

Providing Leadership in the Reduction of Tobacco Use in Manitoba

Board of Directors

Dr. Jonathan Archer,
Chair
Cheryl Grewar
Dr. Michael Isaac
Dr. Lisa Richards
Marsha Simmons
Leana Smith
Roger Tam
Dr. Helmut Unruh

Murray Gibson
Executive Director



Dr. Jonathan Archer
Chair



Murray Gibson
Executive Director

Reflections

In our last two annual reports we reflected on two of the values that MANTRA upholds, those being human life and collaboration. A third value that we hold to is respect.

Our values statement says this: In our efforts to curb tobacco use, we do not pass judgment on people. We respect and are sensitive to differences in cultural values, personal beliefs and traditions.

One of the most important aspects about truly respecting others and their right to make choices is the understanding that respect does not necessarily mean agreement. Anthony Bourdain summed it up well when he said, “I don’t have to agree with you to like or respect you”. David DeWolf also succinctly said it when he wrote “Don’t confuse support and respect for agreement”.

As an organization, we need to be absolutely clear as to where we stand on tobacco. Our vision is “to eradicate tobacco use for a healthier Manitoba”. We cannot lose sight of that vision. However, in the process we owe it to those who are using tobacco products to offer them support and respect.

Over the years, it has been my observation that not everyone will agree with your vision, but there will be more likelihood of that happening if you passionately pursue the vision while offering support and respect. As I look back on the past 15 years at MANTRA, my hope is that those we have come in contact with have been shown respect and support. It is equally important that those we have contacted understand how passionate we are about tobacco reduction.

S.B. Morse said, “Two things I’ve learned: 1) you simply cannot change someone’s mind on certain issues and 2) some issues are so important that you simply cannot stop trying to.”

This, I believe, is one of them.

Milestones

The origin of the word milestone dates back to the time of the Romans in the 3rd century. They had built a network of roads encompassing nearly 53,000 miles. Every 1000 paces (4800 feet) a stone was placed. It was a reminder to how far you had come and also to how far you had yet to go.

Much progress was made this year in building capacity amongst health professionals for tobacco cessation. 28 health professionals attended a four day training and are now completing assignments and writing exams to receive a Certified Tobacco Educator designation.

In a new endeavor under TRAIN Manitoba, previously trained facilitators from three health regions (Interlake-Eastern, Southern Health and Prairie Mountain Health) conducted one day training sessions for health staff in five centers. In total 102 staff were trained, which more than doubled the expectation, thanks to the support of regional staff and management. We have come a long way in capacity building.

Last year our annual report carried information about a new project that was in process to make nicotine replacement available to Manitobans at no cost through an initiative of the Province. The project involved a partnership with MANTRA, the Manitoba Lung Association and the Canadian Cancer Society. Although we were able to make some fairly significant progress, the program was put on hold with government changes and has not been restored. In some ways, this is a milestone that tells us how far we have yet to go.

There are trained health professionals who are putting their training to work, but now need resources like readily available Nicotine Replacement Therapy (NRT) for their clients/patients. We continue to receive calls from individuals and organizations for this type of help.



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*... a catalyst and
coordinator for
tobacco reduction
activities in Manitoba.*

Challenges.

*“A challenge only becomes an obstacle when you bow to it.”
- Ray A. Davis*

Over the past few years the issue of vaping has emerged and more recently, the subject of cannabis or marijuana. With the advent of the legalization of marijuana in 2018, those who are working in the area of tobacco control will need to understand the connection between tobacco use and marijuana use. The Propel report on Cannabis in Canada indicates the following:

- Nearly half (44.5%) of Canadians 15 years and older report having ever tried cannabis.
- The number of medical marijuana users quadrupled from 30,357 registered patients in 2014 to 129,876 in December 2016.
- 1 in 5 Canadian students in grade 7-12 reported every trying cannabis.
- Among current smokers in grade 7-9, over 90% reported trying cannabis
- Among cigarette smokers in grade 10-12, 94.3% had tried marijuana.
- More than 75% of e-cigarette users in grades 7-12 have tried marijuana.
- A study of Ontario students in 2011 showed that 92% of past year tobacco users also used marijuana, compared to 16% in 1991.

What are the concerns with the dual use of marijuana and tobacco?

A primary concern is that the use of one substance will lead to another.

Dual tobacco and marijuana use is associated with the likelihood of problematic behaviours amongst youth.

The two substances used together may generate worse health outcomes than either used on its own.

There is a concern that legalizing marijuana may undermine tobacco control efforts. Increased access to marijuana may “re-normalize” tobacco use or reduce perceptions of the risks of smoking due to greater visibility of marijuana smoking.

The full effect of the challenges will probably not be known until changes are implemented as has been the case in other jurisdictions that have legalized marijuana.

What’s Ahead?

*“Yesterday is gone. Tomorrow has not yet come. We have only today.
Let us begin.”
- Mother Teresa*

Our most immediate responsibility is to complete the Public Health Agency of Canada (PHAC) involving the University of Manitoba, CancerCare MB and MANTRA. It is in its final year of a three year project and is slated for completion in March 2018. This also marks the expiry of the current Federal Tobacco Control Strategy.

The Federal Government has held public consultations from February 22 to April 13, 2017 and a National Forum on the Future of Tobacco Control in Canada from February 28 to March 2, 2017. The purpose was to set out a new bold federal approach to tobacco control that would see “a radical reduction in tobacco use in Canada”. The main focus of “The Future of Tobacco Control in Canada centres around the following:

Less than 5% by 2035 and other targets

– in addition to the goal of less than 5% by 2035 for the general population, setting other tobacco-use and sub-population targets.

Protecting Youth – Preventing young people and others from starting to use tobacco and vaping products, and protecting them from second-hand and smoke and vapour.

Helping Canadians who use tobacco- enabling access to treatment to help people quit tobacco and reducing harm to those who are not ready to quit.

Indigenous peoples – supporting the development of a shared approach to address higher prevalence rates of commercial tobacco use among indigenous peoples.

Tobacco use and health and social inequities – addressing higher rates of tobacco use in groups such as those living with mental illness and those with lower socioeconomic status.

Building Capacity – ensuring that the Government of Canada has the resources, information and partnerships it needs to achieve its targets and to support partners in their roles.

The future of tobacco control in Canada is changing and we need to prepare ourselves.

Committed Leadership

As we look ahead into the next century, leaders will be those who empower others.

- Bill Gates

As we look back over the past year, much of our emphasis has been on training – it has been about empowering others to take a leadership role. We have been privileged to have had men and women of leadership on our Board, who understand and support the importance of training others to be leaders in tobacco reduction.

Dr. Jonathan Archer has provided quality leadership as the Chair of the board of directors for the past three years. He leaves the board having served a maximum of six years.

Roger Tam has been a great resource to MANTRA in his chosen profession of pharmacy. He leaves the Board of Directors having served a maximum of six years.

Dr. Michael Isaac, a Medical Officer of Health in the Northern Health Region, has enabled MANTRA to better understand the needs of people living and working in Northern Manitoba. Michael leaves the board having completed a two year term.

Continuing on the Board of Directors is **Cheryl Grewar**, our board Treasurer, who is now completing her third term of office. **Leanna Smith**, the Regional Manager, Community Wellness & Chronic Disease of the Interlake-Eastern RHA, is beginning her third term of office. **Marsha Simmons** served as the Vice-Chair of the board last year and is completing her second term. **Dr. Lisa Richards**, a Medical Officer of Health with the Winnipeg Regional Office, is returning to a second term on the Board. We also welcome back **Dr. Helmut Unruh**, the Surgical Lead at Cancer Care Manitoba who is completing his first term on the Board of MANTRA.

We welcome two new members to the board this year. **Dr. Ruby Grymonpre** is a Professor at the College of Pharmacy at the University of Manitoba. She is also a member of the MANTRA Advisory for the PHAC project. **Dr. Cory Fogel** is a Dentist who practices in the City of Winnipeg. He also comes to us on the recommendation of the Manitoba Dental Association.

In order to qualify as a Director, individuals must be 18 years or older, not employed by MANTRA and have shown a strong interest in and knowledge of tobacco reduction. A director shall hold office for a period of two years commencing with the Annual General Meeting at which he or she is appointed. Individual Directors are eligible to serve as a Director for a maximum of three (3) consecutive two-year terms.

Managing Change

“It is not the strongest or the most intelligent who will survive but those who can best manage change.”

- Leon C. Megginson

If one is to take the Government of Canada at face value regarding tobacco control, then the message is clearly “Change is Coming”.

- Deaths, illnesses and costs for tobacco use are preventable and the Government of Canada is committed to significantly reducing this unacceptable burden.

- A new approach is needed. The Government of Canada is speaking in terms of “achieving a radical reduction in tobacco use in Canada”.

What would this new approach look like? That is all still under consideration, but two things are certain. First of all, there will be a new approach to tobacco reduction. Harm reduction will play an increased role. The federal government, through the Tobacco Vaping Product Act, is considering whether or not it should take a more active role in encouraging adult smokers to switch to vaping products.

Secondly, there will be increased focus on tobacco use as contributing to health and social status inequity in Canada. These inequities are most evidenced among Canadians with low incomes, those with mood and/or anxiety disorder as well as Indigenous peoples who use commercial tobacco.

What does this mean? It may mean that vaping, marijuana smoking, chewing tobacco, heated tobacco products, and other forms of oral nicotine product use will be viewed as less harmful and given greater credence as a harm reduction alternative for those who cannot or do not want to quit smoking.

The Ontario Public Health Association Position Statement on Applying a Health Equity Lens includes the following statement: “For public health to take this approach a shift from individual and behavioural interventions to activities that are aligned with social justice are required. By taking a health equity approach, a transformation is needed in the way health care practitioners, policy makers, researchers, governments and organizations work.”

Yes, change is coming. We have been, and are being challenged to redefine the meaning of harm reduction. Public health approaches are also changing. For those who have not taken the time to understand the meaning of “applying an equity lens” it would be well worth the time. It will no doubt have an impact on the way tobacco reduction initiatives are planned and undertaken in the future.

An Excerpt from the Audited Financial Statements

Manitoba Tobacco Reduction Alliance Inc. Statement of Operations

Year Ended March 31	2016	2015
Revenue		
Manitoba Healthy Living, Seniors & Consumer Affairs Provincial grant	\$ 240,000	\$ 253,500
Public Health Agency of Canada grant	99,534	11,444
Amortization of deferred contributions for capital assets	1,400	1,400
Interest	1,140	1,369
Miscellaneous	100	-
	<u>342,174</u>	<u>267,713</u>
Expenses		
Amortization	6,454	4,059
Conferences and meetings	2,206	2,559
Contract services	16,493	6,600
Facilities and equipment	38,911	36,644
Office and administration	14,750	15,052
Project costs	89,833	28,008
Salaries	182,629	176,747
Travel	779	485
	<u>352,055</u>	<u>270,154</u>
Deficiency of revenue over expenses	\$ (9,881)	\$ (2,441)