



Survey of Stakeholders' Regarding Perceptions of the Tobacco Control Strategy

DRAFT FINAL REPORT

Submitted to:

Angela Rea

Office of Policy and Strategic Planning – Evaluation Unit

Controlled Substances and Tobacco Directorate

123 Slater Street, 9th floor

Ottawa, ON K1A 0K9

EKOS RESEARCH ASSOCIATES INC.

November 1, 2010

EKOS RESEARCH ASSOCIATES

Ottawa Office

359 Kent Street, Suite 300

Ottawa, Ontario

K2P 0R6

Tel: (613) 235 7215

Fax: (613) 235 8498

E-mail: pobox@ekos.com

Toronto Office

181 Harbord Street

Toronto, Ontario

M5S 1H5

Tel: (416) 598 8002

Fax: (416) 533-4713

E-mail: toronto@ekos.com

www.ekos.com

TABLE OF CONTENTS

1.	Introduction	1
1.1	The FTCS	1
1.2	Research Objectives.....	3
1.3	Methodological Approach	3
2.	Rationale: Tobacco Control in Canada	7
2.1	Past Success in Tobacco Control	7
2.2	Ongoing Need for Tobacco Control	9
2.3	Tobacco Control Priorities.....	15
2.4	Perceived Importance of Tobacco Control	19
3.	Rationale for Government of Canada Strategy	21
3.1	Continued Need for Federal Strategy	21
3.2	FTCS Priorities and Components	25
3.3	Allocation of FTCS Funding	29
3.4	Consequences of Termination	30
4.	Provincial and Federal Roles and Responsibilities	37
4.1	Shift in Responsibility of Provincial/ Territorial Governments.....	37
4.2	Federal and Provincial/Territorial Roles in Tobacco Control.....	40
5.	FTCS Funding and Tobacco Control Activities of Stakeholders	43
5.1	Stakeholder Engagement in Tobacco Control.....	43
5.2	FTCS Funding	44
5.3	Changes in FTCS Funding.....	47
6.	Information Sources and Gaps	51
7.	Overall Impacts, Strengths and Weaknesses of the FTCS	55
7.1	Impacts of the FTCS	55
7.2	Strengths of the FTCS	56
7.3	Weaknesses of the FTCS	58
7.4	Suggested Improvements	61

APPENDIX A: Survey Questionnaire (English and French)

1. INTRODUCTION

The Federal Tobacco Control Strategy (FTCS) was announced in 2001 as a comprehensive, integrated and sustained approach to tobacco control that includes research, policy, enforcement, legislative activities, programming and mass media. An evaluation of the FTCS was completed in 2006-07. Based on the results of that evaluation, the objectives for the FTCS were re-set for the final four years of the Strategy. Work is now underway to put in place the necessary evaluation and data collection strategies for the conduct of a final summative evaluation to take place in 2011. A component of the summative evaluation of the FTCS is to collect data on stakeholders' perceptions of the continued relevance of the FTCS.

1.1 THE FTCS

To address the diversity of complex issues associated with tobacco use through a comprehensive and sustained approach, the federal government launched the Federal Tobacco Control Strategy (FTCS) on April 5th, 2001. The investment of \$560 million in the Strategy over five years was a significant step in enhancing the Government's tobacco control measures — almost five times the investment that was made in the previous initiative. The Strategy built on successful interventions with similar aims launched in 1994 (Tobacco Demand Reduction Strategy) and 1997 (Tobacco Control Initiative), as well as on successful comprehensive, integrated and sustained government efforts in Canada and elsewhere in the world.

Since the implementation of the FTCS, Canada has made important progress in tobacco control. Progress towards reducing tobacco consumption in Canada has been greater than anticipated. Smoking attributable deaths have declined; cigarette sales have fallen by 30 per cent; and there has been a reduction in youth smoking rates. The results from the Canadian Tobacco Use Monitoring Survey (CTUMS) 2009 show that 18 per cent of the Canadian population aged 15 and older were current smokers (about 4.9 million smokers). This is a reduction in the percentage of smokers from 25 per cent (in 2000), achieving the lowest prevalence rate in 50 years. As well, based on these results, the current smoking rate among youth aged 15-19 was 13 per cent; the lowest rate on record since Health Canada first started reporting youth smoking prevalence.

However, significant challenges remain for tobacco control in Canada, and a significant role remains for a comprehensive, integrated and sustained federal strategy. Close to 5 million Canadians still smoke, and have continued difficulty quitting. Thousands of young people both experiment with and start smoking each year. Every year at least 37,000 Canadians die prematurely as a result of smoking, and each day the health care system spends more than \$10 million to treat patients who are suffering from smoking-

related diseases. When all costs are taken into account, the total annual economic cost of tobacco use is estimated at \$17 billion, surpassing the costs of alcohol and drugs combined.¹

The Federal Tobacco Control Strategy is aimed at four main target groups: smokers, potential smokers, people involved in the sale and distribution of tobacco products, and people exposed to second-hand smoke (both voluntarily and involuntarily).

The expected results of the FTCS Contribution Program are:

- Reduced access to tobacco products;
- Reduction in smoking uptake by youth;
- Reduction in the number of smokers in Canada;
- Reduction in the number of Canadians who are involuntarily exposed to second-hand smoke; and
- Increased awareness of harm caused by tobacco through public education initiatives.

As noted, progress towards reducing tobacco consumption in Canada has been greater than anticipated. Most of the original FTCS objectives have already been met within less than the prescribed 10-year time frame. As a result, Health Canada has set a new prevalence goal and objectives for the remainder of the Strategy's tenure (April 1 2007 to March 31 2011). The new objectives are to²:

- Reduce the prevalence of Canadian youth (15-17) who smoke from 15 per cent to 9 per cent;
- 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 per cent to 20 per cent;
- Examine the next generation of tobacco control policy in Canada;
- Contribute to the global implementation of the World Health Organization's Framework Convention on Tobacco Control; and
- Monitor and assess contraband tobacco activities and enhance compliance.

¹ Rehm, J. et al. (2006). The Costs of Substance Abuse in Canada in 2002. Ottawa, ON: Canadian Centre on Substance Abuse.

² <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/about-apropos/role/federal/strateg-eng.php>

1.2 RESEARCH OBJECTIVES

The objective of this project was to conduct a survey of tobacco control stakeholders, including government, not for profit and tobacco producers, to determine the continued relevance of the FTCS. This stakeholder survey on the ongoing relevance of the FTCS will form one part of the full summative evaluation of the FTCS. A similar survey was conducted in 2006 for the mid-term summative evaluation of the FTCS, and these results need to be updated for the final summative evaluation.

Following completion of the survey, a series of key-informant interviews were also undertaken to collect more in-depth information on relevance and impacts from key FTCS stakeholders.

1.3 METHODOLOGICAL APPROACH

a) Survey

To obtain feedback from a broad spectrum of FTCS stakeholders, an online survey was conducted. The survey instrument was designed in close consultation with Health Canada to address all pertinent issues. Issues addressed through the instrument include:

- The continued need for tobacco control efforts in Canada;
- The continued need for a federal strategy in tobacco control, and the appropriate focus for the federal government in tobacco control;
- The perceived impacts of the FTCS, as well as overall strengths and weaknesses of the FTCS;
- Shifts in provincial and federal roles and responsibilities in the area of tobacco control;
- Outcomes and impacts of FCTS funding to stakeholders; and
- Information sources utilized and gaps in information pertaining to tobacco control.

Once finalized, the questionnaire was translated into French and pretested. The final questionnaire is provided in Appendix A.

In order to conduct the survey, Health Canada provided a listing of 521 stakeholders. These included non-governmental organizations which have received funding from the FTCS for tobacco control activities; non-governmental organizations; and tobacco industry stakeholders.

All stakeholders identified were telephoned prior to the launch of the survey in order to a) provide them with advance notification of the survey and request their participation, b) to verify that the correct respondent was identified for each organization (e.g., the most relevant respondent), and c) to verify

contact information provided for potential respondents. During telephone calls, some stakeholders declined to participate in the survey, or referred EKOS to another individual as the appropriate respondent, resulting in some duplication with the initial list. As well, some phone numbers were invalid and respondents could not be located. These calls reduced the sample to 401 individuals. Following this pre-contact, an e-mail invitation was sent to each potential respondent in the sample. Two electronic reminders were sent to potential respondents one and two weeks after the survey was initiated. Following the second reminder, telephone reminders were also placed to non-respondents to try and boost response rates.

In total, 197 stakeholders responded to the survey between June 7 2010 and July 8, 2010. This represents a response rate of 49 per cent. It is important to note that a few stakeholders indicated that they would take an organizational approach to the survey (i.e., having one person from their organization respond rather than having every individual invited to participate respond), which will have affected the response rate.

Table 1.1 presents a profile of FTCS stakeholders who responded to the survey. The largest proportions of stakeholders reported themselves to be non-governmental organizations (30 per cent) and health institutions (17 per cent). In comparison to the 2006 survey, fewer respondents are drawn from industry. In 2006, nine per cent of respondents were from tobacco sales or production, compared to three per cent in the current survey.

The reported scope of operation among stakeholder organizations responding to the survey is divided between provincial (42 per cent), national (23 per cent), and regional/community-based (25 per cent). The number of respondents reporting the scope or jurisdiction of their organization as provincial is higher than in 2006 (42 per cent, compared to 33 per cent in 2006).

Table 1.1: Profile of Responding Stakeholders

	Per cent
Received funding from FTCS	64
Size of Organization (by Employees – partial sample n=172)	
30 employees or less	38
31-100 employees	15
101-500 employees	9
More than 500 employees	12
DK/NR	26
Size of Organization (by budget – partial sample n=149)	
\$100,000 or less	3
\$100,000 to \$1,000,000	10
More than \$1,000,000	25
DK/NR	62

	Per cent
Scope of Organization	
International	7
National	23
Provincial/territorial	42
Regional/community	25
DK/NR	3
Nature of Organization	
NGO	30
Health institution	17
Academic	10
Professional association	8
Private industry	3
Tobacco production and/or sales	3
Band/Tribal Council/Aboriginal organization	5
Other	22
DK/NR	2
Province or territory	
Newfoundland and Labrador	4
Prince Edward Island	5
New Brunswick	4
Nova Scotia	5
Quebec	8
Ontario	34
Manitoba	5
Saskatchewan	10
Alberta	6
British Columbia	12
NWT, Yukon and Nunavut	5
DK/NR	4

b) Key Informant Interviews

A total of 19 key informant interviews were completed in October of 2010. The purpose of the key informant interviews was to obtain more detailed feedback on the issues addressed in the survey, as well as to contribute to the analysis of survey findings. An open-ended interview guide was developed and finalized with the feedback of Health Canada. The interview guide is provided in Appendix B.

The interviews were approximately 30 minutes in length, and were conducted by telephone in the official language of choice of the respondent.

Interview respondents include key national stakeholders of the FTCS, and a sample of stakeholders who responded to the survey. Stakeholder organizations of all sizes were included in the list of key informants.

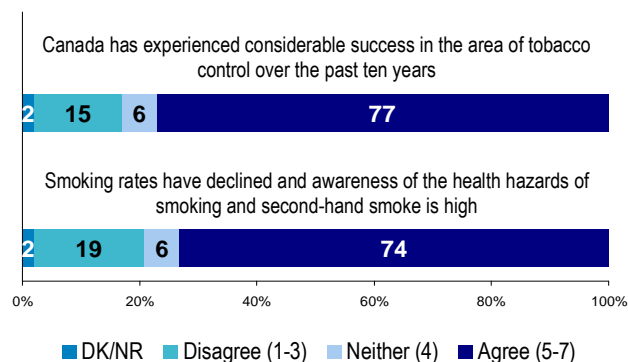
2. RATIONALE: TOBACCO CONTROL IN CANADA

2.1 PAST SUCCESS IN TOBACCO CONTROL

The survey began with an exploration of the views of respondents regarding the relative success Canada has experienced in recent years in the area of tobacco control. Over three-quarters of respondents (77 per cent) agree that Canada has experienced considerable success in the area of tobacco control over the past ten years, while 15 per cent disagree with this statement and 6 per cent are neutral (neither agree nor disagree). Similarly, 74 per cent agree that smoking rates have declined and that awareness of the health hazards of smoking and second-hand smoke is high, while 19 per cent disagree with this statement.

Success of Tobacco Control in Canada

“To what extent do you agree or disagree with the following statements?”



Agreement with the first statement (success in tobacco control) is stronger than agreement that smoking rates have declined. While 54 per cent strongly agree (6 or 7 on the 7 point scale) that Canada has enjoyed considerable success in tobacco control, only 45 per cent strongly agree that smoking rates have declined and that awareness of health hazards is high.

National stakeholders are more apt to disagree that Canada has enjoyed considerable success in tobacco control (27 per cent disagree).

Interview Findings

Given the gap between perceptions of success expressed by stakeholders surveyed and available data on public opinion in this area, as well as data available documenting declining smoking rates over the past decade, the issue of success was explored in more detail in interviews.

Interview findings were substantially more positive than the web-survey results. Key informants were, almost without exception, very positive about the strides that Canada has made over the past decade or so. Individual stakeholders point to lower smoking rates overall, considerably higher awareness levels of the hazards of smoking, and national research. They also highlight regulations limiting the places in which smoking is allowed, a ban on product display, warning labels on packaging, tighter control on contraband, and higher pricing making tobacco less affordable. Although some point out that these large gains are not exclusively attributable to federal efforts, most agree that the FTCS played a critical role. Several stated that the rates of smoking and the overall progress on tobacco control would not be where it is today if it were not for the federal government and the FTCS.

Nonetheless, almost all key informants interviewed also say that they understood why the survey results were so modest. Although one pointed to a fear of (further) withdrawal of funding, almost everyone else said that the involvement and focus of the federal government on tobacco control has slowed considerably in the past few years. Many point to a reduction in the level of commitment and effort, as well as the scope of federal government activities in tobacco control. According to one stakeholder, “there was huge momentum in the first five years. In the past few years there has been a tremendous rise in contraband, a lack of action on packaging (warnings have gone stale, there has been talk and research but no action), and a cut in funding.” Some suggest that there is less “political will” in tobacco control than there used to be. Yet another expressed concern with the fact that the Aboriginal Tobacco Control Strategy was cut, noting that this has had a negative impact on capacity, stating “you’re hard-pressed now to find people working in tobacco control in Aboriginal communities”.

The rate of decrease of smoking prevalence has also slowed considerably; described by several as having “reached a plateau”. As one respondent put it “stakeholders like to feel like they can see a difference during their own tenure on the file. There were large gains made in the 90’s and early part of 2000’s but now it’s hard to see a discernable difference.” This and the withdrawal of the federal government on some tobacco control fronts (warning labels, mass media) have meant that some earlier investments have not been fully capitalized on and have left many of those working on tobacco control feeling frustrated. As one respondent put it “the sudden withdrawal by the federal government really took the wind out of some people’s sails”, describing the reaction of some stakeholders as disheartened. According to one stakeholder, “this reduction in funding in tobacco control runs counter to what the rest of the world is doing”. “There is a formula on recommended expenditure per capita on tobacco control and Canada no longer meets that threshold”. “We used to be a leader in tobacco control internationally”, according to one stakeholder, “but we aren’t there any more.”

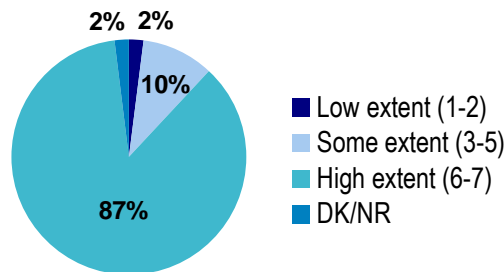
Many interviewees note that they worry that the federal government believes that “tobacco is done”. “You certainly hear a lot of “obesity is the new tobacco” and there is a fear that tobacco will be set aside completely, said one stakeholder. Interviewees unanimously agree that the rate of smoking is still much too high and that Canada cannot afford to stop fighting on this issue. Furthermore, prevalence rates have increased among youth in particular, according to one key informant, and rates in some segments such as Aboriginal people are unacceptably high. “There are also a significant number of continuing smokers who are hard to reach and convince. “We still have a significant number of smokers out there”, according to one key informant. “Stakeholders are just being realistic, not less optimistic. The job is not done.”

2.2 ONGOING NEED FOR TOBACCO CONTROL

Respondents were then asked to rate the extent to which there is a need for tobacco control in Canada. Those who had agreed that Canada has experienced success in tobacco control were asked to respond within the context of this success and the current environment. Most (87 per cent) agree that there is still a high need for tobacco control in Canada; while one in ten (10 per cent) believe that the need is moderate; and only 2 per cent perceive there to be little need.

Need for Tobacco Control in Canada

“To what extent is there still a need for tobacco control in Canada?”



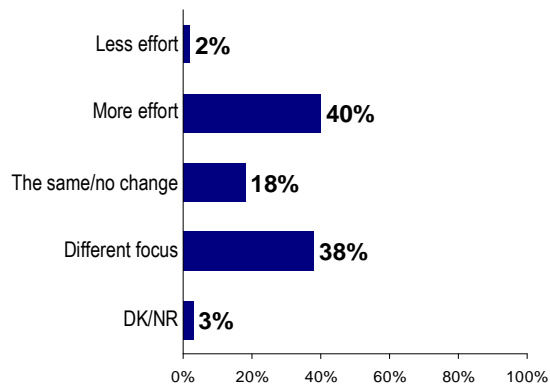
This is similar to findings from the 2006 survey of stakeholders, when 91 per cent agreed that there is a continued need for tobacco control.

Those respondents whose organization has received FTCS funding are far more apt to perceive a high continued need for tobacco control (95 per cent do, compared to 62 per cent of other respondents). Those who have not received FTCS funding, conversely, are more apt to perceive the need as moderate (27 per cent) or low (8 per cent). These include industry stakeholders, who perceive the need to be low or moderate.

The continued need for tobacco control was then further explored in the survey by asking respondents whether they believe that more or less effort is needed in comparison to what has been in place over the last decade. Few respondents believe that there is a need for reduced effort (2 per cent). Rather, four in ten believe that more effort is required, and 18 per cent believe that the level of effort should remain unchanged. Almost four in ten respondents, however, point to a need for a change in focus rather than a simple increase or reduction in effort.

Level of Effort Required

“To what extent is there a need for the same level of effort as has been in place over the past decade? Would you say that there is a need for...?”



n=197

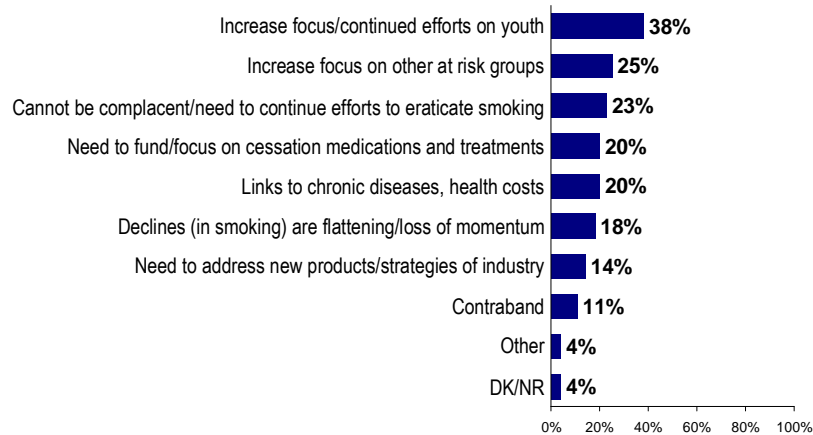
Health Canada FTCS Survey, 2010

Not surprisingly, respondents who feel that there is a high need for tobacco control in Canada are more apt to cite a need for more effort.

Those who identify a need for an increase in effort were asked to specify the reason for this need. The most common responses were a need to focus more closely on youth (38 per cent). Other frequently cited reasons for a need to increase efforts are to increase the focus on other at risk groups (including Aboriginal Canadians, low-income Canadians, Canadians with mental health issues); a need to maintain efforts on tobacco control (23 per cent); a need to fund or focus on cessation treatments (20 per cent); and given the link of smoking to disease and health care costs (20 per cent). A flattening in declines in smoking rates; a need to address contraband; and a need to address industry tactics are also cited by over one in ten respondents.

Reason for Additional Efforts

“Why do you think there is a need for more effort?”



The following table provides examples of open-ended responses provided by respondents who suggested that an increase in efforts is required.

Table 2.1: Change in Focus Needed in Tobacco Control (Stakeholder Quotes)

Change in focus needed	Illustrative Quotes
Increase/continue focus on youth	<p data-bbox="597 443 1380 506">"More focused on young children: more focused on the psycho-social reasons for starting to smoke in addition to the actual physical health risks."</p> <p data-bbox="597 548 1369 611">"Focus on reasons why the young adult population start smoking and how we can assist them to address this hurdle in their life"</p> <p data-bbox="597 653 1292 680">"Continued effort focused on young people and in particular teenaged females."</p>
Focus on at-risk groups	<p data-bbox="597 690 1373 848">"More effort is required because the tobacco related health burden is nested increasingly within special minority populations, First Nations, Inuit, those with mental health challenges, remote communities, gays and lesbians, etc. These will require new interventions, new monitoring and surveillance methods that are generally much more expensive than traditional methods. "</p> <p data-bbox="597 890 1382 984">"With vulnerable populations including girls, women, Aboriginals, people with mental illness and trauma, young pregnant smokers. Tobacco control is an equity issue, now that disadvantaged groups (those mentioned) are the ones mostly smoking."</p> <p data-bbox="597 1026 1380 1184">"More focus needs to be placed on aboriginal communities, particularly Inuit. While the rates have gone down in Canada in general, the smoking rates are extremely high among Inuit. Tied to that is the fact that there are high poverty rates in Inuit communities and crowded housing is a norm. The impact of smoking and second hand smoke in our Inuit communities is huge."</p>
Cannot be complacent	<p data-bbox="597 1190 1373 1218">"Smoking rates will simply increase if the focus is lessened. Tobacco will never be done."</p> <p data-bbox="597 1260 1377 1354">"We cannot afford to be complacent. The rates in some populations are either staying the same or rising. Countless Canadians need help to quit smoking. It would be senseless to turn back the clock now."</p> <p data-bbox="597 1396 1365 1522">"We cannot be complacent. Once we stop advocating and doing tobacco control the tobacco companies move in even stronger. Research show from the US that when funding was decreased for tobacco control the smoking rates went back up. We need to learn from others."</p>
Link to chronic diseases, health care costs	<p data-bbox="597 1535 1385 1717">"Smoking continues to be the primary preventable cause of premature death and disability in the Canadian population, and is a leading cause of chronic diseases which account for 90% of Canadian deaths. Our failure to deal effectively with chronic disease prevention in our population is undermining our global competitiveness (Conference Board of Canada). There is no better way to prevent disease and to reduce tobacco use in the population, and we must go all out in this prevention effort."</p>
Loss of momentum/declines in smoking are flattening	<p data-bbox="597 1730 1325 1793">"We have seen a flattening in the declining rates of tobacco use in some parts of the country"</p>

Change in focus needed	Illustrative Quotes
	<p data-bbox="602 275 1341 394">"From 1999 to 2003, current smoking prevalence dropped by 4% from 25% to 21%. However, in the next 5 year period, from 2004 to 2008, current smoking prevalence dropped only 2% from 20% to 18%. This suggests that our efforts need to intensify in order to further reduce smoking rates."</p> <p data-bbox="602 443 886 468">"The momentum has plateaued."</p>
Contraband	<p data-bbox="602 485 1370 663">"The most important tobacco control issue facing Canada today is the growth of the Illicit Trade market and its effects on Canadian society and economy. Illegal tobacco sales have exploded, making up almost 33% of the total Canadian market in 2008. Illegal cigarettes are unregulated, untaxed, and cheaper than legal tobacco products. The top priority for Canada's tobacco control strategy should be dealing with the illegal tobacco crisis. "</p> <p data-bbox="602 716 1382 800">"The growing contraband problem is hampering our collective efforts to reduce smoking and as a result rates have stalled. The federal government must do more to prevent illegal tobacco on reserves from being manufactured and sold."</p>
Need to focus on cessation and treatments	<p data-bbox="602 814 1365 867">"We need more NRT's and other tobacco cessation medications to be covered by health care."</p> <p data-bbox="602 919 1325 1003">"The vast majority of continuing smokers need to quit, and we need to invest in coordinated federal/provincial initiatives to create and promote integrated cessation services that are embedded in healthcare and public health systems."</p>
Addressing industry marketing strategies	<p data-bbox="602 1020 1370 1073">"As tobacco companies change their products and marketing strategies we must be able to respond or preferably prevent new products."</p> <p data-bbox="602 1125 1325 1178">"Tobacco companies will not stop pushing their product or focusing their efforts on recruiting new smokers as customers or keeping the customers they already have."</p>

Interview Findings

The continued importance of federal government involvement in tobacco control, and the continued need for a federal strategy was explored in interviews. Many stakeholders interviewed emphasize the continued need for the federal government to assume a strong role, with a long term commitment is required to see it through. Several stakeholders point to investments in effort and planning that were having an impact, but which were stopped prematurely, resulting in a loss on the investments made. The labelling program is often cited as a prime example of this. Several stakeholders argue that a sustained commitment is required in order to safeguard the investment. At least one stakeholder suggests that ending these types of programs (e.g., labelling, quit lines) prematurely results, not only in a loss of the effort put in, but also puts a damper on the commitment of others as well. One stakeholder describes the efforts related to a jurisdictional quit line, "everything was in place – the funding, the network, the infrastructure, the social marketing strategy and social networking to get the word out. Stopping that "took the wind out of everyone's sails. It's dispiriting

for the tobacco control commitment at all levels”. Another respondent argues that the federal government needs to “re-energize the federal strategy. Tobacco is being merged in with controlled substances and chronic disease and it makes it appear as though it is declining in importance”.

Many spoke of a need to return to earlier levels of effort and activities. One stakeholder talked about ‘doing what was shown to work”, including mass media campaigns, regulations around packaging and tobacco advertising, warning labels, etc. Again, many recount how federal efforts were “pulled back” including the discontinuation of the Advisory Committee (“they aren’t to listening to anyone”), and what a few describe as “lost opportunities along the way” particularly relate to packaging, and contraband. One stakeholder notes “they’re letting substantial amounts of tobacco and other things coming across the border – they aren’t taking it seriously enough”. At least a handful of stakeholders describe what is in their view “a tarnished reputation/image as a leader, which is a real set back”. According to another, Canada has “given up its right and some of the benefits that it had as a leader internationally. Its status and ability to give advice to other nations has been compromised. It has also diminished it’s commitment to public health in the eyes of Canadians.” “Canada needs to be a global player around the world. Right now we can’t be; we lost our place and aren’t in the position to do it – “we’re no longer there”. There needs to be a re-vitalized interest, focus and investment. On stakeholder advises that the federal government “Be bold, chose a handful of things and do them well. Do not focus in too many different directions or spread the efforts too thinly”.

Another stakeholder suggests that the “FTCS is becoming increasingly invisible over time. There is not a lot happening and not a lot of clarity over what the FTCS is doing and supporting. There are some ongoing activities, but it seems less of a coherent strategy than a bunch of activities”. Several stakeholders point to a reduction in communications, cooperation, consultation and transparency on the part of the federal government in the last few years. “HC is not as accessible now. There are not longer quarterly meetings. There seems to be a culture of fear where HC does not want to tell them anything; there is no open exchange or dialogue.” Others similarly note “there’s no transparency anymore. We don’t really know what’s happening at the federal level”.

2.3 TOBACCO CONTROL PRIORITIES

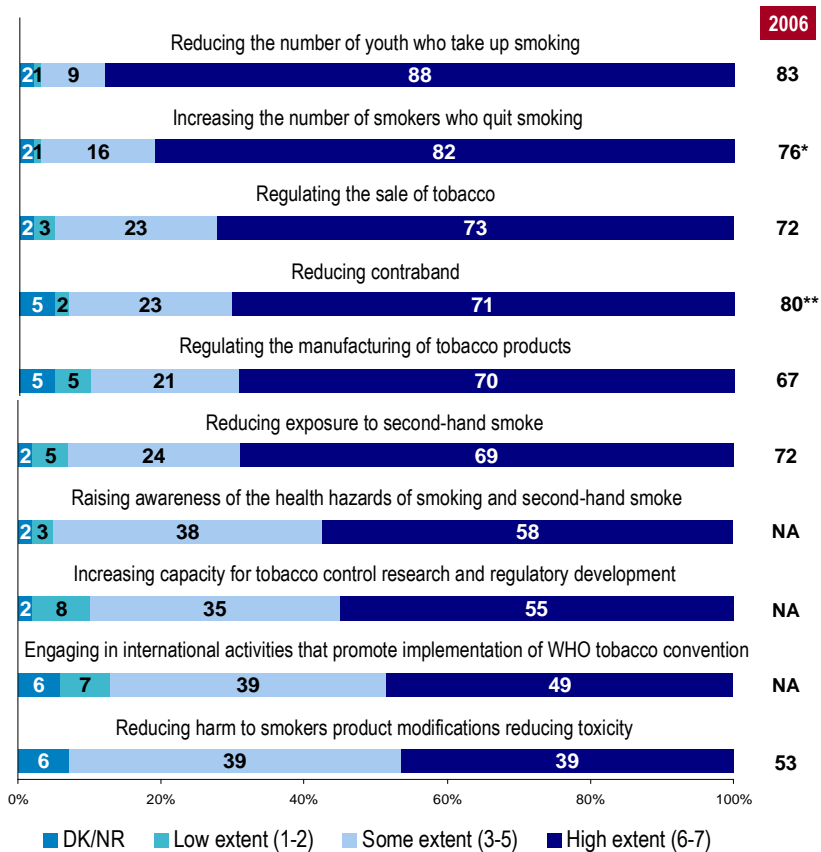
Stakeholders surveyed were asked to rate the extent to which there continues to be a need for efforts in a range of areas of tobacco control. Surveyed stakeholders believe that there is a greater continued need for efforts in some areas of tobacco control than in others. Reducing the number of youth who smoke receives the highest rating in terms of the extent of continued need for efforts (88 per cent of stakeholders perceive a high extent of need for continued efforts). This was also identified as the highest priority for continued efforts in the 2006 survey, although the 2006 survey specifically questioned about the need for continued efforts by the Government of Canada. Increasing the number of smokers who quit smoking is also perceived as an area where there is a high need for continued effort (82 per cent of stakeholders perceive a high extent of need for continued efforts).

Over seven in ten stakeholders perceive a high need for continued efforts in terms of regulating the sale of tobacco (73 per cent), reducing contraband (71 per cent), and regulating the manufacture of tobacco (70 per cent). Similarly, 69 of stakeholders perceive a high extent of need for continued efforts in terms of reducing exposure to second-hand smoke. The emphasis placed on continued efforts in reducing exposure to second-hand smoke has not changed significantly from 2006 (when 72 per cent of stakeholders perceived a high need for continued federal efforts). The same is true of regulating the manufacture of tobacco (67 per cent perceived a high extent of continued need for federal efforts in 2006), and regulating sales (72 per cent perceived a high extent of continued need for federal efforts in 2006). The emphasis on reducing contraband has dropped however (80 per cent perceived a high extent of continued need for federal efforts in 2006).

Other areas receive relatively lower ratings. A total of 58 per cent perceive a high need for continued efforts in raising awareness of the health hazards of smoking and second-hand smoke; 55 per cent for increasing capacity for tobacco control research and regulatory development; and 49 per cent for engaging in international activities. Finally, only 39 per cent of stakeholders perceive a high extent of continued need for efforts in reducing harm to smokers through product modifications that reduce toxicity. This is considerably lower than the proportion of stakeholders who perceived a high extent of continued need for federal efforts in this area in 2006 (when 53 per cent perceived a high level of continued need).

Continued Need for Efforts in Specific Areas of Tobacco Control

“To what extent is there a need for efforts in the following areas of tobacco control?”



2006 wording: * Reducing the number of smokers / ** Reducing smuggling



n=197

Health Canada FTCS Survey, 2010

Stakeholders who have received FTCS funding are more apt to perceive a high level of need for continued efforts in all areas with the exception of reducing contraband (where those who have not received funding place equal emphasis on a continued need as those who have received funding). Similarly, industry stakeholders demonstrate considerable less interest in increased efforts in most areas with the exception of reducing contraband (where 100 per cent of industry stakeholders perceive a high level of continued need).

Similarly, stakeholders who perceive a high continued need for tobacco control in Canada and a federal strategy are also more likely to perceive a high level of need for continued efforts in all areas.

Only 51 per cent of national organizations perceive a high need for efforts in regulating the manufacture of tobacco, compared to 77 per cent of provincial organizations and 72 per cent of regional organizations. Similarly, 58 per cent of organizations with a national jurisdiction or focus identify a high need for regulating the sale of tobacco, compared to 80 and 78 per cent respectively of provincial and regional organizations.

Surveyed stakeholders priorities for continued attention and efforts across tobacco control were further addressed through a priority ranking of strategic areas (illustrated as first, second or third choice priority. Across stakeholders, the area which is seen to require the most continued attention and directed efforts is to reduce the number of youth who take up smoking (chosen by 43 per cent as their first choice priority and by 73 per cent of stakeholders as their first, second or third choice priority). This was also selected as the first priority by stakeholders in 2006 (although in the 2006 survey the priorities were for continued attention and effort by the federal government, and not in general). As a blended result, reducing youth take up was selected as a priority 24 per cent of the time.

While only selected by 12 per cent as a first choice priority, increasing the number of smokers who quit was selected by 52 per cent as a first, second or third choice priority (and 17 per cent of the time overall), leading this to be ranked second as a priority area.

Based on the overall selection (first, second or third priority), the next most often selected priorities are reducing contraband, and reducing exposure to second-hand smoke.

In 2006, reducing exposure to second-hand smoke was identified as the second priority, and reducing the number of smokers was third. In 2006, however, the question asked for top priorities for continued attention and efforts *from the Government of Canada*, rather than in terms of tobacco control more generally.

Table 2.2: Priority of Strategic Areas

“Identify the three areas that you think require the most continued attention and directed efforts in order of importance”

	1 st	2 nd	3 rd	Total	Overall	Overall 2006 ³
Reducing the number of youth who take up smoking	43	18	12	73	24	24
Increasing the number of smokers who quit smoking	12	21	19	52	17	16
Reducing contraband	16	10	10	36	12	12
Reducing exposure to second-hand smoke	4	7	12	22	8	19
Raising awareness of the health hazards of smoking and second-hand smoke	4	11	7	21	7	NA
Regulating the sale of tobacco	2	10	9	20	7	11
Regulating the manufacture of tobacco products	5	7	7	18	6	16
Increasing capacity for tobacco control research and regulatory development	3	6	6	14	5	NA
Engaging in international activities	1	5	7	13	4	NA
Reducing harm to smokers through product modifications that reduce toxicity	3	3	6	12	4	7
Other	8	3	6	16	6	NA

³ Different question wording in 2006: Identify the 3 areas that require the most/second/third continued attention and directed efforts from the Government of Canada.

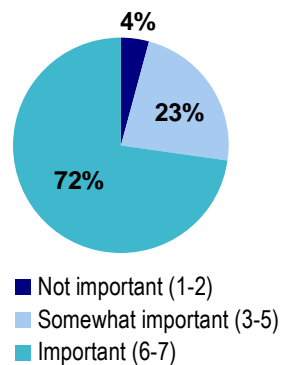
2.4 PERCEIVED IMPORTANCE OF TOBACCO CONTROL

The ongoing importance of tobacco control to Canadians and to stakeholder organizations was explored in the survey. Close to two-thirds of stakeholders (72 per cent) believe that tobacco control continues to be an important priority for Canadians, while 23 per cent believe it is somewhat important, and only four per cent believe it is unimportant to the public.

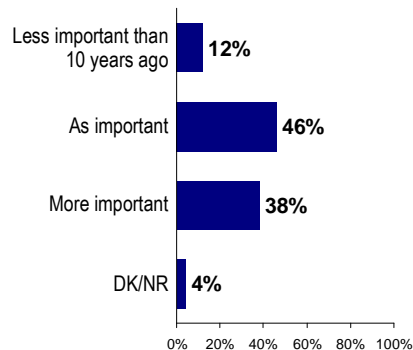
Stakeholders were then asked to indicate whether they believe that the importance Canadians place on tobacco control as a health priority has shifted in the past decade. Just under half the stakeholders surveyed believe that the importance placed on tobacco control by Canadians has remained unchanged from 10 years ago (46 per cent). Over one-third (38 per cent) believe that tobacco control has gained in importance as a health priority, while 12 per cent believe it has declined in importance.

Importance of Tobacco Control to Public

“To what extent do you believe that tobacco control is an important health priority or concern for Canadians?”



“Is tobacco control as important a health priority, more important, or less important for the public than it was 10 years ago?”

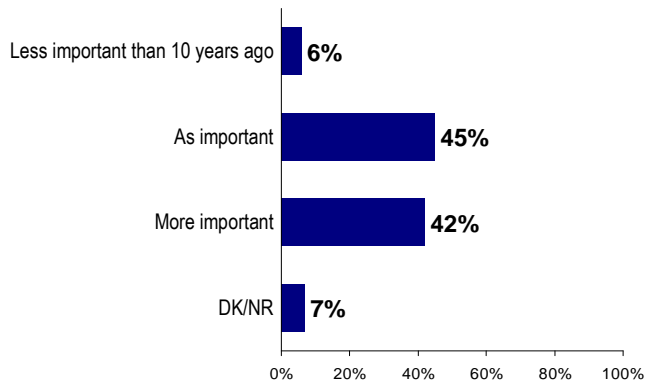



Stakeholder organizations which have received funding from the FTCS are more apt than others (which include industry) to view tobacco control as important to Canadians (81 per cent of funded stakeholders perceive tobacco control to be of ongoing importance, versus 43 per cent of non-funded stakeholders. Non funded stakeholders are more apt to perceive tobacco control as somewhat important (35 per cent) or unimportant (22 per cent).

Stakeholders were also asked to indicate whether the relative importance of tobacco control to their organization has shifted in the past ten years. The response to this question is similar to the perceived importance of tobacco to the public. Four in ten stakeholders surveyed state that tobacco control is more important to their organization than 10 years ago (42 per cent), while 45 per cent state that its importance is unchanged; and only 6 per cent indicate that the importance of tobacco control to their organization has declined. Seven per cent did not respond to this question, likely given that tobacco control is not a focus of their organization (e.g., industry).

Importance of Tobacco Control to Stakeholder Organizations

“Is tobacco control as important, more important or less important for your organization than it was 10 years ago?”



 EKOS Research Associates Inc.

n=197

Health Canada FTCS Survey, 2010

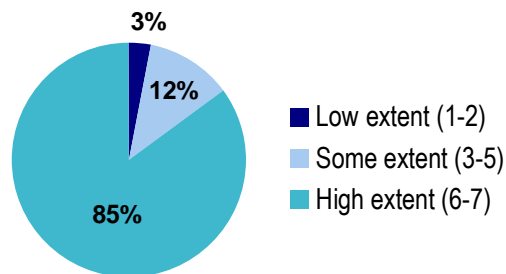
3. RATIONALE FOR GOVERNMENT OF CANADA STRATEGY

3.1 CONTINUED NEED FOR FEDERAL STRATEGY

Stakeholders surveyed were also asked to indicate the extent to which they perceive a continued need for a Government of Canada strategy in the area of tobacco control. As with tobacco control more generally, most stakeholders (85 per cent) perceive a great need for an ongoing federal tobacco control strategy. Only 12 per cent perceive the need as moderate, and 3 per cent perceive little need for a federal strategy.

Continued Need for Federal Strategy

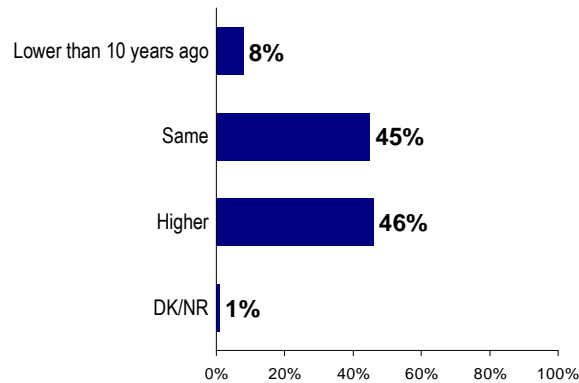
“To what extent is there a continued need for a Government of Canada strategy in the area of tobacco control?”



Stakeholders were then asked to indicate if the need for a federal role is higher, lower or unchanged from ten years ago. Most stakeholders perceive the need to be higher (46 per cent) or unchanged (45 per cent). Fewer than one in ten believe the need for a Government of Canada role has declined (8 per cent).

Continued Need for Government of Canada Role

“Is this need for a Government of Canada role higher, lower or the same as it was 10 years ago?”



n=197

Health Canada FTCS Survey, 2010

Stakeholders who have received FTCS funding in the past are more apt to perceive the need as high (94 per cent do), and to perceive the need as unchanged (52 per cent). Those who have never received funding are more apt to see the need as lower than ten years ago.

Interview Findings

Stakeholders were asked to describe the type of role that they see the federal government performing in the area of tobacco control. Without exception key informants agree that it is essential to have a national focus on the issue of tobacco control. Therefore, the federal government is described as having a very strong role to play in tobacco control, over and above the legislative aspect. This role was described along a number of key themes:

- *National role – coordinate, bridge gaps, ensure consistency, showcase the commitment*

The most overarching theme in the description of the federal role is that it take advantage of the national scope, enabling the federal approach to coordinate efforts, and information such as latest research and best practices, between different stakeholders groups in Canada (i.e., provinces/territories, NGOs, academic/

research community), as well as on the international stage. This role could ensure consistency and quality across the country, according to some, filling in gaps where provinces/territories do not have the funds to cover some aspects of tobacco control (e.g., awareness, quit lines and other cessation programs). “It’s up to them (the federal government) to bring all the different parties together and support the provinces in terms of resources when needed, and mass media and research funding and monitoring and surveillance”, according to one stakeholder. More than anything else, many stakeholders see the federal involvement in tobacco control as the central commitment from which all other efforts stem in the fight against tobacco use. This makes a statement to Canadians, stakeholders, the tobacco industry, and the world at large that Canada is focused on tobacco control and willing to do what it takes to tackle the issue. In the words of one stakeholder: “This can’t be left to the provinces to do (or not do, if they don’t have the money). The federal government needs to ensure it. It’s the statement of Canada’s commitment to the health of its people.” It was also noted that “it is important to have a federal strategy in order to maintain our international leadership and role in tobacco control. Having a national focus and national regulation is needed if we are going to be able to continue to “hold our heads high” internationally on the issue. It is important to maintaining our credibility and image.”

➤ *Setting the framework, targets, and strategy – create a plan for others to follow*

Many also state that the federal government is in a unique position to create the framework around tobacco control; to articulate the vision, targets and strategy that the rest of the players can follow. According to one key informant “some countries have committed to be tobacco free at some point in the future, even if only in 30 years. Canada hasn’t said anything like that. There needs to be an end game; a goal. Then (the federal government and others) will have clear targets to work with”. This same respondent went on to say, “Next (the federal government) can set up benchmarks and milestones to measure progress on both the demand and supply side”, suggesting that the federal government has a strong leadership role to play in this area. Several stakeholders pointed to the need for one overall strategy, with goals and targets that everyone can follow, allowing others stakeholders in Canada to work within the framework that is common to everyone working in this area. It also enables Canada to discuss tobacco control with others internationally; from the perspective of a strategy, and a plan, with targets and a funding commitment.

➤ *Tackling the supply side – regulations, contraband, “fighting the industry”*

About half of stakeholders also point to the federal government as the only or at least logical choice for “taking on the industry”. This includes all areas of regulation, such as packaging, access, and advertising rules. One key informant suggested the federal government “needs to change the product so that it is less harmful and addictive”. “They need to take the industry on in the courts and close all the loopholes” according to one respondent. “Unless you do something bold and tackle the root problem you are just playing around the edges”. Contraband is identified as another key area within the federal jurisdiction. Some stakeholders argue that the federal government needs to “tackle the smuggling and the plain packaging (which was a missed opportunity to show leadership; to be the innovators)”. One respondent notes “The

provinces cannot regulate anything of a technical nature/related to manufacture, or packaging. The industry can't have a patchwork of regulations affecting production and packaging across provinces”.

In theory, one stakeholder argues that they would like to see as much as possible come under federal leadership so that all Canadians have the same protection for their health. “Why should someone in one province be protected from second-hand smoke and not in another?” Another stakeholder argues that considerably more effort is required of the federal government on the demand side (related to product promotions, availability and loopholes in advertising) to restrict opportunities for the tobacco industry to make headway.

- *Coordinating information and roles, best practices. Fostering networks, meetings, consultation, discussion, and transparency*

Another theme regarding the role of the federal government in tobacco control centres around the generation of connections and discussions working on a common issue. “Having a federal strategy creates an impetus” notes one stakeholder. “It results in meetings, discussions between provinces and territories, and a concerted national approach.” One stakeholder spoke of the federal government fuelling the building of relationships among a range of stakeholder communities.

Several stakeholders also note an erosion of the relationships between the federal government and others (NGOs in particular) over the past few years, emphasizing that tobacco control is implemented by many different communities of stakeholders together.” There is a need to improve stakeholder relationships.” said one key informant. “Partnership is important” said another, pointing out that Health Canada relies on others to deliver services and engage the population directly. One stakeholder also argues that “there seems to be less transparency in the federal strategy in recent years. There is a need for more open dialogue and exchange with stakeholders, including P/Ts”. This same respondent describes a need for a collaborative effort since stakeholders want to see the strategy succeed, and have a history of experience and knowledge behind them. At the same time, stakeholders speak highly of the knowledge and experience of individuals working within Health Canada on tobacco control, as well as the historical perspective or “corporate knowledge” that they bring to the issue.

One stakeholder also suggests that there also needs to be a more collaborative approach within the federal government as well, saying that “it’s not just a Health Canada file; it concerns a number of departments”. A multidisciplinary approach is required, as it touches on issues related to justice, agriculture, First Nations, and national borders, in addition to the need to work with the provinces and NGOs.

- *Innovation, creativity, new ideas, generate discussion*

Several stakeholders point to the need for new ideas and approaches in tackling the remaining “hard core” smokers, now that the decline in smoking rates has reached a plateau. “Now that the rate is down to 19% they will have to work harder and be more creative”, said one respondent. The federal government can take

this opportunity to be innovative and create in its approach, according to a few, generating new ideas and thinking outside the box on this issue. This can also be done by collaborating with others and fostering others to be create and innovative in thinking about new approaches to tobacco control. “It can’t be business as usual now, something else needs to be done” says one stakeholder. The federal government can take the lead role, it is suggested, in thinking about new ways to tackle tobacco control and creating opportunities to foster discussions about creative, new ways to approach this issue. Several also underscore the importance of focusing on specific populations where smoking rates remain high (e.g., Aboriginal Canadians, people with mental health and addictive disorders).

➤ *Working Closely with Other Stakeholders. Engaging the Provinces and Territories*

In the description of the federal role, which almost everyone seems to describe as the lead role, many also cautioned on the critical importance of working closely with the provinces to maximize transparency, minimize duplication and ensure consistency in strategy and direction. Areas such as surveillance and research are described by several as being key for the federal government, as well as consultation and collaboration with national players like the Canadian Medical Association and Pharmacists association, working closely together to achieve the maximum impact and results. One stakeholder disagrees that the federal role is the lead role, however, saying that the responsibility is joint and needs to be better coordinated with the provinces. “National stakeholders deal with the federal government first and would consider the federal role to be primary (e.g., NSRA etc.) but provincial players would turn to the province first”, according to this stakeholder. Another pointed to the need for setting common priorities between the different jurisdictions and agreement on what each should be doing. This same stakeholder states “the federal government should not be setting their own priorities and putting out calls for G&Cs that overlap or do not support provincial/territorial priorities. There is still a role for federal G&Cs to leverage action in priority areas. For example, provinces and territories struggle with how to advocate for and fund nicotine replacement therapies. The federal government could take action and undertake research to understand where the best bang for the buck can be obtained.”

3.2 FTCS PRIORITIES AND COMPONENTS

Stakeholders were provided with a list of the priorities of the FTCS and asked whether these priorities are appropriate as is or if there are additional priorities Health Canada should focus on. The list of FTCS priorities is as follows:

- Reducing exposure to second-hand smoke;
- Regulating manufacturers and the sale of tobacco;
- Reducing the number of youth who take up smoking;
- Increasing the number of smokers who quit smoking;


- Reducing harm to smokers through product modifications that reduce toxicity;
- Reducing contraband;
- Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention;
- Raising awareness of the health hazards of smoking and second hand smoke; and
- Increasing capacity for tobacco control research and regulatory development.

Over half the stakeholders surveyed agree that the priorities of the FTCS are appropriate as is, while 45 per cent identify additional priorities they feel could be a focus of the Strategy. In the 2006 survey of stakeholders, 55 per cent had identified additional priorities. Stakeholders identifying additional priorities were asked to specify the priorities they believe should be added to the FTCS. Additional priorities identified include a focus on the Aboriginal Canadian population, addressing industry marketing tactics, and addressing other at-risk populations.

Additional Priorities the FTCS Should Focus On

“The FTCS is the Government of Canada’s tobacco control strategy. The following are the priorities that currently guide the FTCS... In your view, are there additional priorities that the FTCS should focus on?”



 EKOS Research Associates Inc.

n=197

Health Canada FTCS Survey, 2010

The following table provides some illustrative examples of the main response categories of stakeholders identifying additional priorities.

Table 3.1: Additional Priorities for the FTCS (Stakeholder Quotes)

Additional Priority	Illustrative Quotes
Aboriginal Canadians	<p>“Aboriginal people have the highest smoking rates of any population in Canada and more needs to be done to address this serious health issue.”</p> <p>“An additional priority would be a focus on aboriginal Canadians including a focus on policy development within the aboriginal community. “</p> <p>“Providing specific support / funding to Aboriginal Communities to deal with the high rate of smoking and the related negative health impacts. Realizing that while rates are declining elsewhere, they are not doing so among aboriginal communities, particularly in the North, most so the Inuit. And that this has to be taken into consideration when looking at priorities.”</p> <p>“Re-institute a funded Aboriginal Tobacco Control Strategy, with significant input from First Nations, Métis and Inuit people.”</p>
Industry	<p>“Taking all possible actions to erode the influence of the tobacco industry”</p>
At-risk populations	<p>“Reducing tobacco related inequalities in health and illness. This is more important than ever before. Suggesting that Canada has made progress in reducing tobacco use or increasing awareness of the hazards of tobacco use is only partially true. It is true for the general population but there has been little or no progress in important sub-populations. As such, tobacco related inequalities in health are increasing. This should not be acceptable within a civilized society. We should be embarrassed, for example, that Canada’s Inuit people have the highest rates of lung cancer in the world.”</p> <p>“Targeting vulnerable populations where smoking rates are highest (i.e., low SES, First Nations, Northern, rural).”</p>

Interview Findings

Key informants are also largely in agreement with the main tobacco control priorities cited by survey respondents. In particular, regulations related to the packaging and advertising of tobacco products are cited frequently as important areas for federal focus. “Everything from warnings to plain packaging; regulation of advertising and promotion; regulation of manufacture and new products/ingredients (e.g., ban on cigarillos)”, was outlined by one stakeholder as key priorities for the federal government. Another also states that “dealing with the supply side is critical for the federal government.” Another respondent went further, saying that “the way we handle (tobacco), its presence in society and its status need to be changed. We need to deal with its underlying status, as a product that is available, legal, affordable, and addictive, that kills”. New exploration of warning labels and plain packaging are cited by several stakeholders as key areas for

attention. One province adds that “regulation of sale is not really a federal jurisdiction and should not be there (on the federal list of priorities)”.

Cessation is also cited by many as a key area for attention. Quit lines and the coordination of this type of support for smokers across the country to ensure consistency and universal availability were mentioned by a few. Several express concern with the decision of the federal government not to update package warnings, which would have provided a much-needed opportunity to add a national 1-800 line to packaging. Another stakeholder emphasizes the need for the federal government to fund nicotine replacement therapies. Particular attention on the Aboriginal populations is also outlined by a handful of stakeholders based on the considerably higher rates of smoking. One stakeholder said that “there are things that are possible (e.g., changing the status of tobacco and making it much less available) once the rate of smoking in society is down. But, while it’s up at almost one in five, those things aren’t possible. You can’t restrict the point of sale if there are too many smokers, and it’s hard to raise the prices, enforce possession laws for youth, or regulate the product in other ways until there are substantially fewer smokers.

Contraband is also described by several stakeholders as a key area for federal focus. One stakeholder spoke of engaging First Nations leaders in discussions of how to replace smuggling with other areas of income and better education of the contribution of contraband to smoking rates.

Several stakeholders talked about the need for the federal government to again be involved in mass media and public education on the harmful nature of tobacco. Many of the stakeholders interviewed look back to the first half of the strategy when the federal government was putting considerable funding and effort into national awareness campaigns on tobacco. Many say that the program made great strides during that time and that public awareness is still a critical element of tobacco control, and a key role that the federal government should be involved in. In part, this is because the level of focus, commitment and resources are not even across jurisdictions, whereas a national effort ensures consistency and quality across the country. Some also said that the federal government may be able to command a level of attention not possible in some provinces. One stakeholder said “the focus should still be on the broader public, reinforcing the message that smoking threatens your health. It’s a message the whole country still needs to hear, especially youth. If you take the big picture off the table and focus only on specific groups then some of the message is lost.”

That said, several stakeholders also point to youth and preventative measures to minimum the uptake of smoking in this population. This includes public education campaigns, but also regulations and enforcement aimed at choking off the availability of tobacco to youth (including a strong focus on contraband). Several stakeholders speak of the messaging around tobacco and denormalizing the industry and use of the product. As one respondent notes, “we have a whole new generation and they can’t be allowed to think that it’s ok or normal to put this (tobacco) into your body.”

Two or three stakeholders point to a need for the federal government to stay up to date and contribute to developmental research. This includes, in particular, the latest research on nicotine replacement therapies.

3.3 ALLOCATION OF FTCS FUNDING

Funding for the FTCS is divided among four components or pillars:

- Reducing access to tobacco and regulation of tobacco products (**protection**);
- Reducing the number of those who take up smoking and creating barriers to smoking (prevention);
- Increasing the number of those who quit smoking and reduce barriers to quitting (**cessation**); and
- Reducing harm to smokers and those exposed to tobacco (**product regulation**).

Stakeholders responding to the survey were asked to indicate what proportion of FTCS funding they would allocate to each component. Overall, stakeholders are apt to allocate more resources to the prevention component of the strategy (allocating on average 34 per cent of Strategy funds to this component). Stakeholders allocate, on average, 28 per cent of funding to cessation, and 21 per cent to protection. As in the 2006 survey, stakeholders allocate less funding to product regulation (17 per cent on average).

Table 3.2: Allocation of FTCS Funding

“What percentage of funding would you allot to each of these components?”

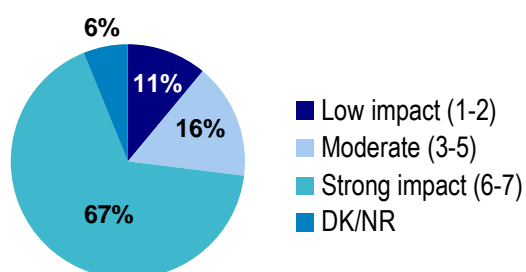
Pillars	Allocation of FTCS Funding					2006 Survey Mean
	25% or less	26-50%	51-75%	76% or more	Mean	
Reducing the number of those who take up smoking and creating barriers to smoking (prevention)	34	60	5	1	34	31
Increasing the number of those who quit smoking and reduce barriers to quitting (cessation)	50	50	2	0	28	26
Reducing access to tobacco and regulation of tobacco products (protection)	82	22	1	0	21	23
Reducing harm to smokers and those exposed to tobacco (product regulation)	90	10	1	0	17	20

3.4 CONSEQUENCES OF TERMINATION

Two-thirds of stakeholders surveyed believe that a strong impact would be felt were the FTCS to be discontinued (67 per cent); while 16 per cent believe that the impact would be moderate; and 11 per cent indicate that there would be little impact.

Level of Impact if FTCS Were not Renewed

“How much of an impact would there be on tobacco control in Canada if the Strategy were not renewed?”



n=197

Health Canada FTCS Survey, 2010

Stakeholders who have received FTCS funding at some point (and are therefore directly engaged in tobacco control) are far more likely to perceive the impact of cancellation to be significant.

Table 3.3: Impact of Not Renewing Strategy for Funded and Unfunded Stakeholders

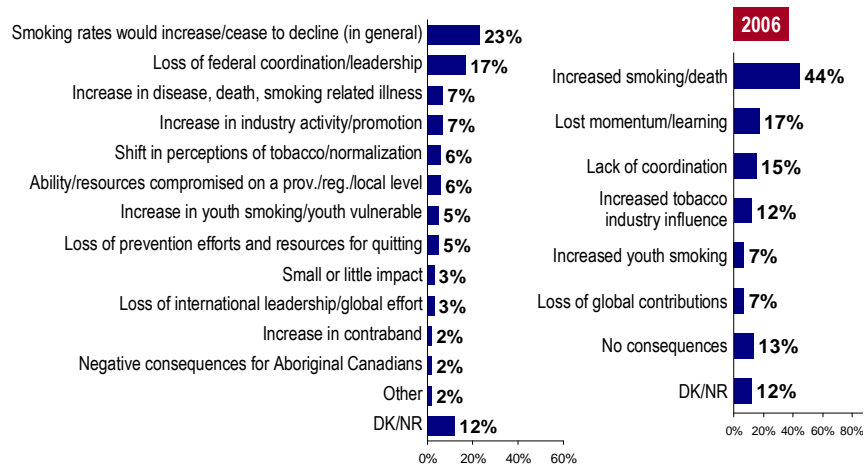
Level of Impact	Have Received FTCS Funding (Past or Present)	
	Yes (n=126)	No (n=37)
Low impact (1-2)	8	24
Moderate (3-5)	10	30
High impact (6-7)	79	35

Stakeholders were also invited to describe what they believe would be the consequences if the FTCS were not renewed. The consequence mentioned most frequently by stakeholders involves an increase in smoking rates (23 per cent). As well, 17 per cent identify a loss of federal coordination and leadership as a significant negative consequence.

In 2006, stakeholders surveyed were also asked to identify what the consequences would be for Canada if the FTCS were significantly reduced or discontinued. The consequence most often identified in 2006 was increased smoking and death (by 44 per cent), which is similarly predominant in the current results (although increased smoking and increase in disease, death and illness are identified separately). Lack of coordination was identified as a consequence by 15 per cent in 2006, again similar to current results. Increase in industry influence, increase in youth smoking and loss of global contributions were also identified as potential consequences of non renewal in 2006.

Consequences of Non-Renewal

“Please describe the consequences for Canada, if any, if the Federal Tobacco Control Strategy were not renewed”



EKOS Research Associates Inc.

n=189

Health Canada FTCS Survey, 2010

The following table provides illustrative examples of the main response categories of stakeholders identifying potential consequences of the termination of the FTCS.

Table 3.4: Potential Consequences of the Termination of the FTCS (Stakeholder Quotes)

Potential Consequence of FTCS Termination	Illustrative Quotes
Increase in smoking rates	<p>"I believe we would see smoking rates increase. All the progress made would lost."</p> <p>"The number of people starting smoking would increase and the number of people who quit smoking would decrease."</p>
Loss of coordination and leadership	<p>"Loss of coordinating function, research capacity, and information sharing."</p> <p>"The federal strategy provides a mechanism for all partners to coordinate efforts to address tobacco control. Without a Strategy the federal role, responsibility and resources would decrease or disappear."</p> <p>"With a loss of leadership, it would be difficult for groups such as ours to work towards a common goal. It was good to be able to work towards common goals that were set federally - we followed suit."</p> <p>"Need federal leadership for a national strategy, and to encourage provincial investment; addressing regulatory issues and contraband which can't be dealt with effectively at the provincial level."</p>
Increased illness and burden to health care	<p>"Smoking prevalence and consumption would increase, with concomitant increased disease and death, and increased tobacco-related economic and societal costs."</p> <p>"Quit attempts and quit rates would drop and health problems related to smoking more than double what they are now. Biggest effect seen in 5 to 10 years when heart disease, emphysema, COPD, lung cancer rates soar - same time as baby boomers need additional health services."</p> <p>"It is highly likely that tobacco use and related chronic (respiratory, heart, stroke) illnesses will increase as well as long term respiratory/chronic illness in children, creating a burden of health and health care that may well cost more than the prevention and control strategy."</p>
Youth vulnerable	<p>"Smoking is the Pied Piper to the developing mind of children. It has been portrayed as part of the transition from childhood to adulthood and as being cool and sophisticated. Easier access and no health promotion of the dangers of smoking would result in much of the gains in recent years being eradicated."</p> <p>"End result would be a potential increase in youth uptake and use of tobacco products, and industry tactics targeting young people"</p> <p>"My fears are that tobacco use/abuse would skyrocket especially amongst young populations - tobacco companies need to be controlled otherwise their catchy and targeted advertising to young people will entice more people to smoke"</p>

Potential Consequence of FTCS Termination	Illustrative Quotes
Increase in industry activity/marketing	<p data-bbox="613 306 1287 363">“The tobacco industry would counter existing legislation with significantly less response/power from tobacco control community.”</p> <p data-bbox="613 411 1360 468">« Avec le status quo- l’industrie parviendrait avec le temps à déjouer les obstacles qui limite l’expansion de son marché. »</p> <p data-bbox="613 516 1365 573">“We would see increased access to tobacco products including the introduction of new harmful products.”</p>
Fragmented approach across provinces	<p data-bbox="613 585 1027 613">“Disparities would increase across the country.”</p> <p data-bbox="613 661 1365 779">“Certain provinces have very little in the way of tobacco control resources and HC funding supports a significant portion of their activities, i.e. Smokers Helpline. The lack of a coordinated federal tobacco control strategy would have disastrous results for the have-not provinces in particular.”</p> <p data-bbox="613 827 1365 978">“An important potential consequence is that the lack of a national strategy will result in each province and territory adopting its own strategy, with some provinces doing much more than others. Since tobacco is one of the leading causes of health inequality, it would exacerbate current inequalities in health status across provinces, and especially the territories.”</p> <p data-bbox="613 1026 1365 1083">“The areas with the highest rates of smoking and smallest tax base (i.e. the Territories) would have significantly reduced capacity to address tobacco use.”</p>
Shift in perceptions of tobacco	<p data-bbox="613 1098 1360 1218">“We would lose ground on the momentum that has been created; people and communities would soon resort to former habits as the profile of tobacco control is lowered - would be perceived as not being a priority with government so why should it be a priority with them (people and communities) “</p> <p data-bbox="613 1266 1344 1323">“A lack of government focus on such an important health issue for Canadians would give the impression that smoking is no longer an issue or important.”</p> <p data-bbox="613 1371 995 1398">“The issue would fade from people’s minds”</p>
Negative consequences for Aboriginal Canadians	<p data-bbox="613 1409 1349 1465">“Aboriginal People are amongst the highest users of commercial tobacco- this whole area needs to be nurtured and promoted. “</p> <p data-bbox="613 1476 1365 1503">“Smoking rates in First Nations and Métis communities will continue at epidemic rates.”</p>
Increase in Contraband	<p data-bbox="613 1518 1230 1545">“Contraband would increase and thus selling to minors would increase”</p> <p data-bbox="613 1593 1239 1621">“There would be a further increase in contraband tobacco sale and use”</p>
Less of international leadership	<p data-bbox="613 1627 1365 1713">“Canada would lose its standing as a world leader in tobacco control and generally that would not be good for the global tobacco control work and of course for the country itself.”</p> <p data-bbox="613 1724 1377 1814">« Le Canada est perçu comme un chef de file dans le domaine du contrôle du tabac. La perte de la Stratégie fédérale enverrait un message au niveau international que le gouvernement canadien considère avoir gagné la lutte au tabagisme».</p>

Interview Findings

Key informant interviews were used to further explore the perceived impact and consequences of discontinuation; to explore whether stakeholders understand that regulations (and enforcement thereof) would continue regardless; and whether this would mitigate the potential repercussions associated with discontinuation. Consistent with survey findings, stakeholders interviewed agreed almost unanimously that the discontinuation of the FTCS would be a significant loss. It was felt that there would be significant negative impacts regardless of the continued enforcement of the Tobacco Act. A number of themes can be identified in their comments and views of the potential repercussions of discontinuation, including:

- ***Tobacco remains a significant health issue:*** Several respondents note that tobacco use still results in disease and death amongst Canadians, as well as significant health care costs. Some further note that this health concern remains even more critical within the Aboriginal population. One also states that it would be “inane to have a cancer prevention strategy and drop tobacco control when tobacco is still the cause of 30% of cancers”.
- ***Regulations alone are insufficient and would become outdated:*** Many respondents note that while regulations are important, they are only one component of a national strategy. They further indicate that regulations would quickly become outdated in the absence of the strategy.
- ***Ability to address new and evolving issues:*** Many interview respondents note a need to remain current and to maintain a capacity to address evolving and new issues, and to fight industry in court if necessary. They note that new tobacco products are introduced on an ongoing basis (e.g., flavoured tobacco, cigarillos) and there is a need for some mechanism to address changes. Several believe that “the loss of the strategy would create a vacuum in which the only thing that would thrive would be the industry”.
- ***Loss of national coordination, leadership, research and erosion of capacity:*** Several stakeholders note that the loss of the FTCS would mean a loss of a national vision, coordination, and goals or targets which others can follow. They also express concern that this would mean a loss of research and surveillance needed to remain current, and a loss of capacity within HC on tobacco control.
- ***Need to maintain federal role to meet international commitments and credibility:*** Several respondents note that the federal government is signature to the FCTC and that some type of federal role or strategy is imperative to meet our international commitments as well as to maintain our role and credibility internationally on the topic of tobacco control.
- ***Progress would be lost:*** Several interview respondents also emphasize that a great deal of progress would be lost and smoking rates would potentially increase given the previous consequences already listed (lack of common vision or coordination, outdated regulations, new developments in industry, etc.).

A few respondents hold the view that the impacts of discontinuation would be minimal; in part because the federal government is already doing far less than it did previously in tobacco control. One respondent notes that there may not be a need for the same type of federal strategy with a large funding envelope for Gs & Cs, but that a federal strategy remains critical.

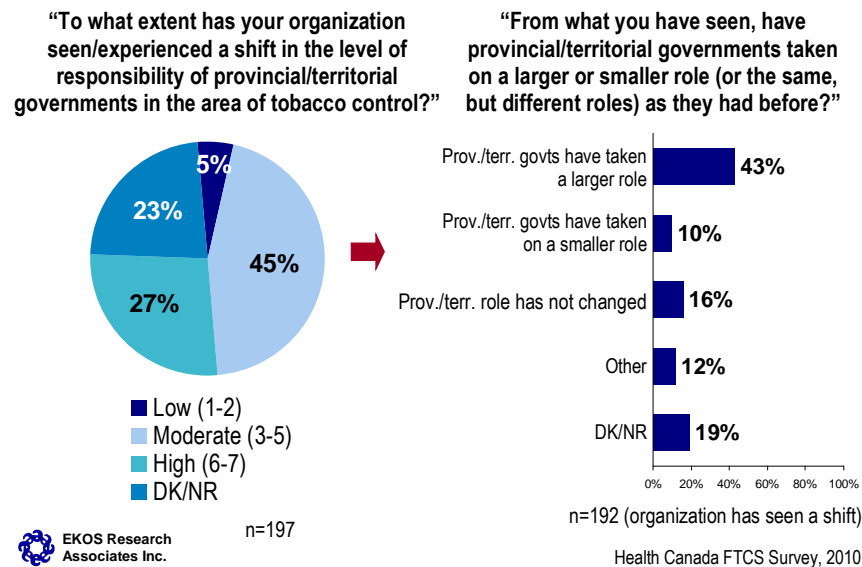
4. PROVINCIAL AND FEDERAL ROLES AND RESPONSIBILITIES

4.1 SHIFT IN RESPONSIBILITY OF PROVINCIAL/ TERRITORIAL GOVERNMENTS

Most stakeholders surveyed have experienced or seen a shift in the level of responsibility of provincial and territorial governments in the area of tobacco control. In fact, 27 per cent rate this shift as high or significant, and 45 per cent as moderate.

Stakeholders who have perceived a shift in the responsibility of provincial/territorial governments in the area of tobacco control were then asked whether provincial and territorial governments have taken on a larger or smaller role. Over four in ten (43 per cent) state that the role of provincial/territorial governments has grown. One in ten state that the role has diminished and 16 per cent believe it is unchanged.

Shift in Responsibility of Provincial/Territorial Governments



Just over one in ten (12 per cent) provided another answer. Those responding “other” were asked to expand on their response. Most of these respondents note that while the provincial role has grown, this has not necessarily meant an increase in provincial resources. Some note that the province has taken on a greater role and commitment in terms of legislation but without any increase in financial resources, or that its role has evolved without any corresponding increase in resources.

A few respondents note that the shift in role is variable from one province to another, and not consistent (i.e., it has increased in some provinces but not others). A few also note that there has been some increase in provincial resources and role, but that the increased resources are unstable or changing (e.g., increasing and then being cut).

Interview Findings

Key informant interview respondents unanimously agree that there has been a shift or increase in activity by provinces and territories on the topic of tobacco control in recent years. Several note that this change reflects success achieved at the national and federal level: provinces have become engaged as a result of the momentum and support generated by federal efforts. Most interview respondents note that provinces and territories have all passed regulations specific to their jurisdiction which ensure smoke-free public places, as well as regulations controlling the point-of-sale of tobacco. Others note that provinces have engaged in activities relating to the operation of quit-lines, social marketing and other programs.

Some qualify their response by noting that they disagree with the term “shift” to describe the increase in provincial activity. These respondents note that responsibility has not shifted; rather provinces have increased activity in their own specific sphere or jurisdiction and introduced legislation that complements or furthers efforts by other levels of government. Provinces are not seen as replacing federal activities or responsibilities; but rather complementing or furthering them.

A few view the change and the question negatively in that they perceive the federal government as trying to shift its responsibility to provinces/territories. One respondent states that “the feds have abandoned their post; some provinces picked it up and others couldn’t afford to”. A few respondents suggest that the federal strategy has been less active or more “invisible” in recent years, with one stating “I’m not sure what they’re doing”.

Furthermore, many respondents note that the growing involvement of provincial/territorial governments in tobacco control is uneven across the country. While all provinces and territories have passed regulations governing smoking in public places and point of sale of tobacco, not all provinces have provided coverage of cessation products or counselling; or engaged in mass media or social marketing.

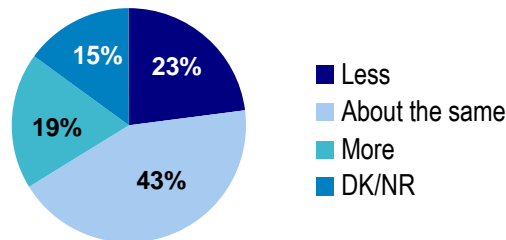
Finally, the increase in activity provincially in tobacco control has not had impacts for all stakeholders interviewed. Most national non-governmental organizations do not report any impact on their activities, given their focus at the national level and the fact that they receive funding federally. Others note that this has

affected their work in tobacco control. Several note that they have now developed partnerships with provincial partners in addition to federal. Some note that this has resulted in new or increased partnerships, but has not affected their funding (as not all provinces have project funding).

Stakeholders were also asked to indicate whether they have experienced any change in their relationship with the federal government. Over four in ten stakeholders surveyed have not experienced any change in the extent of their dealings with the federal government in recent years (43 per cent). Over two in ten (23 per cent) have experienced a decline in their dealings with the federal government, while 19 per cent have experienced an increase.

Extent of Dealings with Federal Government

“Have you found that your own organization is dealing with the federal government more/less or about the same as it did a few years ago?”



Stakeholders who have experienced a decline or end to their funding from the FTCS are much more likely to denote a decrease in their interactions with the federal government (42 per cent do).

Interview Findings

Stakeholders interviewed were asked to comment on the finding that dealings with the federal government remain unchanged or have increased despite declining funding. Most stakeholders (including provincial representatives and NGOs) note that their relationship with the federal government “transcends” funding. They note that while funding is important, it is only one component and that the consultative process is key. Another states that “tobacco requires a symbiotic and concerted approach among stakeholders, especially in a time of declining funding”.

Several interview respondents note that the fact that tobacco control is now housed in two locations within HC has rendered their relationship with the federal government more complex and more time consuming. Furthermore, one interview respondent expresses the opinion that the two parts of HC “do not speak to each other very much, resulting in confusion and diffusion”. Another notes that they are now also partnering with PHAC in addition to HC on activities that are tobacco-related but within a focus on health more generally.

A small number of stakeholders interviewed (either NGOs whose primary focus is not tobacco or regional health representatives) indicate that their dealings with the federal government on the issue of tobacco control have declined as a result of declined involvement. One states that they no longer have the benefit of being in regular contact with an HC project consultant, who used to keep them abreast of what HC was doing as well as informed of similar projects or activities (to their own) taking place across the country.

On the topic of their dealings with the federal government, a few stakeholders interviewed describe that the nature of their relationship with Health Canada has changed over the years. These respondents note that the relationship is less open, collegial, and less one of partnership or collaboration and more a role of advocacy. This change is perceived negatively; with respondents wishing for a return to a more open and transparent partnership with HC.

4.2 FEDERAL AND PROVINCIAL/TERRITORIAL ROLES IN TOBACCO CONTROL

Stakeholders were asked to indicate what level of responsibility they believe would be most useful or appropriate for the federal and provincial/territorial governments to play in a number of tobacco control areas or priorities. Overall, stakeholders assign the federal government the greatest responsibility for international leadership and participation in global forums and agreements on tobacco control (86 per cent of the responsibility, versus 14 per cent for provincial/territorial governments). Stakeholders also assign the bulk of responsibility for implementation and defence of legislation and regulation to the federal government (75 per cent), and for addressing issues related to contraband (73 per cent). Furthermore, over two-thirds of

the responsibility for research and dissemination is assigned to the federal government (69 per cent); for ensuring a minimum level of activity and regulation across provinces and territories (69 per cent); and a similar number accord the federal government the primary responsibility for mass media campaigns (65 per cent). The responsibility is seen to be more evenly shared between the two jurisdictions for enforcement of legislation and regulations (54 per cent of the responsibility is allocated federally); for funding of other jurisdictions and organizations for cessation activities (58 per cent of responsibility is allocated federally overall); and for public education activities (49 per cent of responsibility is allocated federally).

Table 4.1: Appropriate Level of Responsibility for Federal and Provincial/Territorial Governments

Area of Responsibility	% Federal Responsibility Mean	% Provincial Responsibility Mean
International leadership and participation in global forums and agreements on tobacco control	86	14
Research and dissemination, monitoring of smoking prevalence, behaviours and attitudes	69	31
Implementation and defence of legislation and regulations related to the manufacture, sale, labelling and promotion of tobacco	75	25
Enforcement of tobacco control legislation and regulations	54	46
Mass media campaigns to support tobacco control objectives	65	35
Funding of other jurisdictions and organizations to deliver programs and services (e.g., cessation)	58	43
Addressing issues related to smuggling and counterfeit cigarettes	73	27
Ensuring a minimum level of activity and tobacco control regulation across all provinces and territories	69	31
Public education activities	49	51

n=197

Stakeholders were then asked which group or jurisdiction should have the primary role of leading tobacco control in Canada. Most stakeholders (74 per cent) assign the primary responsibility to the federal government. Only 11 per cent assign the primary responsibility to provincial and territorial governments, and fewer assign the primary role to non-governmental organizations, communities or individuals. Most stakeholders assign secondary responsibility to provincial and territorial governments (60 per cent).

Table 4.2: Primary and Secondary Roles in Tobacco Control

	Primary Role	Secondary Role
Government of Canada	74	11
Provinces/Territories	11	60
Non-Governmental Organizations	3	7
Communities	3	9
Municipal governments and health authorities	3	6
Individuals	5	6
Don't know/no response	3	3

Stakeholders who have received FTCS funding are more likely than other respondents to assign the primary responsibility or role to the federal government, and to assign secondary responsibility to provincial/territorial governments. Those who have not been funded in the past (which includes industry stakeholders), are more apt to assign responsibility to individuals (32 per cent do).

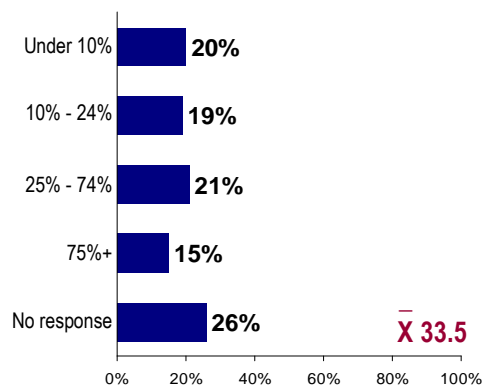
5. FTCS FUNDING AND TOBACCO CONTROL ACTIVITIES OF STAKEHOLDERS

5.1 STAKEHOLDER ENGAGEMENT IN TOBACCO CONTROL

Stakeholders were asked to indicate what percentage of their organization's activities or efforts are focused specifically in the area of tobacco control. The extent of engagement of responding organizations in tobacco control varies significantly. Two in ten stakeholders indicate that tobacco control represents less than 10 per cent of their organization's activity. A similar number (19 per cent) state that tobacco control represents between 10 per cent and 24 per cent of their activities; and 21 per cent between 25 and 74 per cent. For 15 per cent of stakeholders surveyed, tobacco control represents over three-quarters of their organization's efforts or activities. The mean level of activities or efforts focused specifically on tobacco control by organizations responding to the survey is 33.5 per cent.

Level of Engagement of Stakeholder Organizations

“What percentage of your organization's activities or efforts are focused specifically in the area of tobacco control?”



Small organizations are more apt to report that tobacco control represents 75 per cent or more of their activities.

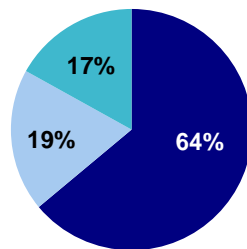
5.2 FTCS FUNDING

Over six in ten stakeholders surveyed (64 per cent) have received FTCS funding for a project or activity at some point (past or present).

Just over half of the stakeholders who have received FTCS funding in the past (55 per cent) indicate that this funded helped their organization leverage other sources of funding for tobacco control activities. One-third report no leveraging effect, while 13 per cent did not know or did not respond.

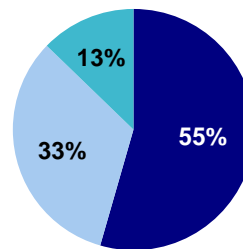
FTCS Funding and Leverage

“Has your organization ever received funding from the FTCS for a project or activity?”



n=197

“Did the FTCS funding you received help your organization leverage other sources of funding for tobacco control activities?”



n=126

(Received funding from the FTCS for a project or activity)

■ Yes
■ No
■ DK/NR



EKOS Research
Associates Inc.

Health Canada FTCS Survey, 2010

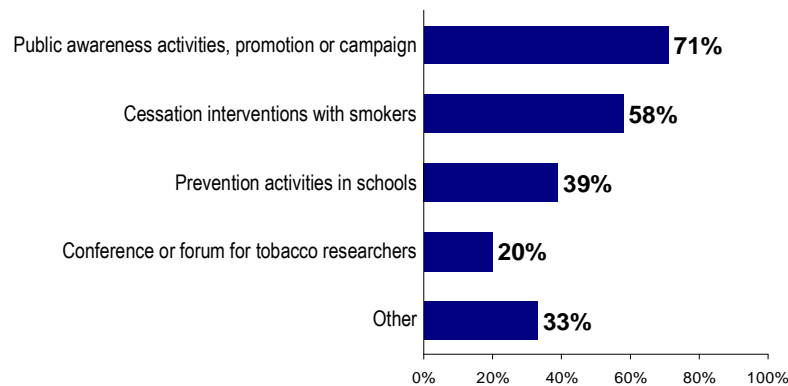
Stakeholders who indicated that FTCS funding assisted them to leverage other sources of funding were asked to specify the source of funds leveraged. The most common source of funds leveraged is provincial government funds (cited by 40 per cent of respondents to this question). Other sources of funding mentioned less frequently (by one in ten respondents) include research grants (e.g., CTCRI and CIHR); private sector sources; other non-governmental organizations (e.g., Canadian Cancer Society, Heart and Stroke Foundation); and public, regional or community health boards and organizations. A few respondents also cite other Health Canada and PHAC funding sources, and internal funds (from their own organization).

Seven in ten stakeholders who received FTCS funding report undertaking public awareness activities, promotion or campaign with this funding (71 per cent), while 58 per cent report undertaking cessation activities with smokers. Over one-third undertook prevention activities in school with FTCS funds (39 per cent), and two in ten obtained support for a conference or forum related to tobacco control. One-third report engaging in other activities. “Other” activities most often cited by respondents include research, surveillance and analysis activities; capacity building activities; and training of individuals (e.g., health care workers) to undertake intervention activities. Other types of activities less frequently mentioned include workplace based programs or interventions; program or framework development; and youth-focused activities (e.g., training, conference, prevention activities).

Stakeholders who were funded for public awareness activities and school-based prevention are more likely than those funded for other activities to indicate that their FTCS funding has ceased or declined (fewer than two in ten report little or no change in funding). This is consistent with shifts in FTCS funding.

Activities Supported Through FTCS Funding

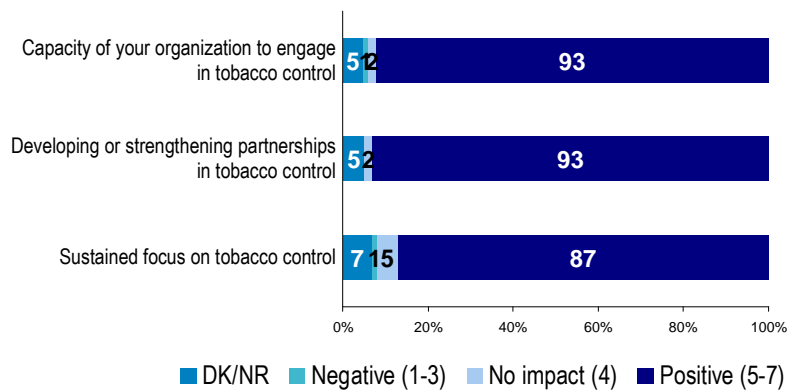
“What types of activities did you engage in with the funding you received from the FTCS?”



The impact of FTCS funding on stakeholder organizations was also explored in the survey. The vast majority of stakeholders surveyed agree that FTCS funding has had positive impacts on their organization. Over nine in ten stakeholders who received FTCS funds agree that FTCS support had a positive impact on the capacity of their organization to engage in tobacco control (93 per cent), and their capacity to develop or strengthen partnerships (93 per cent). Over eight in ten indicate a positive impact on the organization's ability to maintain a sustained focus on tobacco control (87 per cent).

Impacts of FTCS Funding on Organization

“To what extent did the funding you received from the FTCS have the following impacts on your organization?”

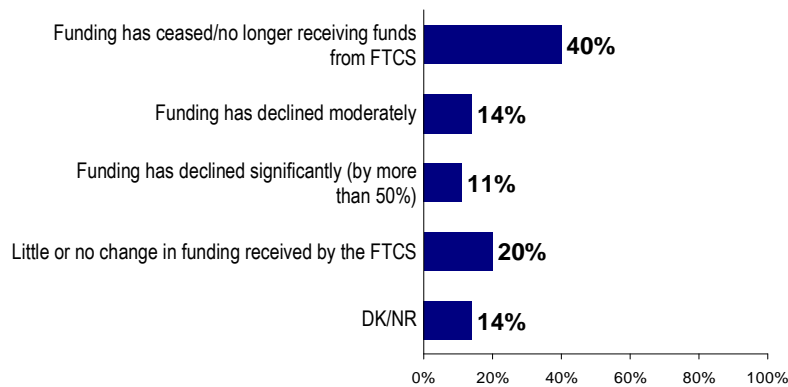


5.3 CHANGES IN FTCS FUNDING

Four in ten stakeholders surveyed report that they have ceased to receive funding from the FTCS. A total of 14 per cent report a moderate decline in the amount of funding they receive from the FTCS over the life of the strategy, and 11 per cent a significant decline in funding (i.e., a decline of over 50 per cent). Two in ten report no change in the funding support they receive from the FTCS over the life of the strategy.

Change in FTCS Funding

“How has the amount of funding your organization receives from the FTCS changed, if at all, over the life of the strategy?”



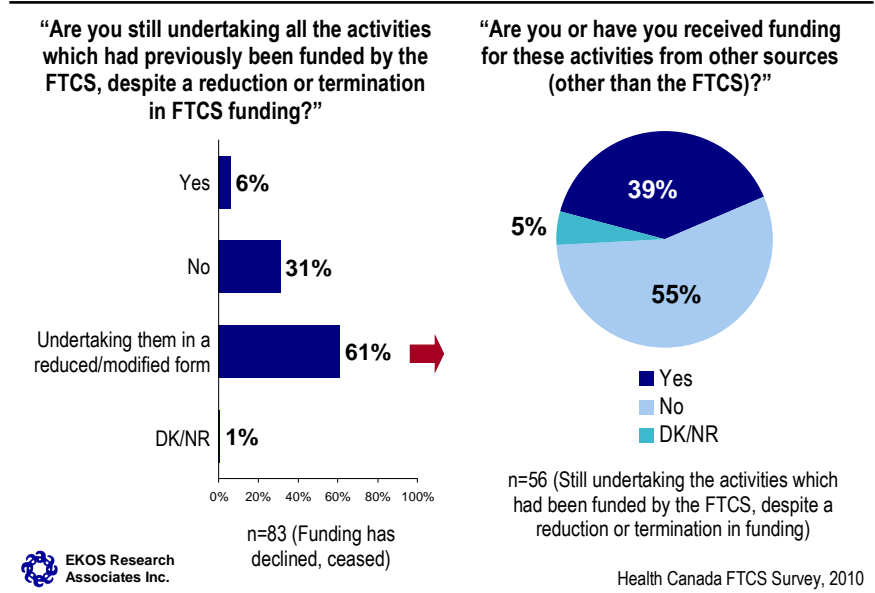
n=126 (Have received funding)

Health Canada FTCS Survey, 2010

Regional-based organizations are more apt to report a cease in FTCS funding.

Stakeholders who have experienced a reduction or termination of FTCS funding were asked if they have continued to undertake the same activities in spite of the loss of funding. Only six per cent report undertaking the same activities which had been funded by the FTCS, while 61 per cent report undertaking these activities in a reduced or modified form. Three in ten (31 per cent) no longer undertake the activities previously funded by the FTCS.

Impacts of Decline in FTCS Funding



Stakeholders reporting that they are undertaking the activities in reduced or modified form were asked to expand on their answer. These respondents most commonly respond that they have reduced programming as a result of reduced funds (e.g., reduced frequency, reduced the number of sites or geographical coverage); or that they continue distribution of existing materials but have ceased promotion or development. Others note that they have incorporated tobacco control activities into other projects or activities within the organization as a result of the loss of funding; that they have reduced or eliminated their promotion or marketing efforts; or that helpline activities or coordination have declined as a result of funding losses.

Stakeholders who have continued to undertake the same activities despite a loss or reduction in FTCS funding were asked to indicate if they have secured funding for these activities from an alternate source (other than the FTCS). Over one-third (39 per cent) report that they have secured other sources of funding, while 55 per cent have not.

Stakeholders who have succeeded in securing funding from other sources most commonly identify provincial or territorial governments as the source of funding (68 per cent). Other funding sources identified by respondents include non-governmental organizations; project partners; international donors; regional health sources, and the PHAC.

Stakeholders surveyed who reported having ceased the activities for which they no longer receive FTCS funding were asked if their organization remains engaged in tobacco control, conducting any research or activities relating to tobacco control. Over half these stakeholders (56 per cent of 27 respondents) report that they remain active in the field of tobacco control, while 44 per cent (of 27 respondents) are not. Those who continue to be active in the field of tobacco control despite ceasing activities for which they no longer receive FTCS funding include tobacco control-specific non-governmental organizations, provincial government departments, health authorities or public health units, and university researchers. Conversely, those indicating that they are no longer engaged in tobacco control consist largely of non-government organizations whose primary focus is not tobacco control (e.g., not-for-profit organizations targeting youth, women, mental health, substance abuse); as well as a post-secondary education institution, museum and health charity.

Stakeholders who have lost FTCS funding but remain engaged in tobacco control report engaging in prevention activities in schools (67 per cent); cessation interventions (60 per cent); public awareness activities (60 per cent); and conferences (47 per cent). They report having obtained funding from provincial or territorial governments, federal government sources, and other sources (e.g., non-governmental organizations, CIHR, public donations, and regional health sources).

Stakeholders who have discontinued their involvement in tobacco control following the loss of FTCS funding cite the loss of funding as the primary reason for ceasing their tobacco control activities.

Interview Findings

Impacts of declining FTCS funding, as well as changes in funding on stakeholder organizations and tobacco control more generally were also explored through key informant interviews. Interview responses to the question of impact of reduced funding on their organization varies depending on whether the organization in question is focused solely on tobacco control and whether they receive federal funding. Several stakeholders representing professional associations and health NGOs note that the impact of declining funding has not had a significant impact on their organization given that tobacco control is not a primary focus (and that FTCS funding represented a negligible amount of their operations). However, these respondents note that there has been a shift in their activities away from tobacco control as a result of declining funding. These respondents note that they have shifted their focus and activities to areas where there is funding available for work of interest to them, including cancer prevention, chronic disease, nutrition, and elder abuse. One stakeholder notes that they have withdrawn from tobacco control activities they engaged in (promotion of quit-line provincially), not because they lost funding for the activity (as it was never

funded), but because of uncertainties over funding generally for the quit-line and the partners operating it. They found the uncertainty over funding renewal counter-productive and disruptive.

Other stakeholders interviewed whose primary focus or mandate is tobacco control state that they have not seen a huge decline in the FTCS funding they receive, but are experiencing a great deal of uncertainty over future funding (past March 31 2011) and/or have experienced significant change in the process of obtaining funding (competitive RFP process versus transfer payment). These respondents note that FTCS funding represents between 15 per cent and 40 per cent of their organization's budget.

In terms of the overall impacts on tobacco control nationally, several interview respondents note that declining FTCS funding has had significant impacts, including the loss of any mass media investment. A few note that they have had to shift the focus of their tobacco control activities to fit within new funding or public health priorities such as chronic disease, healthy lifestyles and cancer prevention. Other comments or concerns from individual respondents include a loss of internal capacity within Health Canada on tobacco control; and a loss of support to publicize a national quit-line.

One interview respondent notes that the impact of declining funding varies depending on the nature of the project funded (based on their experience provincially). Where project funding is provided to an organization that furthers their existing work there is a sustained legacy despite a cease in funding. Where activities are funded with stakeholders with no prior or ongoing involvement, there is often no legacy.

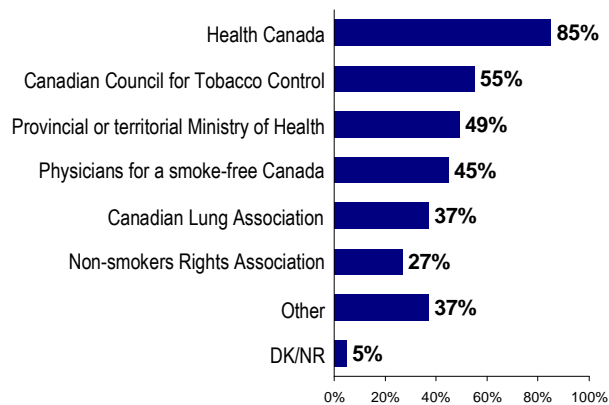
6. INFORMATION SOURCES AND GAPS

Stakeholders surveyed were asked to indicate the primary sources they consult when looking for current information relating to tobacco control (e.g., current data, literature, best practices). Stakeholders most commonly report turning to Health Canada for current information (85 per cent). Other sources frequently cited include the Canadian Council for Tobacco Control (55 per cent), provincial or territorial ministries of health (49 per cent), and Physicians for a Smoke Free Canada (45 per cent). Over one-third report consulting the Canadian Lung Association (37 per cent), and 27 per cent identify the Non-Smokers Rights Association as an information source.

Over one-third also cite other sources (37 per cent). Other sources identified include the Ontario Tobacco Research Unit; the World Health Organization; Canadian Cancer Society; Statistics Canada; CAN-ADAPTT; Centre for Addictions and Mental Health; provincial associations (e.g., Quebec Lung Association, Saskatchewan Coalition for Tobacco Reduction, Clean Air Coalition of BC); and international sources.

Information Sources

“From what sources have you received funding to continue these activities?”



Despite the information sources identified, just over one-third (38 per cent) identify gaps in information available. The information gaps most commonly cited by respondents (each cited by over one in ten respondents to the question) are as follows:

- Data on First Nation, Inuit and Métis populations (e.g., surveillance data, tobacco use, traditional tobacco use);
- Surveillance data at the regional level;
- Surveillance data for youth populations;
- Best practices information;
- Evaluation information and data on the return on investment for various interventions and approaches;
- More detailed information on contraband (e.g., levels, costs, lost revenues);
- Industry data (e.g., marketing expenditures, sales data, emerging products); and
- Data on tobacco use within specific minority populations (including ethnic populations, at-risk groups).

Other gaps cited by small numbers of respondents include information on current legislation and regulations, and information on potential funding sources.

Interview Findings

Consistent with survey findings, a minority of interview respondents identify significant gaps in information available. Approximately one-third of interview respondents identify no significant gaps in data or information available to them. However, several interview respondents state that while there are not any specific information gaps to identify, there is a lack in the accessibility of information and in information sharing. These respondents would like to see a more proactive approach in information distribution.

Those interview respondents who do identify gaps in information (one-third) indicate the following gaps:

- A need for access to industry specific data on farming, manufacturing and trade of tobacco;
- A divergence in measurement approaches used in different federal surveys which makes it difficult to compare results, or understand differences in findings;
- Additional interpretation of CTUMs data;
- Current data on the direct and indirect health care costs associated with tobacco use;

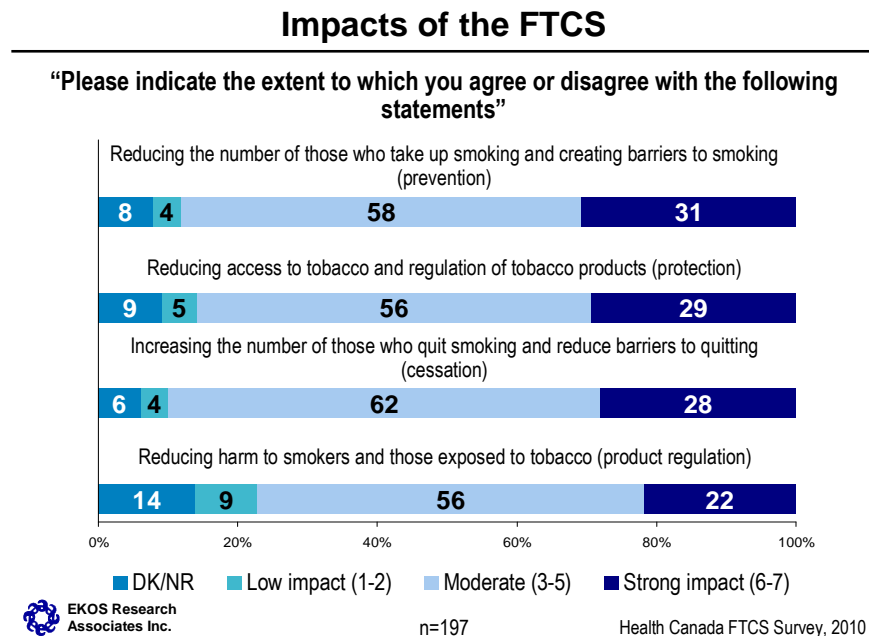
- Sharing of best practices and lessons learned from funded projects to avoid duplication or overlap, and also to avoid duplication between projects funded by PHAC and HC; and
- Data on sub-populations where prevalence remains high (e.g., Aboriginal Canadians, mental health and addictive disorders).

Other stakeholders interviewed express different concerns. One states that their issue is not with gaps in information but rather with a lack of transparency within the FTCS in recent years, in that it has become unclear “what the strategy is doing, where it is at, and where to plug in or who to talk to”. Finally, one respondent believes that there has been an absence of any framework or focus to information collection and sharing in recent years, stating “information is not very useful unless you use it to tackle issues. You need a plan of attack and the feds haven’t had one in a while”.

7. OVERALL IMPACTS, STRENGTHS AND WEAKNESSES OF THE FTCS

7.1 IMPACTS OF THE FTCS

Perceived impacts of the FTCS over the past ten years was explored with survey respondents, who were asked to rate the impact of the strategy in the four pillar areas. Over half the stakeholders surveyed view the impacts of the FTCS to be moderate in all four areas: protection (56 per cent view the impact to be moderate); prevention (58 per cent); product regulation (56 per cent); and cessation (62 per cent). Roughly three in ten believe that the Strategy has had a high impact in terms protection (29 per cent), prevention (31 per cent) and cessation (28 per cent); while 22 per cent indicate that the FTCS has had a high impact in the area of product regulation. Fewer than one in ten indicate that the strategy has had a low impact in any of the four pillar areas.



Those who have received funding from the FTCS in the past are more apt to believe that the Strategy has had a high impact in the area of cessation, and are more likely to rate the impact as moderate (rather than low) in terms of product regulation.

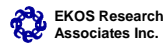
Stakeholder organizations that are provincial in terms of their jurisdiction or focus are more apt to see a high impact in the area of product regulation, while national organizations are more likely to rate the impact as moderate.

7.2 STRENGTHS OF THE FTCS

Stakeholders surveyed were asked to identify the major strengths of the FTCS in terms of how it was designed and delivered. Primary strengths identified include the funding and resources provided by the Strategy including grants and contributions (identified by 16 per cent); the national coordination provided (15 per cent); the dissemination of research, best practices, and surveillance data provided (13 per cent); and the regulations, policy and legislation resulting from the FTCS (11 per cent).

Strengths of the FTCS

“What would you say are the major strengths of the FTCS in terms of how it was designed and delivered? What worked best?”



n=197

Health Canada FTCS Survey, 2010

The following table provides illustrative examples of the primary strengths identified by stakeholders responding to the survey.

Table 7.1: Strengths of the FTCS (Stakeholder Quotes)

Strengths of the FTCS	Illustrative Quotes
Funding, grants and contributions	<p data-bbox="537 327 1377 352">"It gave us the funding and freedom to move tobacco control issues forward on a regional basis."</p> <p data-bbox="537 394 1268 420">"The use of grants and contributions allowed for the building of community capacity."</p> <p data-bbox="537 457 1325 512">"Having the funding available helped us engage the youth in our community to address the concerns of tobacco use"</p> <p data-bbox="537 550 1325 575">"It provided integral funding for mass media and other activities which supported our work."</p>
National coordination	<p data-bbox="537 590 1284 615">"The Strategy has facilitated coordination and sharing across initiatives and provinces"</p> <p data-bbox="537 653 862 678">"Consistent direction across Canada"</p> <p data-bbox="537 716 1247 741">"Access to the best research, best-best practices, great website, great resources".</p>
Dissemination, information sharing	<p data-bbox="537 753 1284 779">"A strength is coordination of resources, research and dissemination of best practices"</p> <p data-bbox="537 816 1317 871">"Consistent flow of information regarding the flow of the project. Supportive in linking us to resources to access and/or utilize."</p> <p data-bbox="537 909 971 934">"CTUMS and statistical analysis is a key strength"</p>
Regulation, legislation	<p data-bbox="537 951 1377 976">"The Federal act changes around product regulations (flavoured tobacco, cigarillo package size)"</p> <p data-bbox="537 1014 1333 1068">"Policy and legislative change in the areas of advertising and promotion, package warnings, protection from second-hand smoke".</p> <p data-bbox="537 1106 1019 1131">"Important regulatory changes have been implemented"</p>
Partnership	<p data-bbox="537 1148 1159 1173">« Développement de partenariats. Possibilité d'initiatives provinciales. »</p> <p data-bbox="537 1211 1032 1236">"The consultation with stakeholders is its major strength."</p> <p data-bbox="537 1274 1373 1329">"Facilitated work on provincial priorities. Enhanced collaboration and cooperation within province of like minded organizations. Reduced duplication."</p>
Comprehensive approach	<p data-bbox="537 1346 1333 1400">"Approche globale et intégrée sur plusieurs fronts et de façon secondaire implique plusieurs ministères »</p> <p data-bbox="537 1438 1382 1493">"It has enabled a comprehensive approach to tobacco control- it addresses all four areas at same time which is what evidence shows works to reduce tobacco use."</p> <p data-bbox="537 1530 1377 1619">"As the strategy was designed around prevention, protection, cessation and product regulation, it addressed the big picture issues around tobacco and then put initiatives into place to begin to address these issues."</p>
Mass Media	<p data-bbox="537 1631 1333 1686">"The mass media campaign complemented work that was being carried out provincially and federally."</p> <p data-bbox="537 1724 1382 1812">"The major strength of the FTCS is the ability (although not recently) to develop communication campaigns such as the Heather Crowe and second-hand smoke campaign. There are economies of scale in national campaigns."</p>

Interview Findings

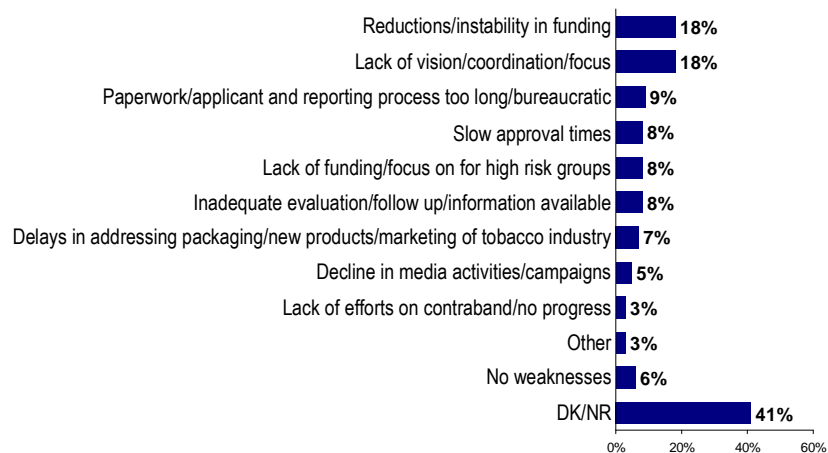
The primary strength of the FTCS identified by interview respondents is the fact that the strategy is national and federal in its scope. The very existence of a national strategy with the ability to set national goals and to encourage collaboration towards common goals is seen as a key strength. Other strengths identified include the people involved in the strategy within HC who have a tremendous amount of experience and “history” in the file; the partnerships and working relationships that have been developed; and efforts made on contraband.

7.3 WEAKNESSES OF THE FTCS

Stakeholders surveyed were asked to identify the major weaknesses of the FTCS in terms of how it was designed and delivered. Primary weaknesses identified include reductions or instability in funding available to the FTCS (cited by 18 per cent); the paperwork or burden involved in applying to and obtaining funding (9 per cent) and delays in funding approval (8 per cent);

Weaknesses of the FTCS

“What are the major weaknesses of the FTCS in terms of how it was designed and delivered? What did not work as well as you would have liked?”



The following table provides illustrative examples of the primary weaknesses identified by stakeholders responding to the survey.

Table 7.2: Weaknesses of the FTCS (Stakeholder Quotes)

Weaknesses of the FTCS	Illustrative Quotes
Instability, reductions in funding, inadequate funding	<p>« La diminution drastique au cours des années du financement pour réaliser le plein potentiel de la stratégie. »</p> <p>“Never having realized the full funding levels of the FTCS in the first place meant that we’ll never know just how far the positive effects of the strategy might have travelled.”</p> <p>“The funding has been gradually reduced and the Aboriginal Tobacco Control Strategy was completely cut. The ongoing uncertainty of funding has negatively affected programming.”</p> <p>“Program was excellent but funding only for one year and we could not afford to continue without the funding”</p> <p>“Short term funding (annual) reduced ability to plan long term, build partnerships.”</p>
Lack of vision, coordination, focus	<p>“Clarity of purpose, goals, timelines not always apparent.”</p> <p>“It should have been based on best practices. Funding should have been given preferentially to projects that were based on best practices - taxation, smoke-free spaces, banning tobacco promotion and denormalization.”</p> <p>“Too vague and general.”</p>
Paperwork, bureaucracy, delays in approval	<p>“Far too much paperwork and reporting requirements for funded partners.”</p> <p>“Time between issuing call for proposal to proposals being approved and implemented very slow and drawn out which left a very tight timeline for projects to be implemented/delivered - compromised the outcomes”</p> <p>“Grants process is laborious and acts as a disincentive to those who might otherwise seek funding for impactful projects.”</p> <p>“The application process for Grants/Contributions was very cumbersome. It took so much time to prepare applications and for small NGOs, it takes away from the day to day real work. Also, it takes so long to get the funding (instead of 12 week review, sometimes 16 to 30 weeks) it makes it difficult to plan.”</p>
Lack of focus on high risk groups	<p>“Loss of funding to First Nations”.</p> <p>“That there are no specific programs designed for Aboriginal peoples.”</p> <p>“There is little or no focus on vulnerable populations, First Nations On-Reserve and Inuit in Inuit communities. These individuals have the highest rates of tobacco mis-use and are not considered in the CTUMS rates.”</p>

Weaknesses of the FTCS	Illustrative Quotes
Delays in action	<p data-bbox="537 275 1344 331">"Implementation of labeling delayed for many years despite extensive consultation. Failure to move from consultation to action in some areas."</p> <p data-bbox="537 380 943 407">"No renewal of package warnings in 10 years."</p>
Inadequate evaluation, follow-up	<p data-bbox="537 422 1365 506">"No on-going monitoring or public reporting back to field so can adjust strategy - evaluation results two years after event not useful; semi-annual or annual report cards would be a lot more helpful."</p>
Lack of focus on contraband	<p data-bbox="537 520 1385 699">"The main weakness of the strategy is that Health Canada has unreasonably absolved itself from any responsibility for the illegal trade. The consequence is that tobacco control objectives set in the FTCS are undermined by the contraband problem. The focus of the FTCS should be to tackle the problem of contraband as a priority rather than introducing additional tobacco control regulations that increase the burden on the legal manufacturers, which exacerbate the problem of contraband and undermine other tobacco control initiatives."</p>

Interview Findings

On the topic of weaknesses, stakeholders interviewed were asked whether the level of paperwork and bureaucracy were any different in terms of accessing funding from provincial/territorial versus federal governments. Roughly one-third of interview respondents were unable to comment on this question, given that they have never applied for or received funding from provincial/territorial governments. The majority of those who are familiar with provincial funding processes agree that federal funding processes are far more onerous. These respondents note that the federal funding process is far more complex, onerous and longer; and that reporting requirements are far greater once funded. Some note that smaller or less experienced organizations are less apt to be successful in accessing federal funding, and/or that some do not even bother applying for federal funding given the complexity of the process. One further notes that "you practically have to build an additional cost into the project to cover reporting" when undertaking work funded by the federal government. A few note that transparency and accountability requirements have increased dramatically in recent years federally as a result of scandals.

Only one interview respondent believes that there is little difference in paperwork or bureaucracy associated with provincial versus federal funding. This respondent notes that governments in general are seeking increased transparency and accountability in recent years.

Additionally, interview respondents were invited to identify overall weaknesses of the FTCS. Weaknesses identified include:

- The management of the packaging issue and the unwillingness to move ahead with packaging reforms;
- The lack of action on at-risk groups where the prevalence remains high, in particular Aboriginal Canadians and also new Canadians;

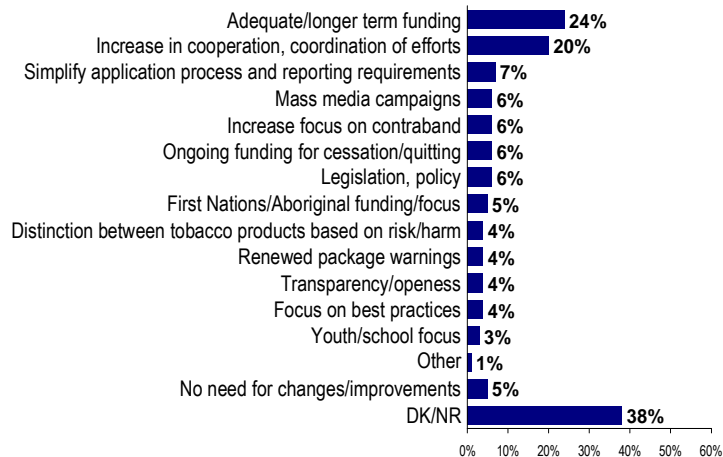
- A lack of transparency in terms of what the Strategy is doing currently and in terms of sharing new information; and
- Insufficient effort on contraband and the need to work federally with all relevant departments as well as governments internationally to find solutions.

7.4 SUGGESTED IMPROVEMENTS

Stakeholders surveyed were asked to suggest improvements to the FTCS that would enhance its delivery or success. Suggested improvements identified most frequently by stakeholders include adequate, longer-term and/or stable funding (24 per cent), and an increase in cooperation and coordination of efforts (20 per cent). Other improvements mentioned by a smaller number of respondents include simplifying application and reporting requirements, an increased focus on contraband, an increased focus on Aboriginal Canadians, and a return to mass media campaigns.

Suggested Improvements to the FCTS

“What changes or improvements would you suggest to enhance the delivery and success of the FTCS?”



The following table provides illustrative examples of suggested improvements identified by stakeholders responding to the survey.

Table 7.3: Suggested Improvements (Stakeholder Quotes)

Suggested Improvements	Illustrative Quotes
Adequate, stable and/or longer term funding	<p data-bbox="570 443 1360 506">“Run regular funding calls for programs and research and stick to timelines around making funding decisions.”</p> <p data-bbox="570 548 1289 575">“Provide multi-year funding to reduce proposal and contractual development time.”</p> <p data-bbox="570 621 1360 648">“Fund projects for more than one year as this is too short a time period to assess impacts.”</p> <p data-bbox="570 695 786 722">“Maintain funding level.”</p>
Increase in cooperation, coordination of efforts	<p data-bbox="570 737 1110 764">« Plus de concertation avec les gouvernements provinciaux. »</p> <p data-bbox="570 810 1370 900">“Clarity with respect to how federal government can effectively work with PTs so that mutual goals are met (e.g. new funding streams such as bilaterals, or flowing funding to provinces who are implementing provincial strategies”</p> <p data-bbox="570 947 1081 974">“Networking opportunities with other FTC funded projects.”</p>
Simplify application process and reporting	<p data-bbox="570 984 1029 1012">“Less onerous paperwork and reporting procedures.”</p> <p data-bbox="570 1058 1321 1115">“Simplify the funding process, to deliver funding more quickly and ease the paperwork burden.”</p>
Increase focus on contraband	<p data-bbox="570 1129 1333 1215">“The top priority for Canada’s tobacco control strategy should be dealing with the illegal tobacco crisis. Any new tax, law or regulation imposed on legal tobacco products is undermined by the illegal trade.”</p>

APPENDIX A
SURVEY QUESTIONNAIRE
(ENGLISH AND FRENCH)

Hello, my name is _____ and I work for EKOS Research. May I speak with _____?

I am calling you on behalf of Health Canada, which is presently conducting an evaluation of the relevance and success of the Federal Tobacco Control Strategy (FTCS). EKOS Research has been commissioned by Health Canada to conduct an online survey of stakeholders as part of this evaluation.

You will be receiving an e-mail invitation to complete this survey on-line within the next week or so. At this time, we are contacting you to confirm the contact information we have for you, and to provide you with advance notice of this survey.

As a stakeholder of the Federal Tobacco Control Strategy, your feedback is important and valued, and we urge you to complete the online survey when contacted. The issues to be addressed in the survey include the continued need for tobacco control in Canada; the role of the Government of Canada in tobacco control; and impacts of the FTCS. Please be assured that your responses to this survey will be kept strictly confidential.

Health Canada has identified you as an appropriate contact person for your organization to complete this survey. Are you the correct person to respond to this survey?

Yes..... 1
No..... 2 ->INTROIC

PQ1

To what extent would you agree or disagree that...

Q1A

Canada has experienced considerable success in the area of tobacco control over the past ten years

Strongly Disagree 1	1
2.....	2
3.....	3
Neither Agree Nor Disagree 4	4
5.....	5
6.....	6
Strongly Agree 7	7
Don't know No response.....	9

Q1B

Smoking rates have declined and awareness of the health hazards of smoking and second-hand smoke is high

Strongly Disagree 1	1
2.....	2
3.....	3
Neither Agree Nor Disagree 4	4
5.....	5
6.....	6
Strongly Agree 7	7
Don't know No response.....	9

Q2

To what extent is there still a need for tobacco control in Canada?

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q3

To what extent is there a need for the same level of effort as has been in place over the past decade? Would you say that there is a need for...?

Less effort.....	1
More effort	2
The same/no change	3
Differy focus (specify).....	77
Don't know/No response.....	99

Q4

IF MORE

Why do you think there is a need for more effort?

Please specify	77	
Don't know/No response.....	99	X

Q5

IF LESS

Why do you think there is a need for less effort?

Please specify	77	
Don't know/No response.....	99	X

PQ6

To what extent is there a need for efforts in the following areas of tobacco control?

Q6A

Reducing exposure to second-hand smoke

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q6B

Regulating the manufacturing of tobacco products

To No Extent 1 1
2 2
3 3
To Some Extent 4 4
5 5
6 6
To A Great Extent 7 7
Don't know No response 9

Q6C

Regulating the sale of tobacco

To No Extent 1 1
2 2
3 3
To Some Extent 4 4
5 5
6 6
To A Great Extent 7 7
Don't know No response 9

Q6D

Reducing the number of youth who take up smoking

To No Extent 1 1
2 2
3 3
To Some Extent 4 4
5 5
6 6
To A Great Extent 7 7
Don't know No response 9

Q6E

Increasing the number of smokers who quit smoking

To No Extent 1 1
2 2
3 3
To Some Extent 4 4
5 5
6 6
To A Great Extent 7 7
Don't know No response 9

Q6F

Reducing harm to smokers through product modifications reducing toxicity

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q6G

Reducing contraband

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q6H

Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q6I

Raising awareness of the health hazards of smoking and second-hand smoke

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

Q6J

Increasing capacity for tobacco control research and regulatory development

To No Extent 1	1
2.....	2
3.....	3
To Some Extent 4	4
5.....	5
6.....	6
To A Great Extent 7	7
Don't know No response.....	9

PQ7

To date, Canada has experienced considerable success in the area of tobacco control. Smoking rates have declined and awareness of the health hazards of smoking and second-hand smoke is high. Given this success and the current tobacco control environment in Canada, please identify the 3 areas that you think require the most continued attention and directed efforts in their order of importance.

(Select one issue as your 1st choice, one as your 2nd, and one as your 3rd)

Q7A

TOP 3 PRIORITIES

First

Reducing exposure to second-hand smoke.....	1
Regulating the manufacturing of tobacco products	2
Regulating the sale of tobacco.....	3
Reducing the number of youth who take up smoking	4
Increasing the number of smokers who quit smoking	5
Reducing harm to smokers through product modifications that reduce toxicity	6
Reducing contraband	7
Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention	8
Raising awareness of the health hazards of smoking and second-hand smoke	9
Increasing capacity for tobacco control research and regulatory development	10
Other (please specify)	77
Don't know/No response.....	99

B

BX

Q7B

Second

Reducing exposure to second-hand smoke.....	1	
Regulating the manufacturing of tobacco products.....	2	
Regulating the sale of tobacco.....	3	
Reducing the number of youth who take up smoking.....	4	
Increasing the number of smokers who quit smoking.....	5	
Reducing harm to smokers through product modifications that reduce toxicity.....	6	
Reducing contraband.....	7	
Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention.....	8	
Raising awareness of the health hazards of smoking and second-hand smoke.....	9	
Increasing capacity for tobacco control research and regulatory development.....	10	
Other (please specify).....	77	B
Don't know/No response.....	99	BX

Q7C

Third

Reducing exposure to second-hand smoke.....	1	
Regulating the manufacturing of tobacco products.....	2	
Regulating the sale of tobacco.....	3	
Reducing the number of youth who take up smoking.....	4	
Increasing the number of smokers who quit smoking.....	5	
Reducing harm to smokers through product modifications that reduce toxicity.....	6	
Reducing contraband.....	7	
Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention.....	8	
Raising awareness of the health hazards of smoking and second-hand smoke.....	9	
Increasing capacity for tobacco control research and regulatory development.....	10	
Other (please specify).....	77	B
Don't know/No response.....	99	BX

Q8

To what extent do you believe that tobacco control is an important health priority or concern for Canadians?

Not At All Important 1.....	1	
2.....	2	
3.....	3	
Somewhat Important 4.....	4	
5.....	5	
6.....	6	
Extremely Important 7.....	7	
Don't know No response.....	9	

Q9

Is tobacco control as important a health priority, more important, or less important for the public than it was 10 years ago?

- Less important than 10 years ago 1
- As important 2
- More important 3
- Don't know/No response 9

Q10

What percentage of your organization's activities or efforts are focused specifically in the area of tobacco control?

- Answer in %
- % 1
- Don't know/No response 9

Q11

Is tobacco control as important, more important or less important for your organization than it was 10 years ago?

- Less important than 10 years ago 1
- As important 2
- More important 3
- Don't know/No response 9

Q12

To what extent is there a continued need for a Government of Canada strategy in the area of tobacco control?

- To No Extent 1 1
- 2 2
- 3 3
- To Some Extent 4 4
- 5 5
- 6 6
- To A Great Extent 7 7
- Don't know No response 9

Q13

Is this need for a Government of Canada role higher, lower or the same as it was 10 years ago?

- Lower than 10 years ago 1
- Same 2
- Higher 3
- Don't know/No response 9

Q14

The FTCS is the Government of Canada’s tobacco control strategy. The following are the priorities that currently guide the FTCS. In your view, are there additional priorities that the FTCS should focus on?

- Reducing exposure to second-hand smoke
- Regulating manufacturers and the sale of tobacco
- Reducing the number of youth who take up smoking
- Increasing the number of smokers who quit smoking
- Reducing harm to smokers through product modifications that reduce toxicity
- Reducing contraband
- Engaging in international activities that promote implementation of the World Health Organization (WHO) tobacco convention
- Raising awareness of the health hazards of smoking and second-hand smoke
- Increasing capacity for tobacco control research and regulatory development

No, these priorities are appropriate as is.....	98	X
Yes (please specify).....	77	
Don't know/No response.....	99	X

PQ15

Currently, funding for the FTCS is divided amongst its four components. With a limited budget and competing priorities, what percentage of funding would you allot to each of these components? (Please ensure that your total adds up to 100%)

Q15A

Reducing access to tobacco and regulation of tobacco products (protection)
%..... 1 =

Q15B

Reducing the number of those who take up smoking and creating barriers to smoking (prevention)
%..... 1 =

Q15C

Increasing the number of those who quit smoking and reduce barriers to quitting (cessation)

%..... 1 =

Q15D

Reducing harm to smokers and those exposed to tobacco (product regulation)

%..... 1 =

PQ16

How much of an impact has the FTCS had in each of the 4 areas over the past ten years?

Q16A

Reducing access to tobacco and regulation of tobacco products (protection)

- No Impact 1 1
- 2..... 2
- 3..... 3
- Moderate Impact 4..... 4
- 5..... 5
- 6..... 6
- Strong Impact 7 7
- Don't know No response..... 9

Q16B

Reducing the number of those who take up smoking and creating barriers to smoking (prevention)

- No Impact 1 1
- 2..... 2
- 3..... 3
- Moderate Impact 4..... 4
- 5..... 5
- 6..... 6
- Strong Impact 7 7
- Don't know No response..... 9

Q16C

Increasing the number of those who quit smoking and reduce barriers to quitting (cessation)

No Impact 1	1
2	2
3	3
Moderate Impact 4	4
5	5
6	6
Strong Impact 7	7
Don't know No response	9

Q16D

Reducing harm to smokers and those exposed to tobacco (product regulation)

No Impact 1	1
2	2
3	3
Moderate Impact 4	4
5	5
6	6
Strong Impact 7	7
Don't know No response	9

Q17

How much of an impact would there be on tobacco control in Canada if the Strategy were not renewed?

No Impact 1	1
2	2
3	3
Moderate Impact 4	4
5	5
6	6
Strong Impact 7	7
Don't know No response	9

Q18

If an impact (i.e. Not Q17=No impact)

Please describe the consequences for Canada, if any, if the Federal Tobacco Control Strategy were not renewed.

Please specify	77
Don't know/No response	9

Q19

To what extent has your organization seen/experienced a shift in the level of responsibility of provincial/territorial governments in the area of tobacco control?

No Shift 1	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
Great shift 7	7
Don't know No response.....	9

Q20

If seen shift (i.e. Not Q19=No shift)

From what you have seen, have provincial/territorial governments taken on a larger or smaller role (or the same, but different roles) as they had before.

Provincial/territorial governments have taken a larger role.....	1
Provincial/territorial governments have taken on a smaller role	2
Provincial/territorial role has not changed.....	3
Other (specify).....	77
Don't know/No response.....	99

Q21

Have you found that your own organization is dealing with the federal government more/less or about the same as it did a few years ago?

Less.....	1
About the same.....	2
More	3
Don't know/No response.....	9

PQ22

What level of responsibility would you feel is the most useful or appropriate for the federal and provincial/territorial governments to play in each of the following areas, by indicating a percentage for the federal government and a percentage for the provincial/territorial governments.

Q22A

International leadership and participation in global forums and agreements on tobacco control

% Federal.....	1
% Provincial	2
Total	3

Q22B

Research and dissemination, monitoring of smoking prevalence, behaviours and attitudes

% Federal.....	1
% Provincial	2
Total	3

Q22C

Implementation and defence of legislation and regulations related to the manufacture, sale, labelling and promotion of tobacco

% Federal.....	1
% Provincial	2
Total	3

Q22D

Enforcement of tobacco control legislation and regulations

% Federal.....	1
% Provincial	2
Total	3

Q22E

Mass media campaigns to support tobacco control objectives

% Federal.....	1
% Provincial	2
Total	3

Q22F

Funding of other jurisdictions and organizations to deliver programs and services (e.g., cessation)

% Federal.....	1
% Provincial	2
Total	3

Q22G

Addressing issues related to smuggling and counterfeit cigarettes

% Federal.....	1
% Provincial	2
Total	3

Q22H

Ensuring a minimum level of activity and tobacco control regulation across all provinces and territories

% Federal.....	1
% Provincial	2
Total	3

Q22I

Public education activities

% Federal.....	1
% Provincial	2
Total	3

PQ23

In your view, which of the following should have the primary role in undertaking tobacco control in Canada? Which should have the secondary role?

Q23A

Primary

Government of Canada.....	1
Provinces/Territories	2
NGOs.....	3
Communities	4
Individuals.....	5
Municipal governments and health authorities.....	6
Don't know/No response.....	99 BX

Q23B

Secondary

Government of Canada.....	1	
Provinces/Territories	2	
NGOs.....	3	
Communities	4	
Individuals.....	5	
Municipal governments and health authorities.....	6	
Don't know/No response.....	99	BX

Q24

Has your organization ever received funding from the FTCS for a project or activity?

Yes.....	1	
No.....	2	->Q37
Don't know/No response.....	9	->Q37

Q25

If yes

Did the FTCS funding you received help your organization leverage other sources of funding for tobacco control activities?

Yes.....	1
No.....	2
Don't know/No response.....	9

Q26

If yes

What source(s) of funding did FTCS support help you to leverage for tobacco control activities?

Please specify	77	
Don't know/No response.....	99	X

PQ36

To what extent did the funding you received from the FTCS have the following impacts on your organization?

Q36A

Capacity of your organization to engage in tobacco control

Negative Impact 1	1
2.....	2
3.....	3
No Impact 4.....	4
5.....	5
6.....	6
Positive Impact 7	7
Don't know No response.....	9

Q36B

Sustained focus on tobacco control

Negative Impact 1	1
2.....	2
3.....	3
No Impact 4.....	4
5.....	5
6.....	6
Positive Impact 7	7
Don't know No response.....	9

Q36C

Developing or strengthening partnerships in tobacco control

Negative Impact 1	1
2.....	2
3.....	3
No Impact 4.....	4
5.....	5
6.....	6
Positive Impact 7	7
Don't know No response.....	9

Q27

If received funding from the FTCS for a project or activity

What types of activities did you engage in with the funding you received from the FTCS?

Select all that apply

Cessation interventions with smokers	1
Public awareness activities, promotion or campaign.....	2
Prevention activities in schools	3
Conference or forum for tobacco researchers.....	4
Other (specify).....	77
Don't know/No response.....	99

X

Q24A

If yes

How has the amount of funding your organization receives from the FTCS changed, if at all, over the life of the strategy?

- Funding has ceased/no longer receiving funds from FTCS..... 1
- Funding has declined moderately 2
- Funding has declined significantly (by more than 50%) 3
- Little or no change in funding received by the FTCS 4
- Don't know/No response..... 9

Q28

ORGANIZATIONS WHICH ARE NO LONGER RECEIVING FUNDING OR RECEIVING LESS FUNDING

Are you still undertaking all the activities which had previously been funded by the FTCS, despite a reduction or termination in FTCS funding?

- Yes..... 1
- Undertaking them in a reduced or modified form (explain) 77
- No 2
- Don't know/No response..... 99

Q29

THOSE STILL UNDERTAKING ACTIVITIES IN SAME OR REDUCED FORM

Are you or have you received funding for these activities from other sources (other than the FTCS)?

- Yes..... 1
- No 2
- Don't know/No response..... 99

Q30

THOSE STILL UNDERTAKING ACTIVITIES IN SAME OR REDUCED FORM

From what sources have you received funding to continue these activities?

- Provincial/territorial government 1
- Municipal government..... 2
- Other (specify)..... 77
- Don't know/No response..... 99 X

Q31

IF NO LONGER CONDUCTING ACTIVITIES FUNDED BY FTCS

Does your organization currently conduct any research or activities relating to tobacco control issues (smoking cessation, prevention) or second-hand smoke?

- Yes..... 1
- No..... 2
- Don't know/No response..... 9

Q32

If yes

What is the nature of these activities?

- Cessation interventions with smokers 1
- Public awareness activities, promotion or campaign..... 2
- Prevention activities in schools 3
- Conference or forum for tobacco researchers..... 4
- Other (specify)..... 77
- Don't know/No response..... 99 X

Q33

If yes

From what sources have you received funding for these tobacco control activities?

- Federal government..... 1
- Provincial/territorial government 2
- Municipal government..... 3
- Other (specify)..... 77
- Don't know/No response..... 99 X

Q34

If not undertaking activities funded by FTCS OR other tobacco control activities

What is the main reason your organization has discontinued its involvement in tobacco control activities?

- No longer necessary/relevant..... 1
- No funding available to do it 2
- Too difficult to operate within the constraints/requirements that go with funding..... 3
- Other (specify)..... 77
- Don't know/No response..... 99

Q35

IF NO LONGER IN TOBACCO CONTROL (i.e. not undertaking activities funded by FTCS OR other tobacco control activities)

What type of activities have you replaced the tobacco control with?

Please specify	77	
Don't know/No response.....	99	X

Q37

When looking for current information related to tobacco control (e.g., current data, literature, best practices), what main sources do you turn to?

Select all that apply

Canadian Council for Tobacco Control.....	1	
Physicians for a Smoke-Free Canada	2	
Canadian Lung Association.....	3	
Non-Smokers Rights Association.....	4	
Health Canada	5	
Provincial or Territorial Ministry of Health	6	
Other (specify).....	77	
Don't know/No response.....	99	X

Q38

Given the sources that are currently available, are there any types of information which your organization requires and is not currently able to find (i.e., gaps in information)?

Yes.....	1
No	2
Don't know/No response.....	9

Q38A

If yes

What are these gaps or information needs?

Response.....	77	
Don't know/No response.....	99	X

Q39

What would you say are the major strengths of the FTCS in terms of how it was designed and delivered? What worked best?

Response.....	77	
No strengths.....	98	X
Don't know/No response.....	99	X

Q40

What are the major weaknesses of the FTCS in terms of how it was designed and delivered? What did not work as well as you would have liked?

Response.....	77	
No weaknesses	98	X
Don't know/No response.....	99	X

Q41

What changes or improvements would you suggest to enhance the delivery and success of the FTCS?

Response.....	77	
No need for changes/improvements	98	X
Don't know/No response.....	99	X

Q42

Please briefly describe your organization, your primary goals and the type of work you do.

Please specify	77	X
Don't know/No response.....	99	X

Q43

How large is your organization? (Answer in annual dollar value of budget or in number of employees)

Dollar Value of Budget 1
Don't know/No response..... 9

Q44

Or

Number of employees..... 1
Don't know/No response..... 9

Q45

Which category best describes the nature of your organization?

Academic 1
Professional association..... 2
NGO 3
Private industry/business association 4
Tobacco production 5
Tobacco sales 6
Health institution 7
Band/Tribal Council/First Nation/Aboriginal organization..... 8
Other (specify)..... 77
Don't know/No response..... 99

Q46

What is the scope or jurisdiction that your organization covers?

International..... 1
National 2
Provincial/territorial 3
Regional/community 4
Don't know/No response..... 99

Q47

In what province or territory is your organization located?

Newfoundland and Labrador	1
Prince Edward Island.....	2
New Brunswick.....	3
Nova Scotia	4
Quebec.....	5
Ontario.....	6
Manitoba.....	7
Saskatchewan	8
Alberta	9
British Columbia	10
Northwest Territories.....	11
Yukon Territory.....	12
Nunavut	13
Don't know/No response.....	99

Q48

All responses are kept confidential. That is, no information will allow Health Canada (or anyone else) to link you to your answers. Health Canada would benefit, however, from reading respondents' typed-in comments. If you are willing to release access to those, they will be provided to Health Canada (without a link to your identity). If you do not wish to do so, only EKOS staff will have access to your answers.

Are you willing to release your typed comments for viewing by Health Canada? They will not be linked to you or your organization.

Yes.....	1
No.....	2
Don't know/No response.....	9

THNK

Thank you for taking the time to participate in this survey

Bonjour. Je m'appelle _____ et je travaille pour les Associés de recherche EKOS.
Puis-je parler avec _____?

Je vous téléphone de la part de Santé Canada qui mène présentement une évaluation de la pertinence et du succès de la Stratégie fédérale de lutte contre le tabagisme (SFLT). Dans le cadre de cette évaluation, les Associés de recherche EKOS ont reçu de Santé Canada le mandat de réaliser un sondage en ligne auprès des intervenants.

Vous allez recevoir par courriel une invitation à remplir ce sondage en ligne d'ici environ une semaine. Pour l'instant, nous communiquons avec vous pour obtenir la confirmation de vos coordonnées et pour vous informer de la tenue de ce sondage.

À titre d'intéressé à la Stratégie fédérale de lutte contre le tabagisme, votre rétroaction revêt pour nous beaucoup d'importance et nous vous exhortons à remplir le sondage en ligne lorsqu'il vous sera présenté. Parmi les enjeux qui seront abordés au cours du sondage, il y a le maintien de la nécessité de lutter contre le tabagisme au Canada; le rôle du gouvernement du Canada dans la lutte contre le tabagisme ainsi que les effets de la SFLT. Nous vous garantissons que vos réponses au sondage seront traitées de manière absolument confidentielle.

Santé Canada nous a transmis votre nom comme personne-ressource de votre organisation en vue de répondre au sondage. Êtes-vous bien la personne habilitée à répondre à ce sondage?

Oui..... 1
Non..... 2 ->INTROIC

PQ1

Dans quelle mesure êtes-vous d'accord ou en désaccord avec cet énoncé...?

Q1A

Le Canada a connu beaucoup de succès dans le domaine de la lutte contre le tabagisme ces dix dernières années

Fermeement En Désaccord 1.....	1
2.....	2
3.....	3
Ni D'Accord Ni En Désaccord 4	4
5.....	5
6.....	6
Fermeement D'accord 7.....	7
Ne sait pas/Pas de réponse.....	9

Q1B

La prévalence du tabagisme a diminué et la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé est élevée

Fermeement En Désaccord 1.....	1
2.....	2
3.....	3
Ni D'Accord Ni En Désaccord 4	4
5.....	5
6.....	6
Fermeement D'accord 7.....	7
Ne sait pas/Pas de réponse.....	9

Q2

Dans quelle mesure est-il encore nécessaire de lutter contre le tabagisme au Canada?

Pas de tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q3

Dans quelle mesure est-il nécessaire de déployer le même degré d'effort qu'au cours de la dernière décennie? Diriez-vous qu'il faudrait déployer...?

Moins d'effort	1
Plus d'effort	2
Le même effort/sans changement	3
Concentrer autrement ses efforts (préciser).....	77
Ne sait pas/Pas de réponse.....	99

Q4

SI PLUS D'EFFORT

Pourquoi pensez-vous qu'il faudrait déployer plus d'effort?

Veillez préciser	77	
Ne sait pas/Pas de réponse.....	99	X

Q5

SI MOINS D'EFFORT

Pourquoi pensez-vous qu'il faudrait déployer moins d'effort?

Veillez préciser	77	
Ne sait pas/Pas de réponse.....	99	X

PQ6

Dans quelle mesure est-il nécessaire de déployer des efforts dans les domaines suivants de la lutte contre le tabagisme?

Q6A

Réduire la prévalence de l'exposition à la fumée secondaire

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6B

Réglementer la fabrication des produits du tabac

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6C

Réglementer la vente de tabac

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6D

Réduire le nombre de jeunes qui commencent à fumer

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6E

Hausser le nombre de fumeurs qui cessent de fumer

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6F

Réduire le tort causé aux fumeurs en modifiant le produit pour en amoindrir la toxicité

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6G

Réduire la contrebande

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6H

Participer à des activités internationales pour promouvoir la mise en œuvre de la Convention antitabac de l'Organisation mondiale de la santé (OMS)

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6I

Accroître la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

Q6J

Hausser la capacité de recherche et de réglementation pour la lutte contre le tabagisme

Pas du tout 1	1
2.....	2
3.....	3
Moyennement 4.....	4
5.....	5
6.....	6
Énormément 7	7
Ne sait pas/Pas de réponse.....	9

PQ7

Jusqu'à maintenant, le Canada a remporté de grands succès dans sa lutte contre le tabagisme. La prévalence des fumeurs a diminué et la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé est élevée. Compte tenu du succès de la lutte contre le tabagisme au Canada et de son contexte actuel, veuillez identifier dans l'ordre de leur importance trois domaines qui, d'après vous, exigent le plus d'attention continue et d'efforts concertés.

(Sélectionnez une priorité comme 1er choix, une autre comme 2e choix et une autre encore comme votre 3e choix.)

Q7A

LES TROIS PRINCIPALES PRIORITÉS

Premier

Réduire la prévalence de l'exposition à la fumée secondaire	1	
Réglementer la fabrication des produits du tabac	2	
Réglementer la vente de tabac	3	
Réduire le nombre de jeunes qui commencent à fumer	4	
Hausser le nombre de fumeurs qui cessent de fumer.....	5	
Réduire le tort causé aux fumeurs en modifiant le produit pour en amoindrir la toxicité.....	6	
Réduire la contrebande.....	7	
Participer à des activités internationales pour promouvoir la mise en œuvre de la Convention antitabac de l'Organisation mondiale de la santé (OMS).....	8	
Accroître la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé.....	9	
Hausser la capacité de recherche et de réglementation pour la lutte contre le tabagisme.....	10	
Autre (veuillez préciser).....	77	B
Je ne sais pas/Pas de réponse.....	99	BX

Q7B

Deuxième

Réduire la prévalence de l'exposition à la fumée secondaire	1	
Réglementer la fabrication des produits du tabac	2	
Réglementer la vente de tabac	3	
Réduire le nombre de jeunes qui commencent à fumer	4	
Hausser le nombre de fumeurs qui cessent de fumer.....	5	
Réduire le tort causé aux fumeurs en modifiant le produit pour en amoindrir la toxicité.....	6	
Réduire la contrebande.....	7	
Participer à des activités internationales pour promouvoir la mise en œuvre de la Convention antitabac de l'Organisation mondiale de la santé (OMS).....	8	
Accroître la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé.....	9	
Hausser la capacité de recherche et de réglementation pour la lutte contre le tabagisme.....	10	
Autre (veuillez préciser).....	77	B
Je ne sais pas/Pas de réponse.....	99	BX

Q7C

Troisième

Réduire la prévalence de l'exposition à la fumée secondaire	1	
Réglementer la fabrication des produits du tabac	2	
Réglementer la vente de tabac	3	
Réduire le nombre de jeunes qui commencent à fumer	4	
Hausser le nombre de fumeurs qui cessent de fumer.....	5	
Réduire le tort causé aux fumeurs en modifiant le produit pour en amoindrir la toxicité	6	
Réduire la contrebande	7	
Participer à des activités internationales pour promouvoir la mise en œuvre de la Convention antitabac de l'Organisation mondiale de la santé (OMS).....	8	
Accroître la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé.....	9	
Hausser la capacité de recherche et de réglementation pour la lutte contre le tabagisme.....	10	
Autre (veuillez préciser)	77	B
Je ne sais pas/Pas de réponse	99	BX

Q8

Selon vous, à quel point la lutte contre le tabagisme constitue-t-elle une priorité ou une préoccupation importante en matière de santé pour les Canadiens?

Pas de tout Importante 1	1
2.....	2
3.....	3
Assez Importante 4.....	4
5.....	5
6.....	6
Extrêmement Importante 7	7
Ne sait pas/Pas de réponse.....	9

Q9

Est-ce-que la lutte contre le tabagisme est une priorité en matière de santé aussi importante, plus importante ou moins importante pour le public qu'il y a 10 ans?

Moins importante qu'il y a 10 ans	1
Aussi importante.....	2
Plus importante.....	3
Ne sait pas/Pas de réponse.....	9

Q10

Quel pourcentage de ses activités ou de ses efforts votre organisation consacre-t-elle expressément à la lutte contre le tabagisme?

Veillez répondre en %

- %..... 1
- Ne sait pas/Pas de réponse..... 9

Q11

La lutte contre le tabagisme est-elle aussi importante, plus importante ou moins importante pour votre organisation qu’il y a 10 ans?

- Moins importante qu’il y a 10 ans 1
- Aussi importante..... 2
- Plus importante..... 3
- Ne sait pas/Pas de réponse..... 9

Q12

Dans quelle mesure une stratégie du <i>gouvernement du Canada</i> demeure-t-elle nécessaire dans le domaine de la lutte contre le tabagisme?

- Pas Du Tout 1 1
- 2..... 2
- 3..... 3
- Moyennement 4..... 4
- 5..... 5
- 6..... 6
- Énormément 7 7
- Ne sait pas/Pas de réponse..... 9

Q13

Cette nécessité d’un rôle à jouer pour le gouvernement du Canada est-elle plus forte, plus faible ou la même qu’il y a 10 ans?

- Plus faible qu’il y a 10 ans 1
- La même 2
- Plus forte 3
- Ne sait pas/Pas de réponse..... 9

Q14

La SFLT est la stratégie de lutte contre le tabagisme du gouvernement du Canada. Les priorités sur lesquelles se fonde présentement la SFLT sont énumérées ci-dessous. Selon vous, devrait-on fixer à la SFLT des priorités supplémentaires?

- Réduire la prévalence de l'exposition à la fumée secondaire
- Réglementer les fabricants et la vente des produits du tabac
- Réduire le nombre de jeunes qui commencent à fumer
- Hausser le nombre de fumeurs qui cessent de fumer
- Réduire le tort causé aux fumeurs en modifiant le produit pour en amoindrir la toxicité
- Réduire la contrebande
- Participer à des activités internationales pour promouvoir la mise en oeuvre de la Convention antitabac de l'Organisation mondiale de la santé (OMS)
- Accroître la sensibilisation aux dangers du tabagisme et de la fumée secondaire pour la santé
- Hausser la capacité de recherche et de réglementation pour la lutte contre le tabagisme

Non, ces priorités sont adéquates	98	X
Oui (veuillez préciser)	77	
Ne sait pas/Pas de réponse.....	99	X

PQ15

Présentement, le financement de la SFLT est réparti entre ses quatre composantes. Compte tenu de ses contraintes budgétaires et de ses priorités concurrentielles, quel pourcentage de son financement accorderiez-vous à chacune de ces composantes? (Veuillez vous assurer que la somme soit de 100 %)

Q15A

Réduire l'accès au tabac et réglementer les produits du tabac (protection)
%..... 1 =

Q15B

Réduire le nombre de ceux qui commencent à fumer et créer des obstacles à la consommation du tabac (prévention)

%..... 1 =

Q15C

Hausser le nombre de ceux qui cessent de fumer et réduire les obstacles pour ceux qui veulent cesser (renoncement)

%..... 1 =

Q15D

Réduire le tort causé aux fumeurs et aux personnes exposées au tabac (réglementation des produits)

%..... 1 =

PQ16

Quelle sorte d'effet la SFLT a-t-elle eu dans chacun des quatre domaines au cours des dix dernières années?

Q16A

Réduire l'accès au tabac et réglementer les produits du tabac (protection)

Aucun Effet 1 1
2..... 2
3..... 3
Un Effet Moyen 4..... 4
5..... 5
6..... 6
Un Grand Effet 7 7
Ne sait pas/Pas de réponse..... 9

Q16B

Réduire le nombre de ceux qui commencent à fumer et créer des obstacles à la consommation du tabac (prévention)

Aucun Effet 1 1
2..... 2
3..... 3
Un Effet Moyen 4..... 4
5..... 5
6..... 6
Un Grand Effet 7 7
Ne sait pas/Pas de réponse..... 9

Q16C

Hausser le nombre de ceux qui cessent de fumer et réduire les obstacles pour ceux qui veulent cesser (renoncement)

Aucun Effet 1	1
2.....	2
3.....	3
Un Effet Moyen 4.....	4
5.....	5
6.....	6
Un Grand Effet 7	7
Ne sait pas/Pas de réponse.....	9

Q16D

Réduire le tort causé aux fumeurs et aux personnes exposées au tabac (réglementation des produits)

Aucun Effet 1	1
2.....	2
3.....	3
Un Effet Moyen 4.....	4
5.....	5
6.....	6
Un Grand Effet 7	7
Ne sait pas/Pas de réponse.....	9

Q17

Quelle sorte d'effet y aurait-il sur la lutte contre le tabagisme au Canada si la stratégie n'était pas renouvelée?

Aucun Effet 1	1
2.....	2
3.....	3
Un Effet Moyen 4.....	4
5.....	5
6.....	6
Un Grand Effet 7	7
Ne sait pas/Pas de réponse.....	9

Q18

S'il y a un effet (par ex: pas la Q17=aucun effet)

Veillez décrire quelles conséquences aurait pour le Canada, le cas échéant, le non-renouvellement de la Stratégie fédérale de lutte contre le tabagisme.

Veillez préciser.....	77
Ne sait pas / Pas de réponse.....	9

Q19

Dans quelle mesure votre organisation a-t-elle perçu/éprouvé du changement dans le niveau de responsabilité des gouvernements provinciaux/territoriaux dans la lutte contre le tabagisme?

Aucun Changement 1	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
Énormément de Changement 7.....	7
Ne sait pas/Pas de réponse.....	9

Q20

Si vu un changement (par ex: pas la Q19=aucun changement)

D'après ce que vous avez pu constater, les gouvernements provinciaux/territoriaux ont-ils joué un plus grand rôle ou un plus petit rôle (ou des rôles différents mais au même degré) qu'auparavant?

Les gouvernements provinciaux/territoriaux ont joué un plus grand rôle	1
Les gouvernements provinciaux/territoriaux ont joué un plus petit rôle	2
Le rôle provincial/territorial n'a pas changé.....	3
Autre (préciser).....	77
Ne sait pas/Pas de réponse.....	99

Q21

Trouvez-vous que votre organisation traite avec le gouvernement fédéral plus/moins ou à peu près autant qu'il y a quelques années?

Moins.....	1
A peu près autant	2
Plus	3
Ne sait pas/Pas de réponse.....	9

PQ22

Quel niveau de responsabilité vous semble le plus utile ou convenable pour les gouvernements fédéral et provinciaux/territoriaux dans chacun des domaines suivants? Veuillez l'indiquer par un pourcentage pour le gouvernement fédéral et un pourcentage pour les gouvernements provinciaux ou territoriaux.

Q22A

Leadership international et participation à des forums et à des accords mondiaux de lutte contre le tabagisme

% Fédéral.....	1
% Provincial	2
Total	3

Q22B

Recherche et diffusion, surveillance de la prévalence du tabagisme, des comportements et des attitudes

% Fédéral.....	1
% Provincial	2
Total	3

Q22C

Mise en œuvre et défense des lois et règlements touchant la fabrication, la vente, l'étiquetage et la promotion des produits du tabac

% Fédéral.....	1
% Provincial	2
Total	3

Q22D

Mise en application des lois et règlements touchant la lutte contre le tabagisme

% Fédéral.....	1
% Provincial	2
Total	3

Q22E

Campagnes médiatiques nationales d'appui aux objectifs de la lutte contre le tabagisme

% Fédéral.....	1
% Provincial	2
Total	3

Q22F

Financement d'autres administrations et organisations pour la prestation de programmes et de services (p. ex., de renoncement)

% Fédéral.....	1
% Provincial	2
Total	3

Q22G

Attention apportée au problème de la contrebande et de la contrefaçon de cigarettes

% Fédéral.....	1
% Provincial	2
Total	3

Q22H

Assurance d'un niveau minimum d'activité et de réglementation touchant la lutte contre le tabagisme dans l'ensemble des provinces et territoires

% Fédéral.....	1
% Provincial	2
Total	3

Q22I

Activités d'éducation populaire

% Fédéral.....	1
% Provincial	2
Total	3

PQ23

Selon vous, qui parmi les suivants devrait avoir le premier rôle dans la lutte contre le tabagisme au Canada? Qui devrait avoir le second rôle?

Q23A

Premier

Le gouvernement du Canada	1
Les provinces/territoires	2
Les ONG	3
Les collectivités	4
Les particuliers	5
Les administrations municipales et les autorités sanitaires.....	6
Je ne sais pas/Pas de réponse.....	99 BX

Q23B

Second

Le gouvernement du Canada	1
Les provinces/territoires	2
Les ONG	3
Les collectivités	4
Les particuliers	5
Les administrations municipales et les autorités sanitaires.....	6
Je ne sais pas/Pas de réponse.....	99 BX

Q36B

Maintien de la concentration sur la lutte contre le tabagisme

Effet Négatif 1	1
2	2
3	3
Aucun Effet 4	4
5	5
6	6
Effet Positif 7	7
Ne sait pas/Pas de réponse.....	9

Q36C

Création ou renforcement de partenariats pour lutter contre le tabagisme

Effet Négatif 1	1
2	2
3	3
Aucun Effet 4	4
5	5
6	6
Effet Positif 7	7
Ne sait pas/Pas de réponse.....	9

Q27

A reçu de la SFLT pour un projet ou une activité

Quelles sortes d'activités avez-vous entreprises avec le financement que vous avez reçu de la SFLT?

Sélectionnez toute réponse pertinente

Interventions de renoncement auprès des fumeurs	1
Activités de sensibilisation du public, promotion ou campagne.....	2
Activités de prévention dans les écoles	3
Conférence ou forum pour chercheurs sur le tabac	4
Autre (préciser).....	77
Ne sait pas/Pas de réponse.....	99 X

Q24A

Si oui

De quelle manière le montant du financement que votre organisation reçoit de la SFLT a-t-il changé, le cas échéant, depuis que la Stratégie existe?

Le financement a cessé/ne reçoit plus rien de la SFLT	1
Le financement a légèrement diminué.....	2
Le financement a considérablement diminué (de plus de 50 %)	3
Peu ou pas de changement dans le financement reçu de la SFLT	4
Ne sait pas/Pas de réponse.....	9

Q28

ORGANISATIONS QUI NE REÇOIVENT PLUS DE FINANCEMENT OU MOINS

Réalisez-vous encore toutes les activités qui étaient autrefois financées par la SFLT, malgré la diminution ou la cessation du financement de la SFLT?

- Oui 1
- Oui, mais de façon réduite ou modifiée (expliquer) 77
- Non 2
- Ne sait pas/Pas de réponse..... 99

Q29

CEUX QUI CONTINUENT À FAIRE DES ACTIVITÉS DE LA MÊME FAÇON OU D'UNE FAÇON RÉDUITE

Recevez-vous ou avez-vous reçu pour ces activités du financement d'autres sources (que la SFLT)?

- Oui 1
- Non 2
- Ne sait pas/Pas de réponse..... 99

Q30

CEUX QUI CONTINUENT À FAIRE DES ACTIVITÉS DE LA MÊME FAÇON OU D'UNE FAÇON RÉDUITE

De quelles sources avez-vous reçu du financement afin de poursuivre ces activités?

- Gouvernement provincial/territorial 1
- Administration municipale 2
- Autre (préciser)..... 77
- Ne sait pas/Pas de réponse..... 99 X

Q31

SI NE FAIT PLUS D'ACTIVITÉS FINANÇÉES PAR LA SFLT

Votre organisation poursuit-elle présentement des recherches ou des activités relatives aux questions de lutte contre le tabagisme (renoncement, prévention) ou de fumée secondaire?

- Oui 1
- Non 2
- Ne sait pas/Pas de réponse..... 9

Q32

Si oui

Quelle est la nature de ces activités?

Interventions de renoncement auprès des fumeurs	1	
Activités de sensibilisation du public, promotion ou campagne.....	2	
Activités de prévention dans les écoles	3	
Conférence ou forum pour chercheurs sur le tabac	4	
Autre (préciser).....	77	
Ne sait pas/Pas de réponse.....	99	X

Q33

Si oui

De quelles sources avez-vous reçu du financement pour ces activités de lutte contre le tabagisme?

Gouvernement fédéral	1	
Gouvernement provincial/territorial	2	
Administration municipale	3	
Autre (préciser).....	77	
Ne sait pas/Pas de réponse.....	99	X

Q34

Si ne fait plus d'activités financées par la SFLT OU d'autres activités de lutte contre le tabagisme

Quelle est la principale raison pour laquelle votre organisation a cessé de participer à des activités de lutte contre le tabagisme?

Ce n'est plus nécessaire/pertinent.....	1	
Pas de financement de disponible.....	2	
Trop difficile de respecter les contraintes/exigences associées au financement.....	3	
Autre (préciser).....	77	
Ne sait pas/Pas de réponse.....	99	

Q35

SI N'EST PLUS DANS LA LUTTE CONTRE LE TABAGISME (par ex: ne fait plus d'activités financées par la SFLT OU d'autres activités de lutte contre le tabagisme)

Par quelles sortes d'activités avez-vous remplacé la lutte contre le tabagisme?

Veuillez préciser	77	
Ne sait pas/Pas de réponse.....	99	X

Q37

Lorsque vous cherchez des renseignements actuels liés à la lutte contre le tabagisme (p. ex., des données récentes, de la documentation, des pratiques exemplaires), à quelles sources vous adressez-vous surtout?

Sélectionner toute réponse pertinente

Conseil canadien pour le contrôle du tabac	1	
Physicians for a Smoke-Free Canada	2	
Association pulmonaire du Canada	3	
Association pour les droits des non-fumeurs.....	4	
Santé Canada	5	
Ministère provincial ou territorial de la Santé	6	
Autre (préciser).....	77	
Ne sait pas/Pas de réponse.....	99	X

Q38

Compte tenu des sources présentement disponibles, y a-t-il des genres de renseignements dont votre organisation a besoin mais qu'elle n'est pas en mesure de trouver (i.e., des lacunes dans l'information)?

Oui.....	1	
Non.....	2	
Ne sait pas/Pas de réponse.....	9	

Q38A

Si oui

Quelles sont ces lacunes ou de quels renseignements a-t-elle besoin?

Réponse	77	
Ne sait pas/Pas de réponse.....	99	X

Q39

Quels sont d'après vous les principaux points forts de la SFLT, en ce qui concerne sa conception et sa prestation? Qu'est-ce qui a le mieux fonctionné?

Réponse	77	
Pas de points forts.....	98	X
Ne sait pas/Pas de réponse.....	99	X

Q40

Quels sont les principaux points faibles de la SFLT, en ce qui concerne sa conception et sa prestation? Qu'est-ce qui n'a pas fonctionné aussi bien que vous l'auriez voulu?

Réponse	77	
Pas de points faibles	98	X
Ne sait pas/Pas de réponse.....	99	X

Q41

Quels changements ou améliorations proposeriez-vous pour renforcer la prestation et le succès de la SFLT?

Réponse	77	
Pas besoin de changement/d'amélioration.....	98	X
Ne sait pas/Pas de réponse.....	99	X

Q42

Veillez décrire brièvement votre organisation, vos principaux objectifs et le genre de travail que vous faites

Veillez préciser	77	X
Ne sait pas/Pas de réponse.....	99	X

Q43

Quelle est la taille de votre organisation? (Répondre par sa valeur budgétaire en dollars ou le nombre de ses employés)

Valeur budgétaire en dollars.....	1
Ne sait pas/Pas de réponse.....	9

Q44

OU

Nombre d'employés	1
Ne sait pas/Pas de réponse.....	9

Q45

Quelle catégorie décrit le mieux la nature de votre organisation?

Établissement d'enseignement	1
Association professionnelle.....	2
ONG	3
Association industrielle/commerciale privée.....	4
Production de produits du tabac	5
Vente de tabac	6
Établissement de santé.....	7
Conseil de bande/tribal/Organisation de Premières nations/autochtone.....	8
Autre (préciser).....	77
Ne sait pas/Pas de réponse.....	99

Q46

Quelle est la portée de votre organisation?

Internationale.....	1
Nationale.....	2
Provinciale/territoriale.....	3
Régionale/communautaire.....	4
Ne sait pas/Pas de réponse.....	99

Q47

Dans quelle province ou quel territoire votre organisation est-elle située?

Terre-Neuve et Labrador.....	1
Île-du-Prince-Édouard.....	2
Nouveau-Brunswick.....	3
Nouvelle-Écosse.....	4
Québec.....	5
Ontario.....	6
Manitoba.....	7
Saskatchewan.....	8
Alberta.....	9
Colombie-Britannique.....	10
Territoires du Nord-ouest.....	11
Yukon.....	12
Nunavut.....	13
Ne sait pas/Pas de réponse.....	99

Q48

Toutes vos réponses sont confidentielles. C'est-à-dire que nous ne transmettrons à Santé Canada (ni à qui que ce soit) rien qui puisse associer les réponses au présent sondage à l'identité d'une personne ou d'une organisation. Toutefois, Santé Canada trouverait utile de pouvoir prendre connaissance des réponses données à des questions ouvertes (c.-à-d. qui sont tapées dans l'aire de réponse). Si vous ne souhaitez pas que ces réponses lui soient transmises, elles ne seront examinées que par le personnel de recherche d'EKOS chargé de faire rapport des résultats. Par contre, si vous n'y voyez pas d'objection, vos réponses aux questions ouvertes du questionnaire figureront (sans lien permettant de vous identifier) dans une liste de commentaires qui sera annexée au rapport devant être rendu public.

Êtes-vous d'accord pour que vos réponses aux questions ouvertes (c.-à-d. les commentaires que vous aurez tapés) soient connues du plus grand nombre? Elles ne seront pas liées à votre organisation.

Oui.....	1
Non.....	2
Ne sait pas/Pas de réponse.....	9

THNK

Merci beaucoup d'avoir pris le temps de participer à ce sondage

APPENDIX B
INTERVIEW GUIDE

STAKEHOLDER PERCEPTIONS OF THE FEDERAL TOBACCO CONTROL STRATEGY (FTCS) KEY INFORMANT INTERVIEW GUIDE

Health Canada is presently conducting an evaluation of the relevance and success of the Federal Tobacco Control Strategy (FTCS). EKOS Research was commissioned to conduct an online survey of stakeholders as part of this evaluation. You responded to this online survey in June or July. At this time, we are conducting follow-up interviews with a limited number of stakeholders to obtain additional input into issues addressed in the online survey, and to assist in understanding survey results.

Although your participation is voluntary, your responses are very important. The interview should take approximately 30 minutes. Your responses will be kept strictly confidential by EKOS and the final report will present the findings in aggregate form only.

Success of the FTCS

Survey results suggest that stakeholders are far less optimistic than the Canadian public on the topic of gains made in terms of tobacco control. Stakeholders do not overwhelmingly agree that Canada has experienced considerable success in tobacco control, or that smoking rates have declined and that awareness of the health hazards associated with tobacco is high. Furthermore, most stakeholders surveyed indicate that the FTCS has had only moderate impacts over the past ten years in terms of prevention, protection, cessation and product regulation.

- In your opinion, why do stakeholders believe that gains in tobacco control have been modest?
What is your on view on this topic?
- Over the past ten years, in what areas, and to what extent do you believe the FTCS made gains?

1. Why do stakeholders not believe that there has been success?

Federal Priorities and Role in Tobacco Control

In the survey, stakeholders identify the following as the top priorities for continued attention and effort in tobacco control:

- Reducing the number of youth who take up smoking;
 - Increasing the number of smokers who quit smoking;
 - Reducing contraband;
 - Regulating the sale and manufacture of tobacco.
2. In your opinion, why are these identified as the top priorities for future action? What specifically should the federal government (and Health Canada in particular) be doing on each of these priorities? What is the nature of the federal role in each?
- Are there other priorities you would identify for action by the federal government?
3. Stakeholders are also virtually unanimous in agreeing that there is a continued need for a Government of Canada strategy, despite their belief that impacts of the strategy to date have been modest. Why is that, in your opinion? What is required of the federal government to address these priorities and to increase impacts?
- Should the federal government be taking new approaches and/or roles, improving what they are already doing, or returning to previous activities and roles?

Provincial and federal roles in tobacco control

4. Many stakeholders surveyed indicate that they have seen some shift in responsibility of provincial and territorial governments in terms of tobacco control, with many suggesting that provincial governments have taken on a larger role in recent years.
- What has been your experience?
 - Specifically, how has the nature of the role played by provincial/territorial governments changed in recent years?
 - What has this meant for your organization? For tobacco control generally in terms of resources and/or activities?
5. Despite this shift in responsibility, most stakeholders do assign primary responsibility for tobacco control in Canada to the federal government, and see provinces/territories as playing a secondary role. What role, ideally, should the federal government play in tobacco control? Why is the federal government the best to fill this role?

6. Many stakeholders surveyed see paperwork and bureaucracy as weaknesses of the FTCS and as an obstacle in their working relationship with the federal government. In your experience, is the level of bureaucracy and paperwork any different in terms of accessing funding from provincial or territorial versus the federal government?

Impacts of FTCS Funding

7. Has your organization seen funding from the FTCS decline or cease over the past few years. How has the reduction in funds affected your organization's tobacco control activities (if applicable)?
Organizational capacity?
 - What proportion of your organization's budget does FTCS funding represent?
 - Are the activities once funded by FTCS still being undertaken?
 - How have these been modified as a result, if at all?
 - From what other sources have you obtained funding for these activities?
 - Have you perceived any broader impacts on tobacco control nationally as a result of the decline in FTCS funding?
8. Despite the decline in federal funding, most stakeholders indicate that their organization's dealings with the federal government have remain unchanged or even increased. In your opinion, why is that? Does the relationship of your organization with the federal government on tobacco control transcend funding? How?

Information Sources

9. Many stakeholders surveyed identified gaps in information available to them in the area of tobacco control. Are there particular gaps in information that your organization requires?
 - Do these gaps result from a lack of information sharing, difficulties accessing data or information, or from gaps in data collection?

Strengths, weaknesses, improvements

10. In closing, what would you say are the key strengths of the FTCS? Key weaknesses? Improvements to suggest?
11. In your opinion, what would be the consequences if the FTCS were to be discontinued?
- The federal government is obliged to enforce the Tobacco Act, and these regulations and enforcement would continue in the event that the FTCS were discontinued. In your view, would this limit the potential repercussions of discontinuation? Why or why not? Tobacco Act regulations include:
 - ☒ Youth access regulations (e.g., minimum age for purchase, signage and packaging);
 - ☒ Product information regulations (e.g., graphic health warnings and information);
 - ☒ Promotions regulations (e.g., restrictions in advertising); and
 - ☒ Reporting regulations (e.g., reporting of ingredients, promotion expenditures, research expenditures, sales data by manufacturers and importers).
 - What should the federal government be doing, over and above the regulations that are already in place?
12. Do you have any other comments to make with regards to the FTCS?

Thank you very much for your participation.