce tobacco use by youth and adults.

Recommendation 12: Use Vendor License Fees to Encourage Merchants to Cease Tobacco Sales

Currently the Ministry of Finance licenses tobacco vendors in the province, but no fee is charged to vendors. The province of Nova Scotia, and many cities in Ontario and Alberta, charge vendors fees. It is recommended the Government of British Columbia adopt a tobacco vendors' fee of \$100 per annum rising to \$400 per annum over a four-year period. This fee should encourage vendors for whom tobacco sales are an unimportant part of their business to abandon the sale of tobacco products.

Recommendation 13: Encourage Implementation at the Municipal Level

Finally, it is recommended that some of the recommendations in this report be adopted at the municipal level. In cooperation with the Provincial Government (to avoid conflict and duplication) municipalities could consider acting on the recommendations by establishing a target number of points of sale within their municipality, setting municipal licensing fees, restricting tobacco sales near schools, and prohibiting sales in bars and outdoor locations.



1. Introduction

Canada and British Columbia have had tremendous success over the last 40 years in reducing the consumption of tobacco products. From 1965 to 2010, the percentage of Canadians who smoke declined from 50 to 17 percent.² However, tobacco use remains a major, preventable, cause of morbidity and mortality in Canada. In the public mind illicit drugs are often thought of as a major social problem. While this is certainly true, it is important to understand that tobacco is much more significant in taking Canadian lives. The University of Victoria's Centre for Addictions Research of British Columbia found that in 2009, 4834 deaths could be attributed to tobacco, 1169 deaths to alcohol, and 295 deaths to illicit drugs.³ The most recent data from British Columbia's Vital Statistics Agency show an even higher death rate from tobacco products of over 6000 deaths per year.⁴

Clearly, while we have made progress, there is much still to be done. Although the use of tobacco continues to decline, it is doing so in smaller increments. A recent National Progress Report on Tobacco Control concludes that "Tobacco control efforts appear to be approaching a more difficult-to-reach population of Canadian smokers." Tobacco use rates among youth remain a particular concern because youth are the source of the next generation of smokers. And in fact, the highest tobacco use prevalence rate is for 20 to 24 year olds. (See Appendix 1)

2. Strategies to Achieve Further Reductions in Consumption

To further reduce tobacco consumption in Canada we will need a broad range of strategies to address the "more difficult-to-reach population."⁵ This paper presents recommendations to the Provincial Government to further restrict the points of sale of tobacco as one element of a broader range of strategies.

To understand the role that these recommendations for restricting points of sale of tobacco can play, we must first set the recommendations in the context of current and future strategic approaches. The federal government and all provinces and territories have tobacco control strategies.⁶ The federal strategy and British Columbia's strategy are described below.

2.1 The Federal Tobacco Control Strategy

The Federal Tobacco Control Strategy sets out the following objectives:

- Reduce the prevalence of Canadian youth (15-17) who smoke from 15% - 9%;
- Increase the number of adult Canadians who quit smoking by 1.5 million;
- Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28% to 20%;
- Examine the next generation of tobacco control policy in Canada;
- Contribute to the global implementation of the World Health Organization's Framework Convention on

2 See "Smoking in Canada," Physicians for a Smoke-Free Canada, <http://www.smoke-free.ca/factsheets/pdf/prevalence.pdf>

3 See <http://carbc.ca/AODMonitoring/ProjectComponents/tabid/94/agentType/View/PropertyID/111/Default.aspx>

4 BC Vital Statistics reports for the latest three years available show smoking attributable deaths of 6135, 6367, and 6089. See Selected Vital Statistics and Health Status Indicators, 2009, 2008, and 2007.

5 On the importance of a comprehensive approach to tobacco control see, "Addressing the Chronic Disease Burden with Tobacco Control Programs," Samira Asma et al, Public Health Reports, May/June 2004, vol. 119.

6 See <http://www.cctc.ca/cctc/EN/frameworks/provterr> for information on provincial and territorial strategies.

- Tobacco Control; and
- Monitor and assess contraband tobacco activities and enhance compliance.⁷

Another important element of Canada's strategy is what has been termed "denormalization":

The goal [of denormalization] is to make tobacco use socially unacceptable. Efforts toward denormalization operate on three different levels. Information on the hazardous, addictive nature of tobacco use clearly categorizes smoking as thoroughly undesirable. Individuals, particularly adolescents, are encouraged to view tobacco use as socially unacceptable. And finally, Canadians are being educated about the marketing strategies and tactics of the tobacco industry.⁸

A key objective of this report is to denormalize tobacco products by reducing the number of locations where tobacco products can be purchased.

2.2 British Columbia's Strategy

The British Columbia government has also adopted a strategy to reduce tobacco consumption and the negative effects of tobacco use.⁹ The BC strategy has three key objectives:

- Stop youth and young adults from starting to use tobacco;
- Encourage and assist tobacco users to quit or reduce their use of tobacco products, focusing on the three groups with the highest rates of tobacco use¹⁰; and
- Protect British Columbians, particularly infants and children, from exposure to second-hand smoke.

The province has also set out a vision for a Tobacco Free BC:

"If we work towards our goal and objectives, using a comprehensive, sustainable and collaborative approach, we will see real results and a *Tobacco Free BC* where:

- The public understands the full extent of the harm caused by tobacco products.
- **There are strong regulatory controls on the sale of tobacco, and minors have no access to tobacco products. [Emphasis added.]**
- People understand the risks of and are protected from second-hand smoke, and in particular, no child or worker is exposed to second-hand smoke.
- Smokers have access to a range of information and services to motivate and help them quit.
- Every child participates in smoking prevention programs in the school or in the community.
- Ongoing research enables tobacco control measures to be monitored, evaluated and improved.
- Collaborative working relationships with partners in the tobacco community are fostered to ensure the most effective tobacco control strategy.
- The tobacco industry is held accountable for the harm inflicted by its products.
- Tax is maintained at a high level to discourage the uptake of smoking, reduce the amount smoked, and accelerate quitting across the population."

7 See Federal Tobacco Control Strategy,

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/about-apropos/role/federal/strateg-eng.php>

8 See The National Strategy - Moving Forward: 2003 Progress Report on Tobacco Control,

http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/tobac-tabac/prtc-relct-2003/prtc-relct-2003-eng.pdf

9 See BC's Tobacco Control Strategy: Targeting our Efforts.

10 The three groups identified in the Strategy are: 20-24 year olds; 25-44 year olds, and Aboriginal populations.

The Strategy document also identifies three priorities for action:

- Stopping youth and young adults from using tobacco products;
- Encouraging and assisting tobacco users to quit or reduce their use of tobacco products; and
- Protecting British Columbians, particularly infants and children, from exposure to second-hand smoke.

There are other important aspects of Canada's and British Columbia's tobacco control strategy. The use of taxation to reduce tobacco consumption and litigation against the tobacco industry are two key examples.

3. How Can Reducing Points of Sale Reduce Tobacco Consumption?

3.1 The Principles Guiding Points of Sale Reductions and Controls

The benefits of limiting points of sale and/or putting conditions on sales of tobacco products are well recognized in Canada (and in other countries.) Federal and provincial governments already accept the need to limit the venues of sales for tobacco products. For example, in order to address tobacco use by young people, legislation and regulations prohibit sales to minors and often prohibit sales in places frequented by minors. Legislation and regulations require tobacco products to be kept from the view of minors in various ways. In addition, jurisdictions prohibit sales to adults (and minors) in a variety of locations such as educational, recreational, health and other facilities.

There are strong policy rationales for both the current legislative/regulatory restrictions on sales and for additional or enhanced restrictions. The following principles apply to some or all of the recommendations advanced in this report:

- Reducing the number of points of sale, can, by reducing accessibility, reduce consumption levels.
- With 35,000 points of sale in Canada¹¹ and approximately 6000 registered vendors in British Columbia¹², there is room to further reduce the number of points of sale while still providing a reasonable level of access for consumers. In other words, there should be a more appropriate balance between accessibility and health protection, particularly given that tobacco products are lethal, toxic substances as shown by the death rates noted above.¹³
- Initiatives to further restrict the points of sale of tobacco products fit well within the broader federal and British Columbia tobacco control strategies and can contribute to reaching some of the key objectives in these strategies. In short, the recommendations to further restrict the sale of tobacco can be a significant part of the next generation of tobacco control policy in Canada.
- Reducing points of sale fits well with the denormalization strategy. If our message is that tobacco

11 Reducing the Availability of Tobacco Products at Retail, 2011: Policy Analysis, Melodie Tilson, Non-Smokers' Rights Association, April 2011. One study noted that the vast extent of tobacco availability, i.e., the number of venues is an "implicit promotion of tobacco." See "Tobacco Availability: Changing the Environment, Final Report," Submission to the Office of Tobacco Regulation and Compliance, Tobacco Control Program, Maga Policy Consultant, Ltd., October 6, 2008.

12 Ministry of Finance personal communication. By comparison, there are 197 government liquor stores and 1400 liquor outlets in total. Liquor is also sold through approximately 8000 bars, restaurants and other establishments. See: http://www.bcliquorstores.com/files/2011-2012_idb_annual_report_final.pdf

13 As one report has noted, "Tobacco control initiatives cannot ignore the critical role played in the convenience of access to tobacco for adults and minors alike. The physical availability in retail outlets needs to become a central focus in all programming and policy." See "Tobacco Availability and Control: Research, Options and Suggestions." This report also recommends a concerted attempt to minimize tobacco sales outlets.

use is socially unacceptable, then we must ask why tobacco is sold in 35,000 locations in Canada, in places where, for example, necessities of life such as food are sold.

- Points of sale of tobacco products should not support or reinforce a positive image for smoking or smokers. Accordingly, tobacco products should not be for sale, for example, in places for recreation or leisure.¹⁴
- Given the government and public consensus respecting prohibition of sales to minors, opportunities should be taken to make these prohibitions more effective.
- Changes to points of sale policy and legislation should focus on or support priority target groups such as young people, quitters and Aboriginal peoples.

3.1.1 Illicit Tobacco Sales – Potential Unintended Consequence of Restricting Legal Venues

During consultations undertaken for this review, concerns were raised that restricting points of sale for tobacco products could cause consumers to turn to the illicit or contraband market. It is estimated that approximately 27% of tobacco sales in Canada are from contraband sources. This is a major problem in Ontario with an estimated 40% of sales contraband.¹⁵ Illicit tobacco sales represent a smaller part of total tobacco sales in British Columbia, estimated at between 5% and 20%.¹⁶

The possibility that some or all of the initiatives proposed in this paper might drive tobacco sales and purchases underground is an issue that must be taken seriously. The fact that provincial and federal governments currently have a range of measures limiting the points of sale of tobacco products indicates that they believe that some restrictive measures are required and appropriate. And, as noted below, the mix of measures seen as appropriate varies somewhat from province to province. The question is then, what is the appropriate balance or mix of measures that will reduce tobacco sales without greatly increasing illicit sales. Accordingly, the Provincial Government, working with the Federal Government and other provinces and territories, must consider what additional steps can be taken to reduce the sale of contraband tobacco products.

3.2 Effectiveness of Points of Sale Restrictions

How effective are points of sale restrictions in reducing tobacco consumption? In answering this question, we must first start from an understanding of the massive presence of tobacco sales venues in the lives of Canadians. As one recent Canadian study has noted: “tobacco products continue to be available 24 hours a day, seven days a week in most communities in Canada, sold in essentially every corner store, gas station and grocery store, as well as a myriad of other outlets.”¹⁷ Second, we need to understand that points of sale restrictions do not act alone in controlling tobacco use. The success, over the last 20 years, in reducing tobacco consumption in various jurisdictions is usually attributed to a broad range of strategies and actions, one of which is restrictions at point of sale.¹⁸

14 The tobacco industry is aware of the potential for sales venues to give smoking a positive image. For example, a 1987 Virginia Slims document suggests that a key strategy is to, “Create a presence in the bar that is consistent with the brand image of fun, fashion and male/female friction.” See “Tobacco related bar promotions: insights from tobacco industry documents,” S.K. Katz and A.M. Lavak, *Tobacco Control*, 2002, 11 (Supplement L) i92-i101.

15 See “Estimating the volume of Contraband Sales of Tobacco in Canada,” December 2008, Physicians for a Smoke-Free Canada, http://www.smoke-free.ca/pdf_1/EstimatesofContraband-2008.pdf

16 Carson Kong, Director, Investigations Unit, Ministry of Finance, personal communication, December 5, 2012.

17 Tilson, op. cit, p. 1.

18 A recent study by the Centre for Addiction and Mental Health in Ontario sums up the view found in many sources consulted: “The ongoing drop in overall tobacco consumption in Canada may, in part, be attributable to several factors: the ever-increasing list of places where tobacco purchase and consumption is banned, increase in the real price of tobacco products through tax increases, social norms against smoking, and extensive promotion of cessation programs.” “Tobacco Availability and Control: Research, Options and Suggestions,” Emma Haydon, MSc., Norman Giesbrecht, PhD., Centre for Addiction and Mental Health Toronto, Ontario, Report prepared for Tobacco Control Programme, Health Canada. March 2007.

Respecting points of sale restrictions, the literature indicates that these restrictions can help to reduce tobacco use, particularly by young people. More is said about the effectiveness of sales restrictions on minors in the next section below. Respecting young adults and adults, there is less research available, but there are some clear indications of the positive effect of sales restrictions. One review of the literature found the effects of points of sale restrictions included: reduced tobacco use by “occasional smokers” and among young adults; increased quit attempts by “concerned smokers”, and reduced relapse by ex-smokers.¹⁹

In addition, research on liquor outlets and liquor consumption suggests that reducing points of sale for tobacco can help to reduce tobacco use. An increase in the number of liquor outlets has been shown to be strongly linked to increased alcohol consumption.²⁰

3.2.1 Restricting Sales to Minors

For young people, the research shows much more strongly the positive effects of tobacco sales restrictions. Reducing tobacco use by young people is critical if we are to prevent a new generation of tobacco users. As a recent U.S. Surgeon General’s report has noted, among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age.²¹ A number of studies conclude that efforts to restrict young people’s access to tobacco by means of retail controls have in fact helped to reduce their tobacco use.

A British Columbia study critically examined the effectiveness of programs prohibiting sales to minors in the context of the design and structure of the programs. The authors concluded that well structured programs can be very effective in reducing minors’ access to tobacco and in reducing consumption.²²

These findings are substantiated by actual practice in Canada. A review of the enforcement of legislation and regulations restricting sales to minors in 30 cities across Canada (5502 stores) found a national compliance rate in 2009 of 84.3%. In fact, compliance has exceeded the Federal Control Strategy’s ten-year target of 80% for the last six years.²³ Over time, these restrictions have helped to reduce consumption. A study for Health Canada found that as tobacco vendors’ compliance with restrictions on sales to minors increased from 48% to 84%, smoking prevalence among 15-19 year olds decreased from 24% to 10%.²⁴

3.2.1.1 Social Sources of Tobacco for Youth

A counter argument that is often made to tightening youth access to commercial sources of tobacco is that it will simply drive youth to non-commercial or social sources of tobacco. A recent study found that 64% of youth in grades 6 to 9 obtained tobacco from social sources while 29% of 15-18 year olds used social sources.²⁵

19 See “Tobacco Availability: Changing the Environment, Final Report,” Submission to the Office of Tobacco Regulation and Compliance, Tobacco Control Program, Maga Policy Consultant, Ltd., October 6, 2008. See also, “Tobacco Availability and Control: Research, Options and Suggestions,” Report prepared for Tobacco Control Programme, Health Canada March 2007, Emma Haydon, MSc, and Norman Giesbrecht, PhD, Centre for Addiction and Mental Health, Toronto, Ontario.

20 Tim Stockwell, Centre for Addictions Research. See also, “Tobacco Availability: Changing the Environment.” See also, Tilson, op. cit., p. 36.

21 US Surgeon General, “Preventing Tobacco Use Among Youth and Young Adults,” 2012
<http://www.surgeongeneral.gov/library/preventing-youth-tobacco-use/full-report.pdf>.

22 “Ministry of Health and Health Canada Youth Access To Tobacco Project: Final Report,” Context Research Ltd. August 17, 2005

23 Evaluation of Retailers’ Behaviour Towards Certain Youth Access-to-Tobacco Restrictions, 2009, Health Canada, Tobacco Control Program, http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/eval/2009_result-eng.php.

24 See Tilson, op. cit., p. 31-32.

25 See Appendix 1. See also “The Relative Importance of Social Versus Commercial Sources in Youth Access to Tobacco, Alcohol, and Other Drugs,” Preventive Medicine, Volume 31, no.1, July 2000

But despite the significance of social sources, a very strong case can be made for the effectiveness of restricting legal points of sale.²⁶ One study reports that while social sources are very important for youth tobacco access, these social sources are often themselves youths who usually get their tobacco from commercial sources. Tightening youth access to commercial sources increases the “hassle factor” for youth – the amount of time and energy they must spend in getting tobacco. The authors conclude that, “Effectively, then, when commercial availability is decreased, the cost of acquiring tobacco (in any way) is increased for youth and the eventual likelihood of initiating smoking is decreased.”²⁷ Furthermore, a number of steps can be taken to address youth access to tobacco through social sources.²⁸

Most importantly, as one study observed, even a small change in the effectiveness of laws prohibiting youth access could be at least as effective as other public health measures: *“Youth access interventions would only have to reduce adolescent smoking rates proportionally by 1% to be as cost effective as screening for colorectal cancer.”*²⁹

A key factor explaining the positive effect of reduced access to tobacco vendors and decreased consumption is the denormalization that accompanies this change. As a recent study has concluded,



*“Various studies show that changing perceptions among youth regarding the easy availability of tobacco contributes to changing beliefs that tobacco use is the norm. And research shows there is an important link between such perceptions and tobacco use.”*³⁰

26 These counter arguments are taken from “Youth Access Tobacco Project.”

27 “Youth Access to Tobacco Project.”

28 “Practices recommended to specifically address social sourcing of tobacco in youth include: (1) targeting interventions to decrease social exchange of tobacco at both young, experimental smokers and the older youths (who are the important, constant suppliers of cigarettes), (2) considering price increases to make young smokers more reluctant to share, (3) striving for price regulation and consistency among communities (e.g. promote equal pricing on First Nation reserves and in the rest of the local community), (4) increasing the minimum age for a clerk to be able to sell tobacco, (5) planning programs that increase education opportunities for parents regarding youth access to tobacco, (6) addressing community norms about smoking to discourage opportunities for social exchange.” “Youth Access to Tobacco Project.”

29 DiFranza, J.R., Restricted Access to Tobacco Reduces Smoking Rates Among Youth, in Focus on Smoking and Health Research. 2005, Nova Science: Hauppauge, NY, cited in “Youth Access to Tobacco Project.”

30 Tilson, op. cit., p. 32. Tilson adds, “By helping to change the social acceptability of tobacco use and educate the public about the absolute and relative risks of tobacco products, measures to prohibit tobacco sales in certain locations contribute to reducing demand for tobacco.” See also, Tobacco Control Research on Youth Issues: Scan, Overview and Recommendations, A Report Submitted by Jennifer L. O’Loughlin, Natalie Kishchuk, and Michele Tremblay to Elizabeth Beckett from the Office of Prevention Cessation and Education of the Tobacco Control Programme at Health Canada. <http://www.cctc.ca/cctc/EN/youthengagement/youthissues/synthesisreportfinal#l.5>

4. Current Points of Sale Restrictions in **Canada**

In order to consider where we might go in the future in restricting points of sale of tobacco products, it is useful to begin by looking at current practice.

4.1 Federal Restrictions on Points of Sale

Federal legislation prohibits the sale of tobacco products in public places to persons under age 18. The legislation also prohibits self-serve and restricts vending machines to non-public places and to bars. In addition, sales and promotion by mail and across provincial borders are restricted. These restrictions prevent inter-provincial and international internet sales, but do not fully address sales within provinces. (See Appendix 2)

4.2 British Columbia Provisions

British Columbia restrictions, like those of other provinces, cover sales to minors. In addition, other points of sale prohibitions include:

- Hospital or other health care services venues;
- Public post-secondary institutions;
- Facilities owned or leased by public bodies (e.g., municipalities, corporations) that are used primarily for athletic or recreational purposes; and
- Buildings owned or leased by the government or a Crown corporation or agency.³¹

Exemptions are provided for in the *Tobacco Control Act* Regulations, specifically:

- Land and buildings used for health care services but not owned or leased by a Health Authority;
- Space in a building leased by the government or a Crown corporation but sub-leased to someone outside government; and
- A building leased by a Crown corporation for investment but not used to deliver public services.

As well, all tobacco vendors must register with the Ministry of Finance. This assists the Ministry of Health, through the Health Authorities, in monitoring and enforcing tobacco control legislations and regulations.

4.3 Provisions of Other Provinces

While some provinces have not extended their restrictions as far as British Columbia, other provinces such as Quebec, Saskatchewan, and Nova Scotia have taken the restrictions farther so that they correspond more closely to locations where smoking is prohibited.

Restricted locations include:

- Private educational institutions;
- Child care centres;
- Both public and private premises where cultural, sports, recreational and artistic activities are presented;

31

See Appendix 2.

- Bars and taverns and restaurants;
- Video arcades;
- Amusement parks;
- Theatres;
- Vending machines; and
- Outdoor locations.



A tabular summary of points of sale restrictions across Canada can be found in “Reducing the Availability of Tobacco Products at Retail: Policy Analysis, 2011.”³²

5. Points of Sale Restrictions in **Other Countries**

Some European countries have more limited access to tobacco products than Canada. France limits the sale of tobacco products to tobacco vendors, though resale is permitted in some other locations such as restaurants and some service stations.³³ Both the number and locations of licensees are limited. The number of retailers is estimated to be much lower in France than in Canada, with Canada having about three times the number per smoking population. Sales by mail or over the internet are prohibited.³⁴ Bhutan has banned the sale of tobacco throughout the country, though tobacco continues to be available through shops and other sources. In Saudi Arabia the cities of Medina and Mecca have banned tobacco sales.³⁵

6. Recommendations for Enhanced Points of Sale Restrictions in **British Columbia**

The above discussion describes the context within which new measures to restrict points of sale of tobacco in British Columbia must work. This section of the report presents recommendations to the Provincial Government for enhancing points of sale restrictions.³⁶

Surveys of the Canadian population have consistently shown that a majority supports reducing the number of places that can sell tobacco.³⁷ However, this support may be soft and may be limited by the perceived effect on the retail sector. The sale of tobacco products constitutes a very important source of revenue for convenience store retailers. A 2005 survey of convenience store managers found that cigarettes

32 Tilson, op.cit., Appendix A.

33 “The Politics of Smoking Regulation: Canada, France, the United States,” Paul Kagan and David Vogel, in *Smoking Policy: Law, Politics, and Culture*, Robert L. Rabin and Stephen D. Surgarman; “Tobacco Availability,” Maga Consulting; and “Administrative control of retail tobacco sales in Spain, France and Italy: Final Report,” Claude Vilain, September 4, 2006.

34 Information provided by Lisa Ferguson, Canadian Council for Tobacco Control citing Cynthia Callard of Physicians for a Smoke Free Canada.

35 See Tilson, op. cit., p. 33-34.

36 Access to tobacco products on or through First Nations Reserves is not addressed in this paper. Time did not permit the investigation of this issue.

37 See “Tobacco Availability,” Maga Consulting and Tilson, op. cit., pp. 36-38

accounted for 35 per cent of convenience store sales.³⁸ More recently, a trade journal for convenience stores is reporting that as much as 70 per cent of convenience store sales are tobacco products and that 80 per cent of tobacco sales are through convenience stores.³⁹ While these estimates may be inflated, they may reflect the views of many convenience store managers. Accordingly, the implementation of the recommendations in this report will not be without controversy or opposition.



Keystone Recommendation to Develop a Provincial Retail Reform Strategy

The keystone recommendation of the report is for the establishment of a provincial target level for the number of points of sale in BC, the level to be in the order of 50% below the current number of points of sale. Twelve additional recommendations are intended to assist the Provincial Government in reaching the target level over a ten-year period. These recommendations fall into four groups: prohibition of sales; restrictions on sales; enforcement, and administration/implementation.

Recommendation 1: Establish a Provincial Target Level for Points of Sale, Freeze the Current Number of Points of Sale, and Adopt a Strategy to Reach the Target Level Over a Ten-Year Period

It is recommended that the Government of British Columbia take a leadership role in Canada by establishing a provincial target level for the number of points of sale in the province and a schedule to reach the target level over a ten-year period. The precise target level should be established based on consultations between the provincial government, experts on tobacco control and health promotion/prevention and other concerned stakeholders. As a starting point for these discussions, a ten-year target level of 3000 points of sale, or half the current level, is proposed. Allowing for population growth, this level would be in keeping with a 50%-plus reduction in the number of tobacco users.

As a first step to achieving the target level it is recommended that the provincial government legislate a freeze on the number of venues selling tobacco products in the province at the current level of 6000.

38 "A Proposal to Regulate the Display and Promotion of Tobacco and Tobacco Related Products at Retail: Consultation Document," Tobacco Control Program, Health Canada, December 2006.

39 "Tomorrow for Tobacco: Looking Beyond the Barriers," Jaclyn Greenberg, in YCM Your Convenience Manager, July-August 2008; and, "The Big Smoke: Consumers Talk Tobacco," Jaclyn Greenberg in YCM: Your Convenience Manager, December 2008, Volume 7, Issue 12.

Recommendations Respecting Prohibition of Sales of Tobacco Products

Recommendation 2: Prohibit Sales in Pharmacies

An immediate first step to achieving the target levels established per Recommendation 1 is legislation to prohibit tobacco sales in pharmacies. British Columbia is the only province in Canada that permits tobacco sales in pharmacies. All other provinces have recognized that pharmacies are locations where people go to seek health therapies and, for this reason, a product such as tobacco that damages health should not be for sale.⁴⁰ For similar reasons, many provinces, including British Columbia, have prohibited sales in hospitals and health care facilities. It has also been argued that selling tobacco products in pharmacies is problematic for persons with mental illness. They must frequent pharmacies to obtain their medications and yet at the same time, many of these patients are also struggling with tobacco addiction.⁴¹

Recommendation 3: Prohibit Sales in Venues Where Smoking is Banned

As noted earlier, in British Columbia, prohibitions on smoking have been extended beyond those venues where sales of tobacco are prohibited. This recommendation proposes that sale of tobacco products be prohibited in locations where smoking is banned. (An exception would be retail sales outlets that currently sell tobacco products which are addressed under other recommendations in this report.) More specifically, it is recommended that British Columbia prohibit the sale of tobacco products in bars and restaurants.

There are approximately 8000 bars and restaurants in British Columbia licensed to sell liquor. It is not known how many currently also sell tobacco products, but prohibiting tobacco sales in these venues can certainly help to prevent the expansion of the number of tobacco vendor points of sale.

In addition, it is recommended that tobacco sales be prohibited for all outdoor facilities. This initiative would fit well with the current trend to prohibiting smoking in such locations.

Recommendation 4: Prohibit Tobacco Sales by Vending Machine

A strong case can be made that tobacco is too dangerous a product to sell through vending machines in any location. Currently, the federal *Tobacco Act* prohibits tobacco sales through vending machines except in places not open to the public or in bars or taverns with prescribed security mechanisms. Ontario, Quebec, Nova Scotia, P.E.I., Saskatchewan, Northwest Territories and Nunavut have taken further steps to restrict the sale of tobacco products through vending machines. It is recommended that British Columbia follow the example of these provinces/territories and prohibit the sale of tobacco products through vending machines. This initiative would also fit well with the prohibition of tobacco sales through bars.

Recommendation 5: Prohibit Internet Sales

As noted earlier in this report, the federal *Tobacco Act* prohibits the delivery of tobacco products across provincial boundaries and the use of the mails for delivery of such products. However, the legislation does not cover the delivery of tobacco products by courier services within a province.⁴² This would mean that within



40 This is also the position of the Canadian Cancer Society.

41 "Canada: Pharmacy sales to mentally ill people," Charles Els, TC Online in <http://tobaccocontrol.bmj.com>.

42 Mathew Cook, Health Canada.

a province, tobacco products could be purchased and obtained through the internet. Quebec has addressed this issue by permitting sale of tobacco products only to customers who are physically present.⁴³

The internet has become a major source of sales and promotion for a wide variety of goods and services. The extent to which the internet is currently used for the sale and purchase of tobacco products in Canada is not known. However, it seems likely that if the Government of British Columbia were to adopt the recommendations in this report to restrict sales venues for tobacco products, the tobacco industry and some people, particularly young people, might turn to the internet. For these reasons, it is recommended that the Provincial Government, in consultation with the Federal Government and other provincial/territorial governments explore measures to prohibit the sale of tobacco products through the internet. Otherwise, the effect of the foregoing strategies to reduce tobacco vendors' points of sale could be diminished.

Recommendations Respecting Restrictions on Sales of Tobacco Products

Recommendation 6: Restrict Tobacco Sales from Vendors Near Schools

This recommendation is intended to address directly the use of tobacco products by youth by prohibiting sales within a specified distance (such as 150 metres) of schools. In 2007, a proposal was presented to Vancouver City Council by its Medical Health Officer proposing that sales of tobacco products be prohibited within 150 metres of schools. Although the proposal was not acted on, the report to Council noted that a survey of the Vancouver public found 77% would support such a restriction.⁴⁴

A number of studies have shown that tobacco use and addiction start in adolescence or younger. In fact, very few people take up smoking after their teen years. Research has also shown that stores near schools are a primary site for adolescent tobacco acquisition and experimentation and have been a focus for promotion by tobacco companies and retailers.⁴⁵

In addition there is clear public support for this recommendation in British Columbia. A recent survey found that 77% of respondents supported a ban on the sale of cigarettes and other tobacco products within 500 meters of an elementary, middle or high school.⁴⁶

Recommendation 7: Restrict Sales to Liquor Stores and Adult-only Venues

This recommendation is for a later stage of the Government of British Columbia's strategy to achieve the targeted reduction of tobacco vendors' points of sale. Under this recommendation, tobacco sales for the entire province would be confined to two locations, some liquor stores and adult-only venues such as specialty tobacconist shops where minors are not permitted.

The inclusion of non-liquor store venues (adult only) is recommended so that persons recovering from alcoholism or with alcohol dependency problems are not forced to use liquor stores to obtain tobacco. It is reported that over 80% of alcohol-dependent persons are also smokers. And, it is estimated that 85%

43 Quebec, Sante et services sociaux, "A Step on the Road to a Smoke Free Future: Information on the Tobacco Act as Amended on June 16, 2005."

44 See Vancouver, Draft Policy Report to Council, "Regulating Sale and Display of Tobacco Products," January 10, 2007. The state of Delhi in India prohibits sales within 100 meters of a school. "Tobacco control in India," Riti Shimkhada¹ and John W. Peabody, in Bulletin of the World Health Organization, 2003, 81 (1), see, <http://www.scielosp.org/pdf/bwwho/v81n1/v81n1a10.pdf>

45 Health Policy Guide – Center for Health Improvement, see: <http://www.healthpolicyguide.org/doc.asp?id=5221>; "Investing in youth tobacco control: a review of smoking prevention and control strategies" Paula M Lantz, Peter D Jacobson, Kenneth E Warner, Jeffrey Wasserman, Harold A Pollack, Julie Berson, Alexis Ahlstrom, in <http://tobaccocontrol.bmj.com/>; "Reaching youth at the point of sale: cigarette marketing is more prevalent in stores where adolescents shop frequently," L Henriksen et al, Stanford University School of Medicine, Stanford Prevention Research Centre, See TC Online, <http://tobaccocontrol.bmj.com/cgi/content/full/13/3/315>

46 Survey by Mustel Group for the Heart and Stroke Foundation and the BC Lung Association, March 2012.

of people recovering from alcohol addiction are smokers. While, according to a number of studies, most alcohol-addicted persons are interested in quitting smoking, most wish to address their alcohol addiction first.⁴⁷ Given these findings, it could be particularly detrimental to require persons recovering from alcohol dependencies to obtain tobacco products in liquor stores.

Currently there are approximately 1400 retail liquor outlets in British Columbia, including 197 government liquor stores.⁴⁸ As the number of retail liquor outlets has grown over time, it is also recommended that the number of tobacco retail sales venues in liquor stores/adult venues be capped at the point that this recommendation is adopted. This will ensure that the points of sale do not grow with the growth in liquor outlets and also allow for further restrictions in points of sale in the future, should the government so determine.

Recommendations Respecting Enforcement

Recommendation 8: Make the Restrictions on Sales to Minors More Effective

To further protect minors from tobacco use and addiction, it is recommended that the Government of British Columbia take steps to make the current restrictions on sales of tobacco to minors more effective.

Despite the success in achieving compliance with legislation on sales to minors noted earlier in this report, there is still room for improvement. In British Columbia, three cities were tested as part of the most recent national evaluation in 2009. The compliance rate for Vancouver (CMA) was 94%; that for Campbell River/Courtney 98.6%; and that for Kelowna, 94.1%. One of the four Vancouver areas tested had a lower rate of 84.7%. Unfortunately, we do not know the level of compliance in other British Columbia communities.

While these are good levels of compliance, based on this evaluation 6% of minors in Vancouver are obtaining tobacco products from vendors – and almost 15% in one area of Vancouver. By comparison, Ottawa achieved a 96.9% compliance rate and some smaller cities such as Medicine Hat achieved 100%.⁴⁹

Furthermore it must be understood that the compliance rates reported in the Health Canada evaluation may overstate actual compliance because the young people used for the tests may not be a realistic reflection of teenagers who actually purchase cigarettes.⁵⁰ Second, some vendors are known to sell tobacco to minors that they know. Finally, according to one comprehensive report, retail compliance needs to approach 100% to reduce the accessibility of tobacco to youth given social sources and the large number of vendors in most communities.⁵¹

A 2005 report to the British Columbia Ministry of Health made a number of recommendations to reduce minors' access to tobacco products, including:

- Regular enforcement can improve the effectiveness of the programs if checks are carried out four or more times per year; and, if the testers are more representative of teenagers who actually purchase cigarettes.
- Education of retailers and the public respecting the laws on youth access to tobacco and their rationale (and focusing both education and enforcement on retailers who sell to youth).

47 "Smoking Cessation in recovering alcoholics" in familydoctor.org, <http://familydoctor.org/online/famdocen/home/common/addictions/tobacco/269.html>; "Recovering alcoholics can use help with smoking cessation," Internal Medicine News, Jan 1, 2003 by Jeff Evans; "Contribution of Smoking to Morbidity Associated with Alcohol Dependence," by John Littleton, Medscape Today, 2007, http://www.medscape.com/viewarticle/559465_2

48 See British Columbia Liquor Distribution Branch 2011/2012 Annual Report, http://www.bcliquorstores.com/files/2011-2012_db_annual_report_final.pdf

49 Evaluation of Retailers' Behaviour Towards Certain Youth Access-to-Tobacco Restrictions: Final Report Findings, 2009, Health Canada.

50 "Ministry of Health and Health Canada Youth Access To Tobacco Project: Final Report," Context Research Ltd. August 17, 2005.

A BC study cited in this report found that test youth following the testing protocols were five times less likely to obtain cigarettes than age/gender matched smokers.

51 Tilson, op. cit., p. 31.

- Increasing penalties for noncompliant retailers to a level where they are seen as more than just a cost of doing business.
- Tobacco retail licensing and strict monitoring of licensing processes.
- Adequate funding for enforcement.
- Prohibition of tobacco sales in a range of venues including pharmacies and through vending machines.
- Publicizing violations (e.g., ticketing, suspensions), and on the other hand, publicizing and supporting those vendors who are complying.
- Considering enforcement and fines for youth tobacco users.⁵²

Another report also recommends:

- Increasing the minimum age for retail clerks, and
- Requiring retailers to request identification for customers younger than a specified age on every occasion.⁵³

Vendors could be required to take training as a mandatory part of obtaining their license to sell tobacco.

These recommendations provide an excellent framework for the provincial government to follow in strengthening enforcement of the laws governing tobacco sales to minors.

Recommendation 9: Address Contraband Sales of Tobacco Products

As noted earlier in this report, contraband sales of tobacco products have become a major problem for Canada. Illicit sales in British Columbia are not presently as significant a part of the tobacco market as in Ontario. However, adopting the recommendations in this report could cause more tobacco consumers to turn to the illicit market. Moreover, BC has a unique illicit tobacco market problem marked by a combination of counterfeit cigarettes from Asia, tobacco smuggled from the United States and tobacco products from Aboriginal reserves.⁵⁴

In 2008, the RCMP, as the lead federal agency on contraband tobacco products, released a contraband tobacco strategy.⁵⁵ Broad-ranging as this strategy is, the RCMP, recognize that they cannot combat the problem alone. Their report stated, “A national strategy with participation from all impacted federal and provincial departments and agencies would be essential in making a comprehensive long-term impact.” They proposed the establishment of a national committee of senior representatives from concerned federal, provincial, and territorial agencies and departments to coordinate activities to reduce the effects of contraband tobacco. In addition, they proposed the establishment of regional coordinating committees of federal and provincial law enforcement organizations. In 2008, Derek Simmonds, then Director of the Customs and Excise Branch of the RCMP, advised that the RCMP planned to move forward on the establishment of this committee early in 2009 and to cooperate at the local level with each province.⁵⁶

The two strategies noted above are repeated in the 2011 Tobacco Enforcement Strategy Progress Report. However, the RCMP advised that they do not plan to establish the national committee as they now feel it would duplicate other efforts underway. Respecting the regional committee, various ad hoc arrangements are in place but a regional committee involving BC has not been established.⁵⁷

52 “Youth Access to Tobacco Project.”

53 “A Literature Review of Tobacco Sales to Youth: Prohibition Policy Interventions: Final Report,” Report prepared for the Tobacco Control Programme at Health Canada May 24, 2007, Dr. Scott Leatherdale

54 Carson Kong, Director, Investigations Unit, Ministry of Finance. Personal communication, December 5, 2012.

55 Contraband Tobacco Products Strategy, 2008, Royal Canadian Mounted Police.

56 Interview, January 7, 2008.

57 Jolene Bradley, Senior Communication Strategist Federal Policing, RCMP, e-mail, December 12, 2012.

It is recommended that the Government of BC work with the RCMP to establish a regional committee for BC to address the unique nature of BC's illicit tobacco trade, to prevent future expansion of illicit sales, and, over time to reduce the illicit tobacco market.

It is also recommended that the Government of British Columbia develop a comprehensive, cross-government strategy to address illicit tobacco sales. This strategy should be developed in collaboration with other concerned ministries of the provincial government (such as the Ministries of Finance, Health, and Aboriginal Relations and Reconciliation), with the RCMP, other provinces and territories, and non-governmental organizations. The strategy should also take into account the possible impact of the various recommendations presented in this report.

Recommendations Respecting Administration and Implementation

Recommendation 10: Establish a Tobacco Points of Sale Reduction Advisory Committee

As noted above, surveys have repeatedly shown that the public will support initiatives to reduce the points of sale of tobacco products. Despite this, it is recognized that the recommendations in this report will represent a significant challenge for the Provincial Government.

The recommendations would have significant effects not only on merchants who now sell tobacco products, but also potentially on health professionals, on tobacco users, including persons with mental illness or addictions who are currently smokers, on recovering alcoholics who are smokers, and on other groups

For this reason, it is recommended that the Provincial Government establish a Tobacco Points of Sale Reduction Advisory Committee to assist government with the phased implementation of the points of sale reduction strategy. As a first step, the Advisory Committee could advise the Provincial Government on the ten-year target level for points of sale. In addition, it is recommended that the Provincial Government provide funding for evaluation research to measure and track the effect of the points of sale reduction strategy.

The Advisory Committee could be chaired by the Provincial Health Officer and include representatives from the Ministry of Finance, the Federal Department of Health, the RCMP, the Canadian Cancer Society, the Heart and Stroke Foundation | BC & Yukon and the BC Lung Association (Clean Air Coalition of BC), selected Health Authorities, and the Union of BC Municipalities.

Recommendation 11: Implement Education Initiatives

Education of the general public and of targeted groups within the public including smokers, youth, adults, and educators, will be necessary to ensure ongoing support for the recommendations in this report. More broadly, education remains a key factor in addressing and reducing the use of tobacco products by youth and adults. A



major report on youth access to tobacco products in British Columbia emphasized the need for education in a number of areas including: public education about the harm of giving tobacco products to youth; parent and adult awareness campaigns; youth awareness campaigns; educating youth about their responsibilities to not provide tobacco to peers and younger youth; and proactive retailer education with emphasis on locations where youth are likely to attempt to purchase tobacco.⁵⁸

Accordingly, it is recommended that the Provincial Government partner with the Heart and Stroke Foundation | BC & Yukon and the BC Lung Association (Clean Air Coalition of BC) and other key stakeholders to implement a range of educational initiatives to reduce tobacco use in BC.

Recommendation 12: Use Vendor License Fees to Encourage Merchants to Cease Tobacco Sales

Another strategy for meeting target level reductions in points of tobacco sales is imposing a license fee on vendors. Currently, the British Columbia Ministry of Finance licenses tobacco vendors, but there is no fee charged to the vendors. A vendors' fee could be set at a level that would encourage vendors for whom tobacco sales are an unimportant part of their business, to abandon tobacco sales. Nova Scotia charges a fee of \$100 for a three-year period. At least 22 municipalities in Ontario and Alberta impose tobacco vendor licensing fees. Hamilton's current fee is \$377 per annum and Ottawa's is \$360 per annum. Six other Ontario municipalities charge \$200 or more while the town of St. Albert in Alberta charges \$400 and Edmonton charges \$194.⁵⁹

It is recommended that British Columbia establish an initial fee of \$100 per annum rising to \$400 per year over a four-year period.

Recommendation 13: Encourage Implementation at the Municipal Level

It is also recommended that implementation of some of the recommendations in this report be adopted at the municipal level. British Columbia's Community Charter provides municipalities with the authority to enact bylaws in areas of concurrent provincial authority. Bylaws can be enacted, for example, to address public health issues. Cooperation with the Provincial Government is required including approval of the Minister of Health.⁶⁰ In cooperation with the Provincial Government (to avoid conflict and duplication) municipalities could consider acting on this report's recommendations respecting: establishing a target number of points of sale within their municipality, setting municipal licensing fees, restricting tobacco sales near schools, and prohibiting sales in bars and outdoor locations.

Municipalities in British Columbia have led the way in Canada in the adoption of measures to restrict smoking.⁶¹ BC municipalities could do so again in the area of restricting points of sale.

58 "Youth Access to Tobacco Project," op. cit.

59 See Canadian Cancer Society briefing note, "Tobacco Retail Licence Fees, 2010" and for the city of Hamilton, <http://www.hamilton.ca/CityDepartments/PlanningEcDev/Divisions/ParkingBylawServices/BusinessLicences/EstablishmentLicence/BusinessEstablishmentFees.htm>

60 See Public Health Bylaws Regulation.

61 See "Factors related to the adoption of municipal by-laws to restrict smoking: An Analysis of Healthy Public Policy in Action," M. Hollander, L.T. Foster, G. Curtis, A. Galloway, in *Community, Environment, and Health: Geographic Perspectives*, 1992

Appendix 1: Smoking Prevalence in **Canada**

Selected Facts from “Tobacco Use in Canada: Patterns and Trends, 2012 Edition” PROPEL: Centre for Population Health Impact University of Waterloo.

Tobacco Use Among Canadian Adults (15+), 2010 Smoking Prevalence

- 16.7% of Canadians (approximately 4.7 million) were current smokers.
- Although prevalence is at an all-time low, the decline in smoking prevalence observed over the past 10 years appears to have slowed.
- Prevalence was higher among males (19.7%) than females (13.8%).
- Smoking prevalence was highest among young adults (age 20-24), at 22.1%.
- Substantial differences in smoking prevalence by education level persisted over the last decade, despite declining prevalence.
- There were significant differences among provinces in smoking prevalence.

Youth in grades 6-9, in 2008-09:

- 21.6% of students in grades 6-9 had ever tried a cigarette.
- 3.5% of students in grades 6-9 were current smokers overall, with grade-specific rates ranging from too low to report in grade 6 and 2.0% for grade 7, to 7.0% for grade 9 students.
- Smokers were evenly split between daily (1.8%) and non-daily (1.7%) smoking.
- More males (4.0%) than females (3.0%) were current smokers.
- Prevalence varied by province, and was highest in Quebec, at 7.6%.
- One third of never-smokers in grades 6-9 were classified as susceptible to smoking.
- Daily smokers in grades 7-9 smoked an average of 10.9 cigarettes per day.
- 12% of students in grades 6-9 had ever smoked a cigar or cigarillo.
- The majority (64%) of smokers in grades 6-9 usually obtained their cigarettes from social sources.
- Nearly two-thirds of current smokers in grades 6-9 reported ever trying to quit smoking.

Youth aged 15-19, in 2010:

- One in four (25.5%) youth reported ever having smoked a whole cigarette.
- 12.2% of youth aged 15-19 were current smokers overall, with age-specific rates ranging from 5.0% for 1-year-olds to 17.5% for 19-year-olds.
- More youth smoked daily (7.4%) than non-daily (4.9%).
- Prevalence was 13.1% among males and 11.3% among females.
- Prevalence varied by province, ranging from 9% in BC and Ontario to more than 20% in Saskatchewan.
- Daily smokers aged 15-19 smoked an average of 11.6 cigarettes per day.
- 16% of youth aged 15-19 had ever smoked a cigar, and 29% had ever smoked a cigarillo.
- Gender differences were apparent: 23% of males and 9% of females had smoked a cigar, while 33% of males and 24% of females had smoked a cigarillo.
- Six in ten smokers aged 15-18 usually obtained cigarettes from retail sources, while the remainder obtained them through social (29%) or other (10%) sources.
- 65% of smokers aged 15-19 were seriously considering quitting in the next 6 months.
- The majority (64%) of smokers aged 5-19 had made a quit attempt in the past 12 months.

www.tobaccoreport.ca/2012/TobaccoUseinCanada_2012.pdf

Appendix 2: Federal and Provincial Tobacco **Legislation**

Federal Legislation ***Tobacco Act***

Furnishing Tobacco Products

8. (1) No person shall furnish a tobacco product to a young person in a public place or in a place to which the public reasonably has access.

Defence

8. (2) A person shall not be found to have contravened subsection (1) if it is established that the person attempted to verify that the person was at least eighteen years of age by asking for and being shown documentation prescribed for the purposes of verifying age, and believed on reasonable grounds that the documentation was authentic.

Self-service Display

11. No person, unless exempted by the regulations, shall sell a tobacco product by means of a display that permits a person to handle the tobacco product before paying for it.

Sales to youth, promotion

45. Every person who contravenes section 8, 9, 11 or 12, or any retailer who contravenes section 29, is guilty of an offence and liable on summary conviction:

- (a) for a first offence, to a fine not exceeding \$3,000; and
- (b) for a subsequent offence, to a fine not exceeding \$50,000.

Dispensing device

12. No person shall furnish or permit the furnishing of a tobacco product by means of a device that dispenses tobacco products except where the device is in:

- (a) a place to which the public does not reasonably have access; or
- (b) a bar, tavern or beverage room and has a prescribed security mechanism.

Deliver or mail

13. (1) No person shall, for consideration, cause a tobacco product to be delivered from one province to another or to be sent by mail unless the delivery or mailing is between manufacturers or retailers or the person is otherwise exempted by the regulations.

Advertising an offer

13. (2) No person shall advertise an offer to deliver a tobacco product from one province to another or to mail a tobacco product.

British Columbia Tobacco Control Act

2.1 (1) A person must not deal in, sell, offer for sale or distribute tobacco in any of the following places:

- (a) land, or a building or structure, used primarily for the purposes of a hospital or other health care services;
- (b) the campus of a public university or other public post-secondary institution;
- (c) a building or structure that is owned or leased by a public body that is used primarily for athletic or recreation purposes;
- (d) a building or structure that is owned or leased by the government or a Crown corporation or agency;
- (e) a prescribed place.

Tobacco Control Act Regulations

4.1 For the purposes of section 2.1 of the Act:

“building or structure” includes part of a building or structure;

“campus” means property or part of a property that is:

- (a) owned or leased by, or operated under the authority of, a public university or other public post-secondary institution, and
- (b) used primarily for the purposes of
 - (i) delivering educational programs or other learning programs,
 - (ii) research,
 - (iii) providing student services, or
 - (iv) providing services by affiliated student organizations,and includes real property and improvements, personal property and, if the property includes common areas between improvements, the common areas;

“public body” means the following bodies:

- (a) a municipality;
- (b) a regional district;
- (c) the trust council, the executive committee, a local trust committee and the trust fund board, as these are defined in the *Islands Trust Act*;
- (d) a library board as defined in the *Library Act*;
- (e) any board, committee, commission, panel, agency or corporation that is created or owned by a body referred to in paragraphs (a) to (d) and all the members or officers of which are appointed or chosen by or under the authority of that body;
- (f) the Park Board referred to in section 485 of the *Vancouver Charter*.

Exemptions respecting where tobacco is not to be sold

4.11 The following classes of places are exempt from section 2.1 of the Act:

- (a) land, or a building or structure, that is used by health care providers to deliver health care services, but is not owned or leased by a regional health board under the *Health Authorities Act*;
- (b) space in a building or structure that is leased by
 - (i) the government, or
 - (ii) a Crown corporation or agency,but is sub-leased to a person who is not government or a Crown corporation or agency;
- (c) a building or structure that is owned or leased for investment purposes by a Crown corporation or agency, but is not used in conjunction with delivering a public service.

Appendix 3: Sources Consulted

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Appendix 4: Individuals and Organizations **Consulted**

BC Healthy Living Alliance

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Kate Vallance, Project Coordinator, BC Alcohol and Other Drugs Monitoring Project
Dan Reist, Director, Communications and Resource Unit
Gerald Thomas, Senior Policy Analyst

Clean Air Coalition of BC

BC Lung Association

Scott McDonald
President and CEO
Jack Boomer
Director

Heart and Stroke Foundation, BC & Yukon

Mark Collison
Director, Advocacy and Stakeholder Relations

Coalition Québécoise pour le contrôle du tabac

Heidi Rathjen

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Kevin McDonald
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Andrew Loughead
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Nova Scotia, Ministry of Health Promotion and Protection

Steve Machat
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Rebecca Ferrence
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Physicians for a Smoke Free Canada, Quebec Office

Flory Doucas
Director

Royal Canadian Mounted Police

Derek Simmonds
Director
Customs and Excise Branch, National Headquarters
Superintendent Guy Poudrier
Director
Customs and Excise Branch, National Headquarters
Jolene Bradley
Senior Communications Strategist Federal Policing

Yukon Health and Social Services

Daniela Meier
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Vancouver Coastal Health Authority

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Vancouver Island Health Authority

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