



**Comprehensive  
Tobacco Control Strategy**

**2013 – 2018**

**Providing Leadership in  
Tobacco Reduction**

## Table of Contents

<b>2</b>	MANTRA's Mission, Vision and Values
<b>3</b>	Introduction
<b>3</b>	What Has Changed in the Last Five Years?
<b>4</b>	What are the current Challenges?
<b>5</b>	What is the Appropriate Approach?
<b>5</b>	What are the Population Priorities?
<b>6</b>	Aboriginal Populations
<b>6</b>	Vulnerable Populations
<b>7</b>	Overarching Goals
<b>7</b>	Indicators to Assess Progress
<b>8</b>	Re-ordering priorities while remaining comprehensive
<b>8</b>	Strategic Actions to be taken
<b>10</b>	How will we accomplish these strategic directions and related initiatives?
<b>11</b>	Appendix A



## Mission, Vision and Values

### MISSION:

To function as a catalyst and coordinator for tobacco reduction activities in Manitoba

### VISION:

To eliminate tobacco use for a healthier Manitoba

### OUR VALUES:

**Human Life:** We value the health of all people, smokers and non-smokers alike. We seek cooperation in promoting healthy lifestyle behaviours for the betterment of all members of the community.

**Collaboration:** We are committed to working with our partners, including government, wherever possible for our joint vision of a tobacco-free society.

**Respect:** We respect our partners, colleagues, board members, and the people of Manitoba. 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.

**Stewardship:** We are accountable to the people of Manitoba and our partners. With courage and a dedication to service we seek to provide leadership in recognizing opportunities and taking action to mitigate and eliminate the influence of tobacco in four domains:

- **Prevention:** Prevent young people and adults from starting to use tobacco and reduce access to tobacco.
- **Protection:** Protect the health of non-smokers.
- **Cessation:** Help smokers quit smoking
- **Denormalization:** Change the attitudes of Canadians toward tobacco and tobacco products.

## Introduction

On May 16, 2012 MANTRA and Manitoba Healthy Living, Seniors and Consumer Affairs co-sponsored a consultation day, “The Road to a Tobacco-Free Manitoba”, which involved individuals from a broad cross-section of stakeholder organizations and government representatives involved in decision-making related to tobacco control. Consistent with our Vision “to eliminate tobacco use for a healthier Manitoba” and our Value of working collaboratively with partners, including government, MANTRA was a catalyst for working collectively toward a provincial strategy. The purpose of the consultation was to define “a tobacco-free Manitoba”, establish related goals, determine measurements for achieving those goals and identify key strategic directions.

As in past, this type of stakeholder in-put has been incorporated into the formulation of MANTRA’s overall strategic directions. The uniqueness of this consultation is that for the first time it involved both government representation and tobacco control stakeholders in a joint effort to determine the best direction for tobacco reduction to take in the near future. Consistent with other strategies, this document is intended to form the basis for MANTRA’s strategic direction for the next five years, 2013 -2018. It is also a “living document” and as such is subject to review and amendment as needed to reflect emerging realities.

## What Has Changed in the Last Five Years?

Since MANTRA’s last comprehensive strategy (2008) a number of significant changes have taken place. **These are all areas where MANTRA has either acted as a catalyst for change or has worked with partners to coordinate activities that have led to projects that have increased capacity or resources for tobacco reduction.**

**Increased capacity** for tobacco reduction was initiated in 2008 with Health Behaviour Change training offered by MANTRA and the Winnipeg Regional Health Authority. It resulted in more than 500 health professionals being trained. Advanced training for the TEACH program was also taken by 39 individuals in the same year. MANTRA made health behavior change training more accessible by developing training materials for First Nations, Mental Health, and Addictions as well as generic training. Training sessions were conducted as part of a pilot project in each of these settings. A Peer Facilitator Guide was also developed in cooperation with the Canadian Cancer Society and made available as a community resource.

The Quit Happens, Workplace **Smoking Cessation pilots** were conducted in 2008 – 2009 in 11 workplaces across the province as a joint effort between MANTRA and the Regional Health Authorities. This evolved into a Tobacco Awareness and Cessation initiative that was expanded to First Nations (2010-2011) and later to Vulnerable Populations (2011-2012) pilot sites.

**Legislation** to ban smoking in Vehicles with children under 16 present was introduced in 2008 and came into effect in July, 2010.

**Legislation** to ban the sale of tobacco products in pharmacies was announced in November 2012 and comes into force in May 2013.

**A by-law** was passed by the City of Winnipeg in May 2011 that prohibits smoking within 30 meters of all athletic fields and outdoor ice rinks during organized youth events; all swimming pools, wading pools, spray pads and spray parks. It also prohibits smoking at all times on all playgrounds, school properties and health care facility properties. Smoking is also prohibited within 8 metres of all health care facilities, City of Winnipeg workplaces and Winnipeg Regional Health Authority workplaces.

**Back off Tobacco**, a curriculum based physical education/health education resource on smoking was developed and distributed to Manitoba schools in June 2010. It is a Kindergarten to grade 12 resource package that focuses on social influences and teaches refusal skills.

**SWAT** (Students Working Against Tobacco) a peer mentorship activity that was organized amongst high school students in 2001 is growing and expanding. Provincial funding was granted in 2009/2010 and this year the team under Barb Tascona is seeking to double the number of student groups across the province.

**Increased Funding** for tobacco reduction initiatives was announced by Premier Selinger in April, 2012. This announcement will see funding available for tobacco reduction increase to \$5 million over the next four years from previous levels of approximately \$1 million.

The provincial government announced on May 31, 2012 that it is **suing the tobacco industry** for health care recovery costs along with other provinces.

**Current smoking** rates amongst all Manitobans age 15 or older have dropped from 20.8% in 2008 to 18.7% in 2011. Youth (15-19 yr old) smoking rates declined from 17 % in 2008 to 14.3% in 2011.

## **What are the current Challenges?**

Since our last comprehensive strategy was written a number of changes have taken place that present greater challenges for the work of tobacco reduction in Manitoba.

The Federal Government, once a key partner in tobacco reduction initiatives across Canada announced in April 2012 that it was reducing its budget for tobacco control by \$15 million (35% reduction), cutting transfer payments for tobacco control, reducing the CTUMS surveys to once every two years and eliminating 40 staff positions within the unit responsible for tobacco control. Although recent announcements have indicated a renewal of the Federal Tobacco Control Strategy (FTCS) funding through the Public Health Agency of Canada, the challenge to access these resources are greater. This has the potential to impact on areas where needs are greatest. The Ontario Tobacco Research Unit concluded that "Reductions in funding leads to slowed reductions in smoking rates and often reversal of progress".

The Tobacco Industry continues to use all means at its disposal to retain existing markets and create new ones. The decline in youth smoking is obviously an area of concern to the industry. The use of flavored tobacco is designed to make the initiation into tobacco use a more pleasant experience. The use of flavoring needs to be banned from all tobacco products including the use of menthol. Major tobacco companies have developed an array of new flavored smoke-free tobacco products such as sticks, lozenges and dissolvable strips all of which keep the smoker in the market for nicotine. Other forms of smokeless tobacco such as "chew" have particularly impacted the sports world and those entering it. Hookah

smoking has also dramatically increased amongst college and university students. Cigarettes which once sold at a relatively uniform price are now available at varying price levels including cheaper brands which are often subsidized by more expensive brand names as a means of retaining customers. Contraband cigarettes, once largely a problem in Ontario and Quebec are also becoming an issue in Manitoba.

Smoking rates in the adult population of Manitoba are not declining at a rate comparable to the reduction in youth smoking (15-19 year olds). This is particularly noticeable in the 20-24 year old age group where smoking rates are the highest of any age group in Canada. To date, few if any initiatives have been directed to this age group. Also of interest is the fact that the percentage of daily smokers increases with increased age. (See appendix A) One could safely assume that with an increase in the number of daily smokers, there is also increased consumption. Two of the four factors that largely determine the health burden created by smoking are “years of exposure” and “consumption level”. With increased years of exposure and increased consumption levels comes a greater likelihood of smoking related disease, loss of quality of life and lost years of life. The level of addiction is also increased through increased exposure and increased tolerance for nicotine. If our goal is to prevent premature death and tobacco related morbidity, an increased focus must be placed on earlier interventions including greater access to resources that would facilitate cessation.

## What is the Appropriate Approach?

In order to effectively address the challenges and the goals of a tobacco reduction strategy, it is essential that there is clarity of approach.

**Comprehensive:** including a multi-faceted approach to reach priority audiences

**Collaborative:** working with all stakeholders and partners in joint problem solving and decision-making

**Best Practice:** Integrating the best of our science and the best of our experience

**Sustainable:** establishing effective approaches that have sufficient resources and funding to ensure their sustainability

**Population Health:** An approach that is directed to the entire population but also focused enough to reach priority populations.

## What are the Population Priorities?

As in past strategies, MANTRA favours a population health approach to tobacco reduction, stressing all aspects from prevention to treatment. However, it becomes increasingly necessary to recognize that there are disparities among certain groups/populations that need to be addressed. Failure to recognize these gaps will only prolong the cycle of addiction and disease in these populations and ensure that not all Manitobans share in the health benefits that can be accrued as a result of tobacco reduction. Also recognized is the fact that there are social determinants of health that contribute to the widening gap between the richest and poorest households which are also accompanied by “profound and growing health gaps” (Manitoba Centre for Health Policy). It is incumbent that we support a holistic approach to addressing all factors that create the type of environments that are not conducive to healthy living.

## Aboriginal Populations

In 2008, at the beginning of our current strategy, a strategic consultation was held which was entitled Framing the Future for Tobacco Control in Canada. The consultation was conducted by Physicians for a Smoke-Free Canada and hosted by MANTRA and Manitoba Health and Healthy Living. One of the five key visions for future success was put forward as “A world where First Nations were respectfully engaged”. Again, in consultations held in May, 2012, participants stressed that “First Nations people must be engaged in the tobacco-free vision and process”. The preamble stated, “It was apparent from the feedback that a vision for a tobacco-free Manitoba would not be complete or adequate without consideration of the role of First Nations/Aboriginal populations. A number of individual recommendations followed that could well serve for discussion points, but are of little value without the respectful engagement of First Nations/Aboriginal peoples.

Respectfully engaging our Aboriginal people must be a priority. MANTRA, through its agreement with Manitoba Healthy Living, has committed to being a catalyst for that type of engagement. The optimal words are “respectful engagement”. Given the high smoking rates amongst our Aboriginal people (approximately 3 times the national average) we cannot ignore this fast growing segment of our population. Approximately 16% of the Manitoba population and one in four Manitobans under the age of 15 are Aboriginal. These trends are not expected to change in the next 10 years.

## Vulnerable Populations

Special attention will also need to be given to vulnerable populations. Four groups were singled out for special attention in the joint “Recommendations for a Comprehensive Smoking Cessation Framework” released in October 2011. Although the following is not a comprehensive listing of all vulnerable populations, the list was formulated based on areas of priority interventions.

- **Mental Health** – Exceedingly high rates of smoking (2 to 4 times the population rates) exist among those with psychiatric disorders (American Journal of Addictions 2005). Not only are the rates of smoking high, but it has been estimated that people with mental illness in the US consume nearly half of all the tobacco sold. (Laser et al, 2000). Yet, the fact is that “there is no evidence to suggest that approaches used with the general population will not work for those with mental illness and addictions. (Seidner, Burling, Gaither & Thomas, 1996)
- **Addictions** – Among alcohol and drug dependent patient populations the rate of smoking ranges from 70% to 90% and approximately 70 per cent of alcoholics are heavy smokers (more than 1 pack a day) compared to 10 percent of the general population (Collins, A.C. and Marks, M.J. 1995). In general, there is growing consensus that tobacco dependence is another addiction that should be addressed as part of the recovery process.
- **Low Socioeconomic Status (SES)** – According to the Centers for Disease Control (Cigarette Smoking Among Adults 2008) – Low income people smoke more, suffer more, spend more and die more from tobacco use. The Canadian Institute for Advanced Research indicates that SES (income and education) is the most important determinant of health.

- **Pregnant and post partum women** – Protecting the health of the mother, the unborn and the new-born child are paramount to ensuring a healthy future for children. About half of women attempt to quit smoking when they discover they are pregnant (Klesges et al., 2001) but 21% relapse prior to delivery (Quinn et al., 1991) and 70% to 90% relapse within one year post partum. Creating the conditions for successful tobacco cessation is an ongoing challenge with significant implications for the health of the mother and the fetus.

## Overarching Goals

**Cessation:** Helping Manitoba smokers to quit

**Prevention:** Preventing young people and adults from starting to use tobacco and reducing access to tobacco products

**Protection:** Protecting the health of non-smokers

**Denormalization:** Changing the attitude of Canadians toward tobacco and tobacco products

## Indicators to Assess Progress

### Cessation:

- Smoking prevalence rates to be tracked with a goal of a 1% annual reduction  
*This goal would be measured using CTUMS data*
- Provincial tobacco sales monitored annually with a targeted 2% reduction in consumption each year.  
*This goal would be measured using Health Canada Wholesale Sales Data which has been tracked by province annually since 1989.*

### Prevention:

- Youth smoking rates to be targeted at 10% which is 50% of the current overall smoking rate.  
*This goal would be measured using CTUMS data for total population 20+ years and youth smoking for those age 15-19 years.*

### Protection:

- All rental or purchase agreements of Multi Unit Dwellings (MUDS) to contain a specific clause indicating whether or not the entire building is smoke-free and a clear definition of what that means.  
*This goal would be measured using implementation of appropriate policy/legislation to ensure full disclosure to incoming owner/tenant.*
- An increase in the number and type of outdoor public gathering places to be governed by smoke-free regulations.  
*This goal would be measured based on policy/legislative changes.*



**Denormalization:**

- A change to the provincial tobacco licensing system that would require each vending location to purchase an annual tobacco sales license.  
*This goal would be measured based on provincial implementation of such a system.*
- A licensing strategy that would see a 30% reduction in the number of tobacco retail outlets over the next 5 years.  
*This goal would be tracked by monitoring the number of recorded licenses on a bi-annual basis.*

## Re-ordering priorities while remaining comprehensive

Ideally a comprehensive strategy would give equal focus to all four of the pillars. Reality is that limited human and financial resources often dictate the necessity to prioritize within those four pillars based on need. Pillars such as Prevention and Cessation go hand in hand if we want to ensure that gains are achieved and maintained. While pillars such as protection and denormalization focus largely on changing the environment in which smoking occurs. Significant changes have taken place in the smoking environment with a high public approval rate. Similarly, priorities have existed to change the attitudes of Canadians toward tobacco and tobacco products as indicated in MANTRA's vision, mission and values. This has resulted in more than 75% of smokers wanting to quit.

With a much higher awareness of the effects of smoking and second-hand smoke, it is time to capitalize on those gains and provide the kind of programs and services that are needed to meet those realities. The following recommendations are all important, but of necessity must have the level of priority changed from time to time to meet the current needs. For the purpose of this strategy the "four pillars" have been retained as overarching goals and the related strategies to meet those priorities are outlined.

## Strategic Actions to be taken

The following actions are recommended as means to achieving the Overarching Goals and the Progress Indicators assigned to them. Specific details relating to the achievement of these Action Steps are contained in MANTRA's annual Business Plan.

**Cessation:**

1. Build capacity for smoking cessation by collaborating with strategic partners to:
  - Establish "TEACH Manitoba" as a Manitoba-based cessation training entity
  - Develop a community of practice for all trained cessation practitioners
  - Promote the implementation of cessation training for all health-related faculties at a post secondary level.
2. Strengthen and expand partnerships with Manitoba Pharmacists to increase their role in smoking cessation at a community level.
3. Support all Regional Health Authorities in their efforts to provide consistent identification and effective interventions with smokers.

4. Act in concert with concerned partners to be a catalyst for Government funded access to all Nicotine Replacement Therapy products.
5. Continue to support and promote the "Recommendations for a Comprehensive Smoking Cessation Framework" as well as the CAN-ADAPPT Guidelines
6. Continue to work with the Province of Manitoba to expand programs and services under the "Smoking Cessation and Vulnerable Populations" initiative.
7. Continue to work with the Province of Manitoba to respectfully engage Aboriginal communities and individuals to promote culturally competent tobacco awareness and cessation.
8. Strengthen the partnership with SWAT (Students Working Against Tobacco) with the purpose of increasing tobacco reduction amongst 20-24 year olds at the University and post-secondary level.
9. Increase motivation for cessation within health-related facilities through the use of strategically placed messaging using avenues such as health media networks.

**Prevention:**

1. Create awareness of and opposition to tobacco industry attempts to increase youth and young adult smoking through the use of products such as flavored tobacco, smokeless tobacco and hookah pipes.
2. Take a lead role in forming a coalition to encourage tobacco-free sports with special emphasis on youth sporting activities.
3. Develop social marketing campaigns for youth and young adults designed to prevent and treat tobacco use.
4. Promote a ban on the sales of tobacco products on and around all educational facilities.

**Protection:**

1. Conduct a Manitoba-wide survey to indicate public willingness to see further restriction on smoking in public places.
2. Engage related organizations in a concerted effort to protect mothers, the fetus and young children from the harmful effects of tobacco, through education and programs for pre/post natal parents as well as caregivers.
3. Build a stronger coalition to advocate for protection from second-hand smoke for those living in multi-unit dwellings including public and commercial housing.
4. Survey Manitobans, in particular those living in multi-unit dwellings, to ascertain their desire for smoke-free living accommodations.
5. Renew the dialogue on protecting children from second-hand smoke by reviewing and making specific recommendations for children living in care.

**Denormalization:**

1. Continue to encourage the Province of Manitoba to reduce the supply of tobacco products by developing an accurate database of all retailers of tobacco products and implementing annual license fees for all tobacco wholesalers and retailers.
2. Encourage the Province of Manitoba to cap the number of licenses and limit the number and type of locations where tobacco products are sold including sensitive areas such as licensed day cares, primary and secondary schools, and hospitals.
3. Encourage all Universities and Colleges to ban the sale of tobacco products on campus and reject tobacco industry funding for all campus activities and programs.

**How will we accomplish these strategic directions and related initiatives?**

1. In view of the loss of funding through the former Grants and Contributions program of Health Canada, MANTRA will partner with organizations that are willing to meet the criteria for Tobacco Control funding under the newly released program guidelines.
2. Expanded and strengthened collaboration is critical to increasing support for MANTRA's strategy and to finding ways to integrate our activities.
3. Recent meetings with the Minister of Healthy Living encouraged MANTRA to meet with the Minister on a semi-annual basis. This will need to be implemented in order to increase the flow of information and to strengthen the recommendations being made by MANTRA. This should also include a "whole of government" approach that leads to greater interaction and support from related government departments.
4. The increased use of the re-constructed MANTRA web-site to be both a catalyst and coordinator for tobacco reduction initiatives is integral to the strategy.
5. Succession planning initiatives recently undertaken will assist in providing strength to the volunteer board as well as staff expertise and continuity.

## Appendix A

### Manitoba, % of Daily Smokers

<b>MB, 15-19</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Daily Smoking	10.3	11.2	8.9	10.2	7.9	7.4
% of Daily Smoking	52%	56%	52%	57%	53%	52%
<b>MB, 20-24</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Current Smoking	31.7	30.9	24.5	25.4	26.7	26.6
Daily Smoking	22	21.1	16.9	18.8	17.7	16.5
% of Daily Smokers	69%	68%	69%	74%	66%	62%
<b>MB, 25-44</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Current Smoking	24.2	23.6	24.7	23.5	26.4	22.4
Daily Smoking	18.4	17.4	18.5	18.1	20.2	16.6
% of Daily Smokers	76%	74%	75%	77%	77%	74%
<b>MB, 45+</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Current Smoking	15.0	15.2	18.2	14.7	16.5	15.5
Daily Smoking	12.4	13.6	14.5	12.4	13.1	13.1
% of Daily Smokers	83%	89%	80%	84%	79%	85%

**Manitoba Tobacco Reduction Alliance Inc.**  
192 Goulet Street  
Winnipeg, Manitoba R2H 0R8

P: 204.784.7030 F: 204.784.7039  
E: [info@mantrainc.ca](mailto:info@mantrainc.ca)  
[www.mantrainc.ca](http://www.mantrainc.ca)