



MAY 2019

Commercial Tobacco Policy Pack

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Background Evidence

Commercial tobacco use¹ in all forms is recognized by the International Agency for Research on Cancer (IARC) as carcinogenic to humans.^I

There is sufficient evidence to support a causal link between:

- smoking² and cancer of the oral cavity, pharynx, nasopharynx, larynx, esophagus, lung, stomach, pancreas, kidney, liver, bladder, colorectum, cervix, ovary, and blood and bone marrow (leukemia);^{II III}
- smokeless tobacco use and oral, esophageal and pancreatic cancer;^{III} and
- second-hand smoke exposure and lung cancer.^{III}

There is more limited evidence linking smoking and breast cancer.^{III}

Smoking causes 30% of all cancer deaths and up to 85% of lung cancer cases and is the most preventable cause of disease and premature death in Canada.^{IV}

Reducing smoking prevalence is a key cancer prevention strategy. Although considerable reductions have been achieved in overall smoking rates in Canada, largely attributable to comprehensive, multi-pronged and multi-jurisdictional (e.g., federal, provincial/ territorial, municipal) tobacco control strategies, programs and policies, nationally the rate is still high at 17.4%^V. Some experts suggest that reducing tobacco use in this generation of users and products will require something new, bold, and fundamentally different from the “tried-and-true”, including approaches consistent with an “endgame.”^{VI}

Globally, Canada has traditionally been viewed as a leader in tobacco control and is a party to the World Health Organization’s (WHO) Framework Convention on Tobacco Control (FCTC). With the recent introduction of Canada’s Tobacco Strategy and its target of less than 5% of the population using commercial tobacco by 2035, as well as federal legislation and regulations related to plain and standardized packaging, Canada is demonstrating its continued commitment to and leadership in tobacco control. The WHO’s MPOWER measures (monitor, protect, offer, warn, enforce, and raise) assists countries in implementation of effective measures to reduce the demand for commercial tobacco products. Several policies regulating access, use, marketing and advertising of tobacco have shown to be effective in reducing tobacco use and related harms, as summarized in the following table.

- 1 Tobacco in this document refers to the use or cessation of commercial tobacco products and does not refer to the use or cessation of traditional or sacred tobacco by some First Nations, Metis or Inuit people. Traditional or sacred tobacco differs from commercial tobacco in that it is used in ceremonial or sacred rituals.
- 2 Smoking in this document refers to smoking commercial tobacco and does not refer to smoking other substances.

Summary of Evidence-Informed Policy Actions to Reduce Commercial Tobacco Use

Policy Intervention

Key Evidence on Effectiveness in Reducing Use

Protect people from tobacco smoke	<ul style="list-style-type: none"> Implementation of smoke-free policies leads to a substantial decline in SHS exposure^{vii}. Implementation of smoke-free legislation causes a decline in heart disease morbidity^{vii}. Implementation of smoke-free legislation decreases respiratory symptoms in workers^{vii}. Smoke-free workplaces reduce cigarette consumption among continuing smokers and lead to increased successful cessation among workers^{vii}. Smoke-free policies do not cause a decline in business activity of the restaurant or bar industry^{vii}. Smoke-free policies reduce tobacco use among youth^{vii}. There is extensive evidence from several countries that comprehensive smoke-free laws prompt people – and particularly parents – to make their homes smoke-free. In New Zealand, reported exposure to second-hand smoke in the home nearly halved in the three years after smoke-free legislation was introduced, and in Scotland, children’s exposure to second-hand smoke fell by nearly 40% after smoke-free legislation came into force^{vii}.
Offer help to quit tobacco use	<ul style="list-style-type: none"> Treatments for smoking cessation are ‘among the most cost effective of all healthcare interventions’^{viii}. High quality evidence indicates that using a combination of behavioural support and pharmacotherapy increases the chances of successfully quitting after at least six months. Combining interventions suggests that the chance of success is increased by 70 to 100 percent compared to just brief advice or pharmacotherapy^{ix}. Varenicline (27.6%) and combination NRT (31.5%) (e.g., patch + inhaler) were most effective for achieving smoking cessation^{x,xi}. Higher rates of smoking cessation were associated with NRT (17.6%) and bupropion (19.1%) compared with placebo (10.6%)^{x,xi}. Brief advice can increase the likelihood of short-term abstinence by 30%^{xii}. Intensive cessation advice and counselling has a higher likelihood of getting smokers to quit compared with brief advice^{xiii}. Review of telephone counselling found positive effects for interventions involving multiple sessions of proactive counselling compared with self-help or single-session brief counselling (RR 1.41, 95% CI 1.20–1.66)^{xiii}.
Warn about the dangers of tobacco	<ul style="list-style-type: none"> There is strong evidence that plain and standardized packaging measures lead to decreases in tobacco use.^{xiii xiv xv xvi} Plain packaging reduces the attractiveness of tobacco products, particularly among young people and women.^{xvii xviii} Dissuasive cigarettes with warning messages or unappealing colours were rated as less attractive and less preferable than conventional cigarettes.^{xix}

Enforce bans on tobacco advertising, promotion and sponsorship (TAPS)

- Comprehensive bans on TAPS are effective in decreasing the consumption of tobacco products. Research shows that some countries have experienced a decline in consumption of up to 16% after the introduction of advertising bans. A study of 22 high-income countries concluded that more comprehensive bans on TAPS reduced tobacco consumption by up to 7.4%. However, partial bans have limited effect since when one form of TAPS is banned, the tobacco industry simply shifts expenditures to more indirect forms of TAPS in order to circumvent restrictions.^{vi}

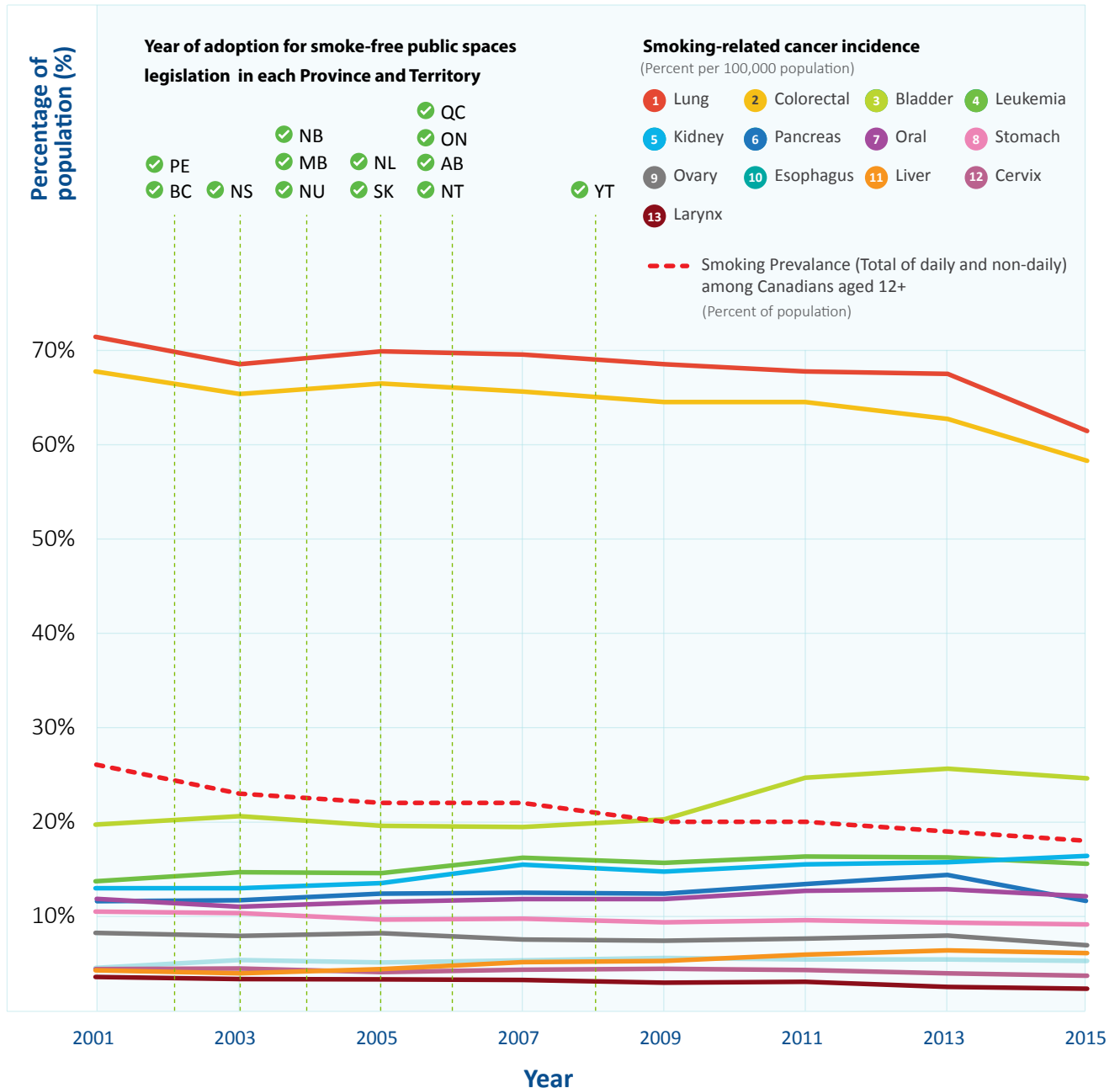
Raise taxes on tobacco

- Taxation of tobacco is found to be a cost-effective and cost-saving approach to reducing tobacco use and harm^{xx}

Key Statistics

Trend data indicates that smoking Prevalence among Canadians aged 12+ in Canada has decreased over time along with smoking-related cancer incidence (except bladder cancer). Despite the decline in incidence rates for smoking-related cancers, the proportion of cancers attributable to tobacco smoking continues to be higher than those attributable to excess weight, alcohol use and physical inactivity^{LXII}.

Historical Trends in Smoking Prevalence and Incidence of Smoking-related Cancer† in Canada



Note: Smoking prevalence continued to decline to 17% in 2016 and 16% in 2017

Data source: Statistics Canada, Canadian Community Health Survey

Cancer Incidence Rates Breakdown

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Lung	70.9	69.7	68.5	69	70	69.5	69.4	68.1	68.3	69.5	67.9	69.5	67.5	68.1	61.4
Colorectal	67.9	66.7	65.2	66.4	66.5	65.4	65.8	66	64.4	64.8	64.3	63.4	62.9	62.4	58.6
Bladder	19.9	19.6	20.4	20.2	19.6	19.7	19.3	19.6	20.2	26.3	24.7	25.4	25.5	24.5	24.7
Leukemia	13.8	14.5	14.8	14.7	14.6	15.3	16.1	15.6	15.7	16.5	16.2	15.4	16.1	15.2	15.4
Kidney	13	13.3	13	13.1	13.6	14.3	15.6	14.6	14.9	15.3	15.5	16.5	15.8	15.8	16.2
Pancreas	11.7	11.6	11.8	12.1	12.3	11.6	12.5	12.2	12.4	12.1	13.3	13.5	14.3	13.3	11.7
Oral	11.9	11.6	11	11.2	11.5	11.1	11.9	11.5	11.9	12.2	12.8	12.4	12.9	12.8	12.1
Stomach	10.5	9.8	10.3	10.2	9.7	9.6	9.9	9.6	9.3	9.5	9.7	9.5	9.3	9.2	9.1
Ovary	8.2	8.4	8	7.7	8.2	7.8	7.7	7.6	7.4	8	7.8	7.6	8	7.7	7
Esophagus	4.8	5.1	5.4	5.1	5.1	5.2	5.3	5.4	5.8	5.8	5.7	5.9	5.7	5.5	5.3
Liver	4.2	4.1	4	4.2	4.5	4.8	5.1	5	5.2	5.6	6	6.3	6.4	6.3	6.1
Cervix	4.6	4.6	4.6	4.4	4.1	4.1	4.4	4.3	4.5	4.5	4.3	4.1	4	4	3.9
Larynx	3.8	3.6	3.5	3.5	3.4	3	3.3	3.1	3	3.1	3.1	2.7	2.7	2.7	2.5

Note:

†: Included all provinces and territories, except for QC.

Cancers were defined based on ICD-O-3: Oral: C00-C14; Pharynx: C10, C11, C13, C14.0, C14.8; Nasopharynx: C11; Esophagus: C15; Stomach: C16; Colorectal: C18-C20, C26.0; Liver: C22.0; Pancreas: C25; Larynx: C32; Lung: C34; Cervix: C53; Ovary: C56.9; Kidney: C64.9, C65.9; Bladder: C67; Leukemia: histological type 9733, 9742, 9800-9801, 9805-9809, 9820, 9826, 9831-9836, 9840, 9860-9861, 9863, 9865-9867, 9869-9876, 9891, 9895-9898, 9910, 9911, 9920, 9930-9931, 9940, 9945-9946, 9948, 9963-9964, histological type 9811-9818, 9823, 9827, 9837 with sites C42.0,C42.1,C42.4

Data source: Statistics Canada, Canadian Community Health Survey.

Smoking Status Stratified by Sub-populations (2015/2016 Combined)

Smoking Status	Mental Health Condition (Age ≥ 12)		Indigenous Identity (Age ≥ 12)		Sexual Identity (Age ≥ 15)	
	Poor/ Fair (N=1,893,200) (%)	Good/Very Good/ Excellent (N=27,681,200) (%)	Indigenous (N=1,173,800) (%)	Non-Indigenous (N=28,169,600) (%)	Homosexual/Bisexual (N=850,000) (%)	Heterosexual (N=26,250,600) (%)
Current Smokers	31.0	16.6	36.0	16.5	28.0	18.0
Former Smokers	34.0	38.0	32.0	38.0	36.0	39.0
Never Smoker	35.0	45.0	32.0	46.0	35.0	43.0

Notes:

Column percentages might not sum up to 100% due to rounding methodology adopted by Statistics Canada.

“Former smokers” include “former daily”, “former occasional” and “former experimental” smokers.

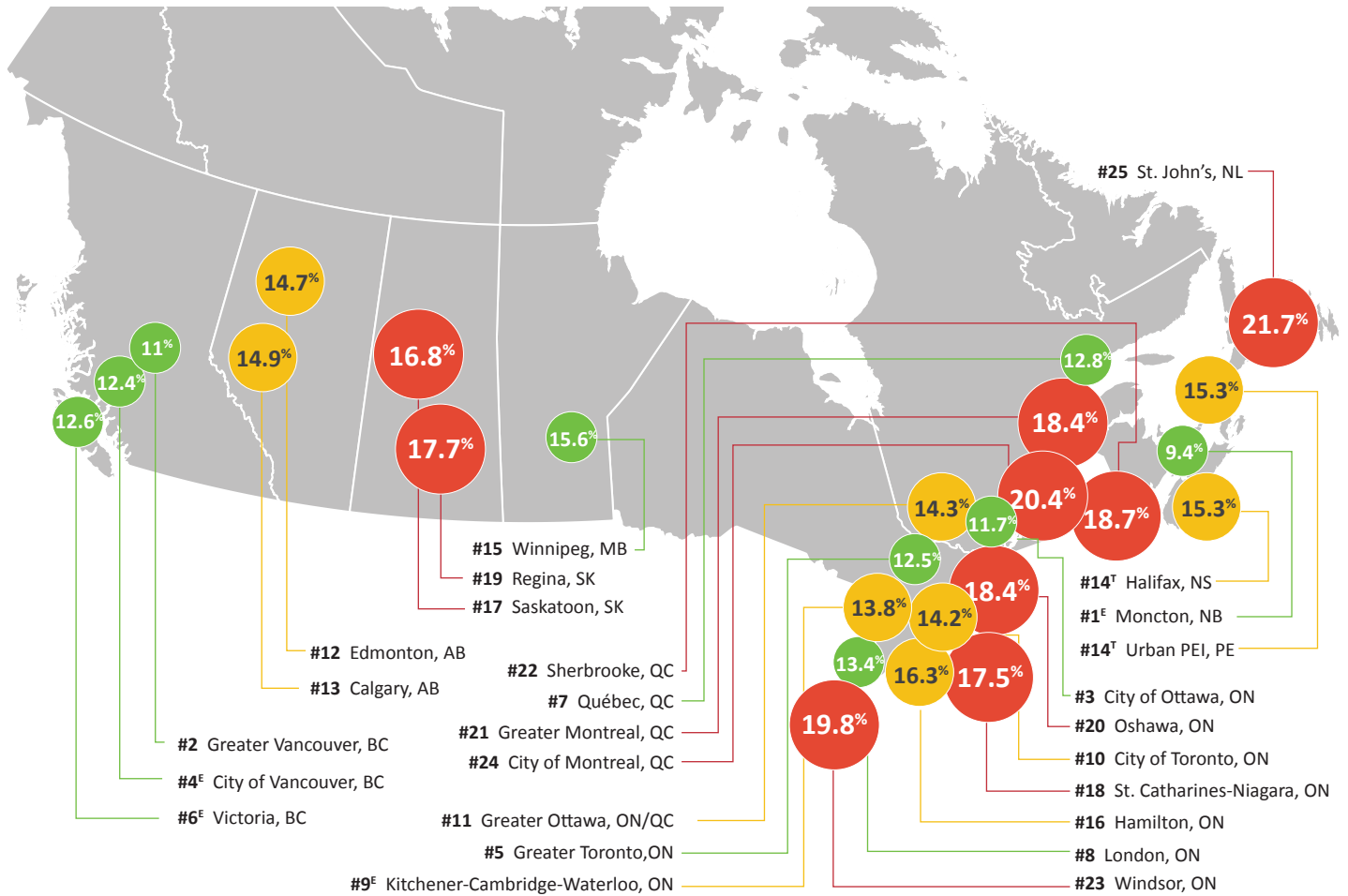
“Indigenous” includes First Nations, Inuit and/or Métis

Data source: Statistics Canada, Canadian Cancer Registry, Canadian Community Health Survey.

Smoking Prevalence in Canada's Largest Cities (2017 Reporting Year)

Performance Ranking | % of Population Smoking

● Best Performers 0%–13.5% ● Middle Performers 13.6%–16.5% ● Worst Performers ≥ 16.6%



Data table: Smoking prevalence in Canada's largest cities (2017 reporting year)

Large Metropolitan Area	Performance rank and tertile (Current occasional or daily smokers)	Smoking Prevalence (Aged 12+)(%)	Number of respondents
Moncton, NB	1 ^E	9.4	12,900
Greater Vancouver, BC	2	11.0	252,300
City of Ottawa, ON	3	11.7	98,400
City of Vancouver, BC	4 ^E	12.4	75,800
Greater Toronto	5	12.5	673,300
Victoria, BC	6 ^E	12.6	41,900
Quebec, QC	7	12.8	90,700
London, ON	8	13.4	60,800
Kitchener-Cambridge-Waterloo, ON	9 ^E	13.8	63,900
City of Toronto, ON	10	14.2	360,100
Greater Ottawa, ON/QC	11	14.3	169,600
Edmonton, AB	12	14.7	174,500
Calgary, AB	13	14.9	187,600
Halifax, NS	14 ^T	15.3	55,300
Urban PE, PE	14 ^T	15.3	11,800
Winnipeg, MB	15	15.6	110,100
Hamilton, ON	16	16.3	108,900
Saskatoon, SK	17	16.8	41,300
St. Catharine's-Niagara, ON	18	17.5	64,200
Regina, SK	19	17.7	36,200
Oshawa, ON	20	18.4	73,500
Greater Montreal, QC	21	18.5	665,500
Sherbrook, QC	22	18.7	35,600
Windsor, ON	23	19.8	57,300
City of Montreal, QC	24	20.4	354,500
St. John's, NL	25	21.7	43,900

- First tertile (best performers) of rankings in this indicator
- Second tertile
- Third tertile (worst performers)

Note:
E: Interpret with caution owing to large variability in the estimate.

T: Ties in ranking.

Data source: Statistics Canada, Canadian Community Health Survey.

Electronic Nicotine Delivery Systems (ENDS)

Non-combustible alternatives to smoking include electronic nicotine delivery systems (ENDS) and heated tobacco products (HTP's). HTP's are battery-operated devices that deliver a nicotine-infused aerosol ('vapour') for users to inhale by heating tobacco and other non-tobacco additives, such as flavouring, to high temperatures within the device^{xxi}. Currently, there is no available evidence suggesting that HTP's are less harmful than tobacco, and there is insufficient evidence available on the health effects of exposure to second-hand emissions from HTP's^{xxi}.

ENDS are also battery-operated devices that deliver an aerosol ('vapour') by heating a solution, that may or may not contain nicotine, for users to inhale and include devices such as electronic cigarettes (e-cigarettes), vaping devices, personal vaporizers, vape pens, e-cigars, e-pipes, and e-hookahs^{xxii}. To date, the most common prototype of ENDS on the global market are e-cigarettes^{xxiii}.

This section will focus on ENDS use, impacts on health, and regulation in Canada.

ENDS have the potential to cause harm through:

exposure to carcinogens and other substances in parts, liquids/additives, and vapour;

as a method for youth to become addicted to nicotine;

and as a possible gateway to use of other tobacco products

However, their use may be a potential harm reduction strategy for current tobacco users, as a smoking cessation aid, or as a potentially less harmful product than conventional cigarettes.

Exposure to carcinogens and other chemicals

The long-term health effects of ENDS are unclear, due to their relatively recent emergence on the global market^{xxiv xxv}. Although toxic chemicals and carcinogens exist in significantly lower levels than conventional cigarettes, ENDS liquid, and vapour contain carcinogens and other harmful ingredients such as tobacco-specific nitrosamines, carbonyl compounds, and volatile organic compounds^{xxvi xxvii}.

ENDS use also increases the concentration of particulate matter, nicotine and other toxicants (propylene glycol, glycerol, VOCs, carbonyls, and some heavy metals) in indoor air^{xxviii}. Data reported in the 2016 US Surgeon General's Report on ENDS use suggests that second-hand exposure to the aerosol released from ENDS can expose others to potentially harmful chemicals^{xxix}. Other sources of evidence support that second-hand vapour released from ENDS contain volatile organic compounds and fine particles, but in lower amounts than conventional second-hand cigarette smoke^{xxx xxxi xxxii}. Exposure to second-hand vapour from ENDS may also cause nicotine absorption^{xxx xxxi xxxii xxxiii}.

Exposure to e-liquids, via accidental ingestion and eye or skin contact if of concern for young children, as it can lead to nicotine poisoning and other adverse health effects^{xxxiv}.

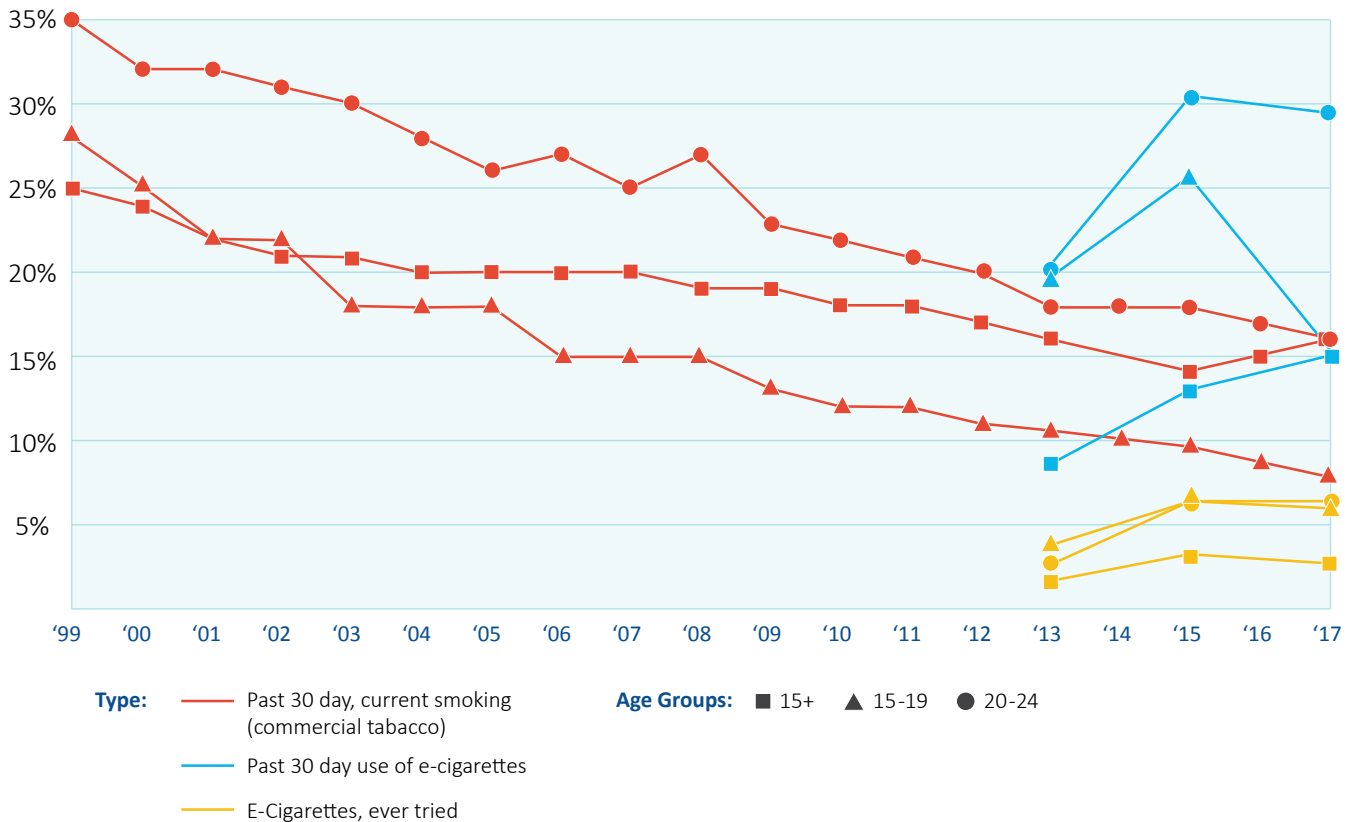
Youth nicotine addiction and cigarette smoking initiation

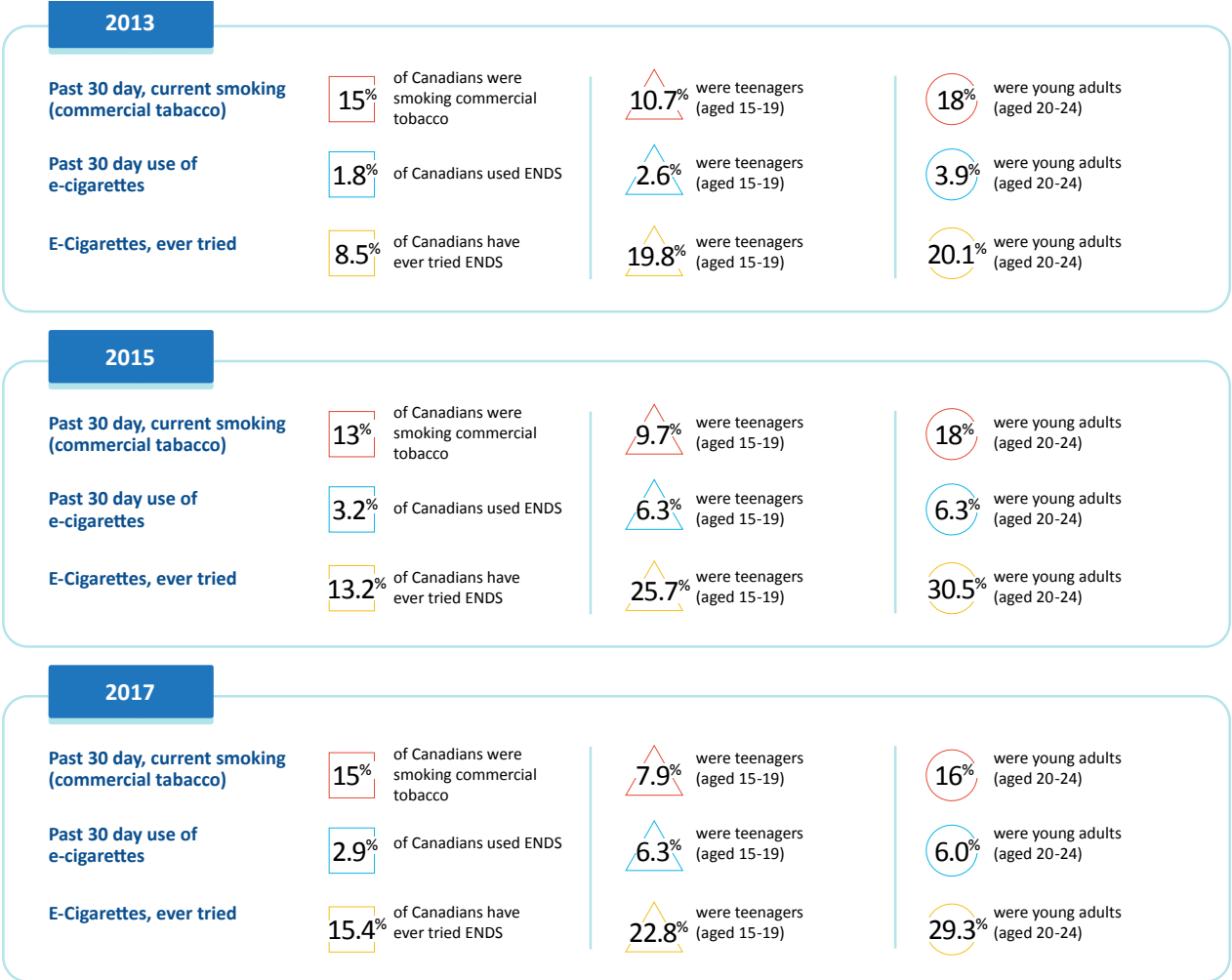
ENDS use among youth and young adults has increased considerably in recent years and has been labelled as a dangerous epidemic by the U.S. Surgeon General.^{xxxv} The ENDS market boasts a wide variety of products that are rapidly evolving and changing. Products that are small, easy to conceal, and give off low odor and aerosol are increasing in popularity among youth^{xxxv}. One of the most controversial of these products is JUUL, a USB-like vaporizing device that uses nicotine salts containing higher levels of nicotine with less irritation than “free-base” nicotine commonly found in other ENDS and tobacco products^{xxxv}.

Experts are concerned that products such as these could initiate nicotine dependence^{xxxv}. Children and youth may become addicted to nicotine at lower levels than that of adults and nicotine exposure can affect memory and concentration, alter brain development in teens^{xxxiv}. Exposure in adolescence can also cause reduced impulse control and cognitive behavioural problems^{xxxiv}. In addition, research is beginning to show that ENDS use increases the likelihood of youth cigarette smoking initiation^{xxxvi xxxvii xxxviii}.

Trend data from the Canadian Tobacco Alcohol and Drugs Survey (CTADS) for Canadians aged 15+ noted an increase in the number of Canadians that had ever tried ENDS. With respect to past 30-day use, ENDS use increased between 2013 and 2015, with a slight decrease in 2017, while current smoking rates have declined.

Historical Trends in Cigarette Smoking and Electronic Cigarette Use in Canada

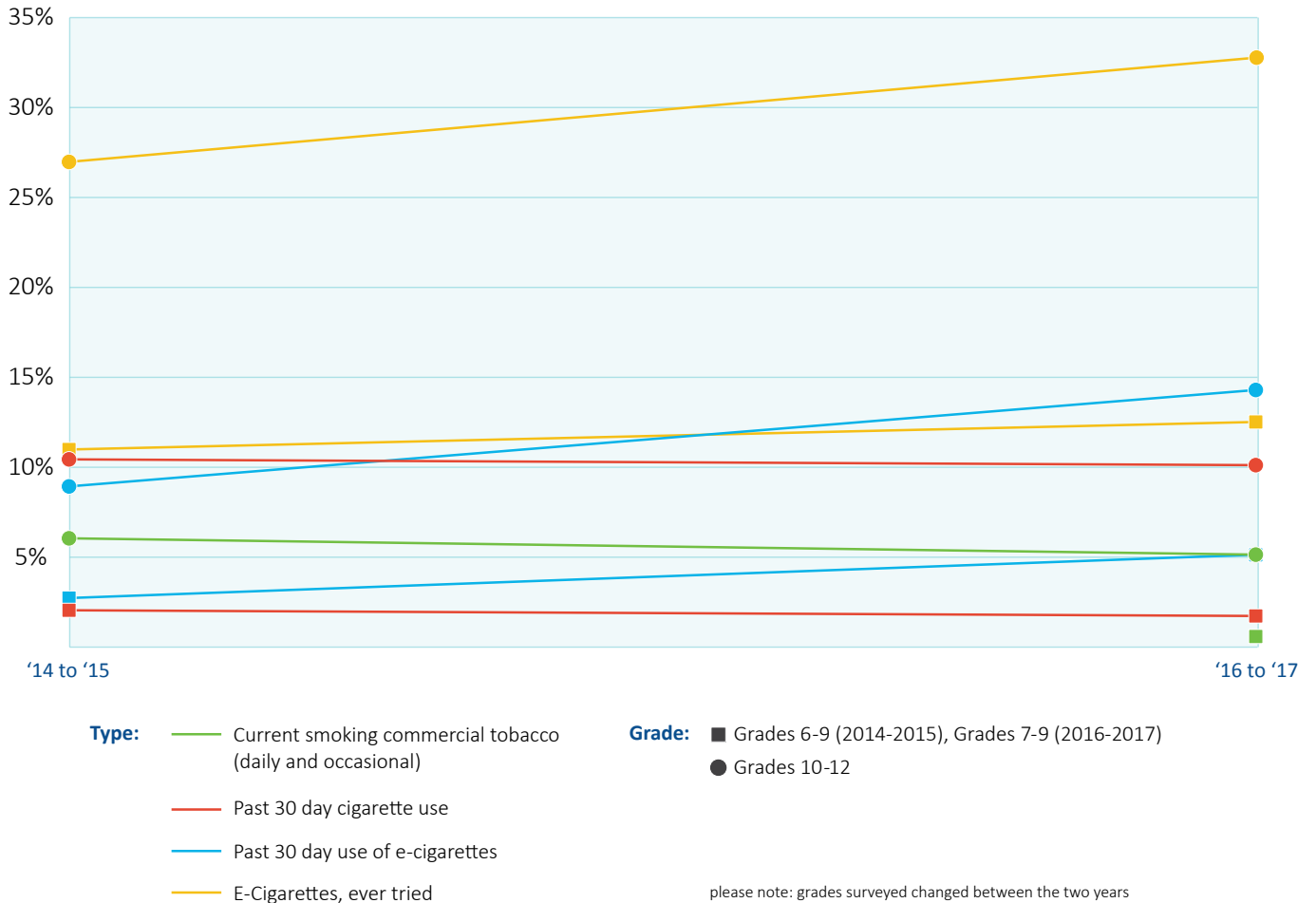




Notes:
 Data Source: Statistics Canada, Canadian Tobacco, Alcohol and Drugs Survey (CTADS)
 Statistics Canada, Canadian Tobacco Use Monitoring Survey (CTUMS)

Trend data from the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), formerly the Youth Smoking Survey, noted an increase in the number of students that had ever tried ENDS in the two reporting years that the survey included questions about ENDS use. Past 30-day use of ENDS increased over the two reporting years and overall smoking status and past 30-day cigarette use declined. Overall, dramatic increases are seen ENDS use compared to a modest decline in smoking rates among youth.

Historical Trends in Cigarette Smoking and Electronic Cigarette Use Among Students in Canada



2014-2015

Current smoking, commercial tobacco (daily and occasional)

6.6% of students (grades 10-12) were smoking commercial tobacco

Past 30 day cigarette use 2.3% of students (grades 6-9) used cigarettes*

11.2% of students (grades 10-12) used cigarettes

Past 30 day use of e-cigarettes 3.2% of students (grades 6-9) used ENDS

8.9% of students (grades 10-12) used ENDS

E-Cigarettes, ever tried 10.1% of students (grades 6-9) have ever tried ENDS

27.1% of students (grades 10-12) have ever tried ENDS

2016-2017

Current smoking, commercial tobacco (daily and occasional) 1% of students (grades 7-9) were smoking commercial tobacco

5.4% of students (grades 10-12) were smoking commercial tobacco

Past 30 day cigarette use 2.2% of students (grades 7-9) used cigarettes

10.1% of students (grades 10-12) used cigarettes

Past 30 day use of e-cigarettes 5.4% of students (grades 7-9) used ENDS

14.6% of students (grades 10-12) used ENDS

E-Cigarettes, ever tried 12.6% of students (grades 7-9) have ever tried ENDS

32.9% of students (grades 10-12) have ever tried ENDS

Notes:

*Moderate sampling variability, interpret with caution

It has been reported that recent data suggests that youth cigarette smoking is on the rise, and that progress on reducing youth smoking has stalled⁴¹.

Data Source: Statistics Canada, CSTADS 2014-15 + 2016-17

Use as a cessation aid

Currently, there is limited evidence to suggest that ENDS may be effective aids to promote smoking cessation^{xxxix xxviii}.

In Canada, various regulatory measures to address ENDS use have been adopted at the Federal, provincial/territorial and local levels. A detailed analysis of policy actions addressing ENDS is available [here](#).

What are evidence-informed tobacco control policy actions for provincial/territorial governments?

To understand the extent to which evidence-informed tobacco control policy actions across Canada have been adopted at the provincial, territorial and local levels, policies were analyzed from within the [Prevention Policies Directory](#)^{xli} (31 municipalities are captured by this tool)*. Evidence-informed policy actions for tobacco were derived from multiple sources (see table notes). A level of adoption in Canada (low, medium or high) was assigned to each evidence-informed policy action to help illustrate areas of strength and weakness across the country (low = very few jurisdictions have adopted evidence-informed policy action; medium = some, but not all jurisdictions have adopted evidence-informed policy action; high = most jurisdictions have adopted evidence-informed policy action).

The following table summarizes the level of evidence-informed tobacco control policy adoption by provincial/territorial governments. A detailed policy analysis follows the table including, where applicable, details on local policy action from the 31 municipalities included within the Directory.

Summary Of Provincial/Territorial Adoption Of Evidence-Informed Tobacco Control Policies In Canada

Policy Issue	Policy Action	Level of Adoption: Commercial Tobacco	Level of Adoption: ENDS
Monitoring use and prevention policies	Data collection on consequences of commercial tobacco use	High ●●●	High ●●●
Protect people from commercial tobacco smoke	Protect from exposure in public places	High ●●●	Medium ●●○
	Protect from exposure in private places	Medium ●●○	Medium ●●○
Offer help to quit tobacco use	Smoking cessation in primary care	High ●●●	—
	Offer quitlines	High ●●●	—
	Offer free or low-cost smoking cessation medicines	Medium ●●○	—
Enforce bans on tobacco advertising, promotion and sponsorship (TAPS)	Advertising bans	Medium ●●○	Medium ●●○
	Prohibit sales to minors	High ●●●	Medium ●●○
	Sponsorship bans	High ●●●	High ●●●
Raise taxes on tobacco	Increase commercial tobacco taxes	Medium ●●○	—
	Combat tax evasion and smuggling of contraband tobacco	Medium ●●○	—

Note: Where applicable, a level of adoption of commercial tobacco policy actions was applied to electronic nicotine delivery systems (ENDS) with an accompanying analysis.

Provincial/Territorial & Local Adoption Of Evidence-Informed Tobacco Control Policies In Canada



Commercial Tobacco

Policy Issue: Monitor commercial tobacco use and prevention policies¹

Policy Action: Collect data on the magnitude, patterns, determinants and consequences of commercial tobacco use and exposure for adults and youth

Commercial Tobacco

Level of Adoption: High ●●●

Adoption of evidence-informed policy action related to collecting data on the magnitude, patterns, determinants and consequences of commercial tobacco use and exposure for adults and youth is high. While no province or territory explicitly requires the collection of data for these purposes via policy, provinces and territories regularly participate in federal and other tobacco use monitoring and surveillance activities, leading to the rich availability of this type of data.

Several population-level surveys provide data on the prevalence of tobacco use in the Canadian population. These surveys include the Canadian Community Health Survey (CCHS), Canadian Tobacco, Alcohol, and Drugs Survey (CTADS), and the Canadian Student Tobacco, Alcohol and Drug Survey (CSTADS). In addition, [Federal Tobacco Reporting Regulations](#) require that tobacco companies provide Health Canada with annual reports on the sales of tobacco products to wholesalers or retailers in provinces and territories, manufacturing information, tobacco product ingredients, toxic constituents and emissions, research activities and promotional activities.



Policy Issue: Protect people from commercial tobacco smoke^{1,2}

Policy Action: Implement policies to provide protection from exposure to commercial tobacco smoke in public places:

- indoor public places (workplaces, hospitals/health care facilities, long-term care facilities, correctional facilities, child-care facilities, educational institutions, public housing, and other places frequented by the public)
- outdoor public places (outdoor workplaces, parks and beaches, playgrounds and sports areas, within prescribed distances from indoor public places)
- public transportation

Commercial Tobacco

Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that provide protection from exposure to commercial tobacco smoke in public places across provinces and territories is high.

Indoor public places

All provinces and territories have legislation that prohibits smoking in indoor public places. However, measures vary across settings.

Indoor workplaces

All provinces and territories have legislation that prohibits smoking in indoor workplaces (including restaurants and bars) with some exceptions:

- [Newfoundland and Labrador](#) permits designated smoking rooms in workplaces that are considered remote worksites, underground mining operations, or marine installation structures, if the room is not one that is normally occupied by non-smokers.
- [Prince Edward Island](#) permits designated smoking areas outside of workplaces except for workplaces that are child care facilities, elementary or secondary schools, hospitals (except Hillsborough Hospital) and patios (except during

prescribed hours).

- [Northwest Territories](#) permits designated smoking rooms in parts of workplaces that meet specific requirements (e.g., must have proper ventilation, must be set aside exclusively as a smoking room etc.)
- [Nunavut](#) does not permit smoking in an within 3 metres of the entrance or exit of workplaces but exempts designated smoking shelters that are within 3 metres provided that the shelter is constructed in a manner in which smoke does not come into contact with persons entering or leaving the workplace.

Hospitals/health care facilities

All provinces and territories except Alberta have legislation that prohibits smoking in hospitals/health care facilities with some exceptions:

- [Newfoundland and Labrador](#), [Prince Edward Island](#), [Nova Scotia](#) and [Ontario](#) allow designated smoking rooms in psychiatric facilities and [Manitoba](#) allows designated smoking rooms in health facilities.
- [Manitoba](#) allows designated smoking rooms in group living facilities (e.g., group homes, addiction units of hospitals, palliative care units and hospices).
- [British Columbia](#) prohibits smoking on health authority properties, but health authorities can permit designated smoking rooms within hospitals if they choose to.

Smoking is prohibited in and on Alberta hospital property via the Alberta Health Services' [Tobacco and Smoke-Free Environments Policy](#).

Some provinces and territories also prohibit smoking on hospital grounds: [PEI](#), [NB](#), [ON](#) (only within 9m of entrances and exits), [BC](#) (allows for the designation of outdoor smoking areas if desired) & [NU](#).

Long-term care facilities

All provinces and territories have legislation that prohibits smoking in long-term care facilities and permit designated smoking rooms within.

Correctional facilities

All provinces and territories have prohibited smoking in and on the grounds of provincial /territorial correctional facilities.

In addition, Correctional Services Canada has prohibited smoking in and within the perimeter of all federal correctional facilities in all provinces and territories via the federal [Non-Smoker's Health Act](#). Smoking is only permitted outside the perimeter of a federal correctional facility.

Child care facilities

All provinces and territories, except New Brunswick, prohibit smoking in child care facilities within legislation. New Brunswick prohibits smoking in childcare centres within mandatory rules of operation, outlined in the [Operator Manual for Full-time and Part-time Early Learning and Childcare Centres](#), mandated under the [Early Childhood Services Act](#). Other policies prohibiting smoking exist at the administrative level.

Educational institutions

All provinces and territories except Northwest Territories prohibit smoking in schools and school grounds. [Nunavut](#), in particular, prohibits smoking within a 15 metre radius of a school.

Newfoundland and Labrador, Nova Scotia and Yukon prohibit smoking within post-secondary institutions. [Québec](#) requires that individual post-secondary education institutions adopt smoke-free policies.

Public housing

Some provincial and territorial public housing organizations have adopted smoke-free policies, including Prince Edward Island Seniors Housing , Saskatchewan Housing Corporation, and the Yukon Housing Corporation^{XLII, XLIII, XLIV}, with some exceptions:

- In Prince Edward Island, the policy establishes non-smoking buildings and sections of buildings and does not

require that all seniors housing in the province be made 100% smoke-free. The no-smoking policy does not apply when there is only one seniors housing building within a community. It also allows tenants who smoke that already reside in a unit designated as non-smoking when the policy comes into place, to continue smoking.

- Saskatchewan's policy applies to all Saskatchewan Housing Corporation properties across the province, and only permits smoking outdoors in designated areas.
- Yukon's policy applies to all Yukon Housing Corporation properties across the territory, and only permits smoking on private balconies, 5 metres away from entrances to multi-unit buildings, and at entrances that lead directly into single-unit detached homes.

Other places frequented by the public

All provinces and territories have legislation that prohibits smoking in other indoor places frequented by the public such as recreational facilities and community centres, multi-service centres (e.g., halls and arenas), places of worship, cinemas, arcades, amusement parks, retail areas, bingo halls etc. Some legislation specifically details each setting and others speak to public places more broadly. As such, it is unclear if each jurisdiction prohibits smoking in all indoor public settings. In addition, no province or territory has prohibited smoking in all hotel rooms.

Outdoor public places

All provinces and territories have legislation that prohibits or restricts smoking in outdoor public places. However, measures vary across settings.

Outdoor workplaces

Most provinces and territories ([NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [AB](#), [BC](#), [YK](#) and [NU](#)) prohibit smoking on patios with some exemptions:

[Prince Edward Island](#) allows for the designation of outdoor smoking areas in outdoor public places and in workplaces with some restrictions. In particular, if they are not within a prescribed distance from an entrance or outdoor air intake of a patio. Patios in existence prior to smoke-free legislation coming into force are exempted from some of these restrictions. In addition, [Prince Edward Island](#) allows patios to be designated as smoking areas only between the hours of 10:00pm and 3:00am.

- [British Columbia](#) exempts some patios from prohibitions if they are not fully closed.
- [New Brunswick](#), [Ontario](#), [British Columbia](#) and [Yukon](#) also prohibit smoking within prescribed distances of patios (3m, 9m, 6m and 5m, respectively).

[Northwest Territories](#) prohibits smoking in workplaces (any part of a building) and public places, whether covered by a roof or not which may include patios.

[Prince Edward Island](#) also prohibits smoking on construction sites. It is unclear if other outdoor workplaces are protected by smoke-free spaces legislation in other provinces and territories.

Parks and beaches

[Nova Scotia](#), [New Brunswick](#), [Manitoba](#) and [British Columbia](#) prohibit smoking in provincial parks and beaches.

- [British Columbia](#) also provides exemptions on use in designated areas or when authorized by a park officer.
- [Québec](#) prohibits smoking in and within 9m of vacation camps.
- [New Brunswick](#) also prohibits smoking on and within 9m of a trail and provides exemptions for occupied camp sites and areas separated by a road.

Playgrounds and sports areas

[Nova Scotia](#), [New Brunswick](#) and [Ontario](#) prohibit smoking in and within 20m of children's playgrounds and sports areas in public places.

[Québec](#) and [Nunavut](#) also prohibit smoking in and within 9m of outdoor playgrounds and sports fields.

Prescribed distances from indoor places

All provinces and territories except [Newfoundland and Labrador](#) and [Manitoba](#) have adopted legislation that prohibits smoking within prescribed distances from entrances and exits (sometimes windows and air intakes) of buildings, offering further protection from environmental tobacco smoke. Distances vary across jurisdictions.

Public transportation

All provinces and territories have legislation that prohibits smoking in vehicles that transport the public and their shelters/waiting areas, including taxis.

*[NL](#), [PEI](#), [NS](#), [NB](#), [QC](#) and [NU](#) also include waterpipe use in smoke-free public spaces legislation.

*NOTE: Most provinces and territories ([NS](#), [NB](#), [QC](#), [ON](#), [MB](#), [SK](#), [AB](#), [BC](#), [YK](#), [NT](#)) indicate within legislation that traditional use of tobacco by Indigenous populations is not restricted. In addition, [Ontario](#) requires that the operator of a hospital, psychiatric facility, long-term care home, special care home and a place that belongs to a special class, provide a indoor area, separate from an area where smoking is permitted, for traditional use of tobacco, by request.

For additional information on policies that protect people from exposure to tobacco smoke in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#) and the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).

Local Policy Actions

Several municipalities included within the Directory have adopted policies that extend prohibitions on smoking in indoor and outdoor public places beyond their respective provincial/territorial legislation:

- [The City of Summerside](#) requires that all [City functions](#), indoors or outdoors, be 100% tobacco-free.
- [Toronto](#) and [Saskatoon](#) prohibit smoking in public squares.
- [Charlottetown](#), [Halifax](#), [Ottawa](#), [Hamilton](#), [Mississauga](#), [Vancouver](#), [Victoria](#), and [Surrey](#) prohibit smoking in municipal [parks](#).
- [Hamilton](#), [Mississauga](#), [Charlottetown](#) and [Vancouver](#) prohibit smoking on [beaches](#).
- [St. John's](#) (city-owned), [Conception Bay South](#), [Charlottetown](#), [Summerside](#), [Hamilton](#) (city-owned), [London](#), [Ottawa](#) (city-owned), [Regina](#) (city-owned), [Saskatoon](#) (city-owned), and [Calgary](#) prohibit smoking on [playgrounds](#).
- [St. John's](#) (city-owned), [Conception Bay South](#), [Summerside](#), [Hamilton](#) (city-owned), [London](#), [Ottawa](#) (city-owned), [Regina](#) (city-owned), [Saskatoon](#) (city-owned), and [Calgary](#) prohibit smoking in [sports and recreation areas](#).
- [Conception Bay South](#), [Toronto](#), [London](#), [Winnipeg](#), [Regina](#), [Saskatoon](#), [Calgary](#), [Victoria](#), [Surrey](#) and [Whitehorse](#) have passed policies that prohibit [smoking within prescribed distances](#) from entrances and exits (sometimes windows and air intakes) of buildings and other public spaces (outdoor recreation areas, public transit vehicles and shelters etc.) that extend beyond distances outlined within provincial/territorial legislation. Distances and settings vary by municipality.
- St. John's, Region of Peel, Ottawa, Edmonton and Metro Vancouver ^{XLV, XLVI, XLVII, XLVIII, XLIX} have implemented smoke-free [public housing](#) policies for families and/or seniors. The [City of Toronto](#) also restricts smoking within a prescribed distance from multi-unit dwellings (9m) and there have been reports of Toronto Community Housing planning to go smoke-free.¹
- Iqaluit's [Public Cannabis Consumption, Tobacco Use and Vaping Bylaw](#) prohibits smoking in or within 9 metres of

a playground, skate park, sports field, parade, concert or other place of public assembly at all times.

*NOTE: [Region of Queens Municipality](#), [London](#), [Winnipeg](#), [Regina](#), [Saskatoon](#), [Edmonton](#) and [Victoria](#) indicate within smoke-free places policies that traditional use of tobacco by

Indigenous populations is not restricted.

For additional policies that protect people from exposure to tobacco smoke in public places beyond the 31 municipalities in the Directory, visit the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).



Policy Action: Implement policies to provide protection from exposure to commercial tobacco smoke in private places:

- private vehicles
- private multi-unit dwellings/homes

Commercial Tobacco

Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that provide protection from exposure to commercial tobacco smoke in private places across provinces and territories is medium. Most provinces and territories have restricted smoking in private vehicles and homes, but measures vary, and comprehensive bans have not been implemented.

Private vehicles

All provinces and territories (except Nunavut) have legislation that prohibits smoking in vehicles while youth are present. Youth age restrictions vary across jurisdictions:

- Age 16: [NL](#), [NB](#), [QC](#), [ON](#), [MB](#), [SK](#), [BC](#)
- Age 18: [AB](#), [YK](#)
- Age 19: [PEI](#), [NS](#)
- Unknown: NT

Private multi-unit dwellings/homes

No province or territory has legislation addressing smoking in private homes. However, all provinces and territories (except Prince Edward Island and Northwest Territories) have legislation that prohibits smoking in the common areas of multi-unit dwellings. No province or territory has adopted a full smoking ban in multi-unit dwellings.

*[NL](#), [PEI](#), [NS](#), [NB](#), [QC](#) and [NU](#) include waterpipe use in smoke-free private spaces legislation.

For additional information on policies that protect people from exposure to tobacco smoke in Canada's provinces and territories, please visit refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

A few municipalities in the Directory have adopted policies that extend prohibitions on smoking in private places beyond their respective provincial/territorial legislation:

- None of the 31 municipalities in the Directory have restricted smoking in private multi-unit dwellings/homes beyond provincial/territorial legislation to adopt a full smoking ban. However, many private apartment and condominium management companies across the country have prohibited smoking in their buildings.
- The Cities of [Regina](#), [Toronto](#) and [Iqaluit](#) restrict smoking within a prescribed distance from multi-unit dwellings (10m, 9m and 9m, respectively).
- The [City of Surrey](#) extends the age restriction on prohibitions on smoking in private vehicles while youth are present within provincial legislation from 16 to 19

For additional policies that protect people from exposure to tobacco smoke in private places beyond the 31 municipalities in the Directory, visit the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).



Policy Issue: Offer help to quit commercial tobacco use^{1,2}

Policy Action: Smoking cessation advice incorporated into primary and routine healthcare services

Commercial Tobacco:

Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that provide incorporate smoking cessation advice into primary and routine care services is high. While very few provinces ([Prince Edward Island](#), [Ontario](#) and [British Columbia](#)) and no territories have legislation that concern the provision of smoking cessation programs within the province, each province and territory are responsible for the funding and provision of provincial and territorial health

care systems and programs, which often includes smoking cessation support.

The Canadian Partnership Against Cancer's smoking cessation program scans provide an overview of available evidence-based smoking cessation services by province and territory in [clinical settings](#), as well as programs developed by, with and for [First Nations, Inuit and Métis populations](#), and people living with [mental illness\(es\) and/or addiction\(s\)](#).

For additional information on policies that address smoking cessation in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).



Policy Action: Offer easily accessible and free quitlines

Commercial Tobacco:

Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that offer easily accessible and free quitlines is high. While no province or territory has legislation that mandates the provision of quitlines, every province and territory, as well as the federal government, offers free quit services (quitline, digital services, etc.) for smoking cessation.

The Canadian Partnership Against Cancer's smoking cessation program scans provide an overview of available [quitline services by province and territory](#), as well as services developed by, with and for [First Nations, Inuit and Métis populations](#), and people living with [mental illness\(es\) and/or addiction\(s\)](#).

For additional information on policies that address smoking cessation in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).



Policy Action: Provide access to free or low-cost smoking cessation medicines

Commercial Tobacco:

Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that provide access to free or low-cost smoking cessation medicines across provinces and territories is medium.

Some provinces enable access to smoking cessation medicines (e.g., nicotine replacement therapies (NRT) and medications) within legislation. For example, [Newfoundland and Labrador](#), [Prince Edward Island](#), [Québec](#) and [Manitoba](#) have legislation that allows pharmacists to prescribe smoking cessation medication. [Québec](#) allows nurses to prescribe smoking cessation medication. [British Columbia](#) has legislation

concerning eligibility criteria for coverage of smoking cessation aids under a provincial drug plan.

All provinces and territories offer some coverage of smoking cessation aids via coverage programs, but the type and length of support, and eligibility criteria varies greatly across jurisdictions. No province or territory has legislation or programs in place that provide comprehensive access to smoking cessation aids at no cost. For details on coverage of smoking cessation aids in Canada by province and territory, consult the Canadian Partnership Against Cancer’s [clinical smoking cessation program scan](#) or [Cessation Aids Coverage in Canada Infographic](#).

For additional information on policies that address smoking cessation in Canada’s provinces and territories, please refer to the Canadian Cancer Society’s [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).



Policy Issue: Enforce bans on commercial tobacco advertising, promotion and sponsorship¹

Policy Action: Enforce and expand comprehensive ban on commercial tobacco advertising and promotion

- Direct and indirect advertising and promotion (e.g., print, broadcast, billboards, outdoor advertising, digital, branded merchandise, product placement, etc.)
- Retail sales, point-of-sale promotions and display bans
- Smoking in television and movies

Commercial Tobacco:

Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that enforce and expand bans

on commercial tobacco advertising and promotion at the provincial/territorial level is Medium.

Direct and indirect advertising

Under the federal [Tobacco and Vaping Products Act](#) most forms of advertising of tobacco products have been banned across Canada. Advertising restrictions and permissions under this Act are detailed below:

- Advertisements with false and misleading claims about the characteristics, health effects or health hazards of tobacco products and their emissions are prohibited.
- Advertisements that depict tobacco products, packages or brand elements (including slogans) are prohibited, except if the advertisement is within a publication that is addressed and sent to an adult who is identified by name (e.g., direct mail) and on signs in places where young persons are not permitted (e.g., bars, gambling establishments etc.). Exempted forms of advertisement must not appeal to young persons or have a lifestyle promotion element.
- Advertisements that include testimonials or endorsements, (which includes text that refers to real or fictional persons, characters or animals) are prohibited.
- There are no exemptions under the Act for outdoor advertising and domestic broadcast and print media.
- Radio and television broadcasts and imported publications originating from outside of Canada are exempted.
- Promotion of materials that contain a tobacco related brand element in a manner that is contrary to the Act is prohibited.

Several provinces and territories have adopted additional restrictions for direct and indirect advertising of tobacco products that go beyond the federal [Tobacco and Vaping Products Act](#):

- All provinces and one territory ([Yukon](#)) prohibit the placement and visibility of tobacco product advertisements on the interior and/or exterior of retail establishments (beyond retail display) with some exceptions:
 - [NL](#), [PE](#), [NS](#), [NB](#) allow magazines that advertise tobacco products in retail establishments if the advertisement is not visible to a consumer unless they are reading the publication.
 - [NL](#), [PE](#), [NS](#), [NB](#), [ON](#), [MB](#) exempt tobacconists shops from interior and exterior advertising restrictions (in some cases only when minors are not permitted access).
- [PE](#), [MB](#) and [SK](#) specifically prohibit outdoor advertising on billboards, signs, benches etc.
- Québec’s [Tobacco Control Act](#) contains provisions on direct and indirect advertising content that exceeds the detail included within the federal [Tobacco and Vaping Products Act](#). Québec’s [Act](#) prohibits advertisements that contain anything that occupies more than 10% of the surface area of the advertising material (except text), and

is disseminated in anything other than printed newspapers and magazines that have an adult readership 85% or more.

- British Columbia’s [Tobacco Control Regulation](#) also contains additional content and medium restrictions that prohibit advertising via sign, video, clothing or other tangible object that displays brand elements or logos.
- Ontario’s [Smoke-Free Places Act](#) also prohibits the promotion and sale of tobacco at any place of entertainment, which could include bars.

Point of sale promotions and product display bans

Under the federal [Tobacco and Vaping Products Act](#) retail displays that permit customers to handle tobacco products prior to purchase are prohibited (except in duty-free stores). Signs that indicate the availability of tobacco products and their price are permitted at point of sale.

Every province and territory has legislation that prohibits point-of sale displays of tobacco products with some exceptions:

- [Newfoundland and Labrador](#), [Prince Edward Island](#), [Quebec](#), [Ontario](#), and [Alberta](#) prohibit displays of products that permit customers to view products prior to purchase and [Manitoba](#) and [Saskatchewan](#) prohibit displays of products in places where youth are permitted access. These restrictions would include “power walls” that display tobacco product packaging and brands on a large wall behind cashiers in retail settings.
- [Northwest Territories](#), [Nunavut](#), and [Yukon](#) prohibit displays of products that permit customers to handle products prior to purchase.
- Only [Yukon](#) and [Nunavut](#) do not indicate exemptions for tobacconists’ shops within legislation.

Places where the sale of tobacco is prohibited

Various provinces and territories also prohibit the sale of tobacco in:

- Health facilities (including hospitals): [NL](#), [PEI](#), [NS](#), [QC](#), [ON](#), [MB](#), [SK](#), [AB](#), [BC](#), [NU](#)
- Pharmacies: All provinces and territories except BC
- Elementary and secondary education facilities: [NL](#), [PEI](#), [NS](#), [QC](#), [SK](#)
- Post-secondary education institutions: [NL](#), [PEI](#), [NS](#), [QC](#), [ON](#), [AB](#), [BC](#)
- Child care facilities: [NL](#), [QC](#), (and on grounds), [ON](#), [NU](#)
- Long-term care facilities: [NL](#), [PEI](#), [NS](#), [QC](#), [ON](#), [SK](#), [AB](#), [NU](#)
- Government buildings: [NL](#), [PEI](#), [NS](#), [ON](#), [SK](#), [BC](#)

- Recreation facilities: [NL](#), [PEI](#), [NS](#), [QC](#), [BC](#), [NT](#)
- Entertainment venues (e.g., cinemas, theatres, amusement parks, arcades etc.): [NL](#), [PEI](#), [NS](#), [QC](#), [SK](#)
- Licensed establishments (e.g., restaurants or bars): [NS](#), [QC](#), [NL](#), [PEI](#), [NS](#), [NB](#), [QC](#), [ON](#), [AB](#) and no territories have implemented flavoured tobacco sales bans (with some exemptions) that include menthol. Sales of menthol tobacco products are also banned at the federal level.

Smoking in television and movies

No federal or provincial/territorial legislation prohibits smoking in television and movies.

For additional information on policies that address advertising, promotion and sponsorship of tobacco products in Canada’s provinces and territories, please refer to the Canadian Cancer Society’s [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

Some municipalities within the Directory have adopted policies that extend prohibitions on direct and indirect advertising, promotion and sale beyond their respective provincial territorial legislation:

- The City of Brampton’s [Advertising on City Property Policy](#) does not permit tobacco advertising at events geared towards youth on city owned property.
- The City of Saskatoon’s [Transit Advertising Policy](#) prohibits tobacco advertising on transit property and in city-owned recreation facilities. The Toronto Transit Commission (TTC) also prohibits tobacco-related advertisements on transit property¹¹.
- The City of Whitehorse’s [Purchasing and Sales Policy and Indoor Facility Sponsorship Policy](#) indicate that the city will not accept advertising or sponsorship from companies whose main business is the sale of tobacco. In addition, the City of Whitehorse’s [Use of City Parks and Paved Trails Policy](#) indicates that the city will not permit advertisements that promote tobacco products, companies or brands, including sponsorship or promotion of cultural or sporting events in City parks or paved trail corridors.
- The City of Summerside’s [Tobacco Free Indoor/Outdoor Recreation Facilities Policy](#) prohibits the sale of tobacco products at facilities and events under the control of the City.

No municipality in the Directory has passed a policy that further restricts point-of sale displays of tobacco products.



Policy Action: Prohibit the sales of commercial tobacco products to minors^a

- Indicate prohibitions on sales to minors at point of sale
- Prohibit access to commercial tobacco products in vending machines

Commercial Tobacco:

Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that prohibit the sale of commercial tobacco products to minors is high. The federal [Tobacco Access Regulations](#) prohibit the sale of tobacco to anyone under the age of 18. [NL](#), [PE](#), [NS](#), [NB](#), [ON](#), [BC](#) and [NU](#) have gone beyond federal restrictions within legislation and increased the age of sale to 19.

The [Federal Tobacco and Vaping Products Act](#) also prohibits the sale of tobacco products in vending machines, except in bars or in “a place to which the public does not have access.” [NL](#), [PE](#), [NS](#), [NB](#), [ON](#), [MB](#), [SK](#), [NT](#), and [NU](#) prohibit the sale of tobacco products in vending machines with some exemptions:

- [NS](#), [NL](#), [ON](#), [SK](#) and [NT](#) permit the sale of tobacco in vending machines in places not accessible by the public.
- [NB](#)’s prohibitions only apply to retail stores.
- [SK](#), permits vending machines in public places if persons under age 18 are not permitted to enter, the vending machine is at least 5m from the innermost entrance, and

the vending machine is located where the proprietor or employee can monitor its use.

- [NL](#), permits the sale of tobacco in vending machines in premises licensed under the [Liquor Control Act](#) that prohibit persons under 19 from entering.

For additional information on policies that prohibit the sale of tobacco products to minors in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

None of the 31 municipalities in the Directory have passed a policy that has increased the minimum age at which individuals are able to purchase tobacco or implemented a full ban on the sale of tobacco products.



Policy Action: Enforce and expand comprehensive ban on commercial tobacco sponsorship

- Banning sponsorship of sports, music and cultural events
- Endorsement by celebrities

Commercial Tobacco:

Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that enforce and expand a comprehensive ban on commercial tobacco sponsorship at the provincial/territorial level is High.

The federal [Tobacco and Vaping Products Act](#) prohibits sponsorship of tobacco products by way of advertisements and promotions that create associations between brand elements or the name of a person, entity event, activity or facility. This would include celebrity endorsements.

Therefore, this Act restricts publicized contributions of tobacco companies, but does not appear to restrict non-publicized contributions. Tobacco companies can sponsor sporting, music and cultural events, so long as they do not display brand names, logos or other recognizable promotional material.

Other policy tools to address youth access to tobacco

Tobacco retail license fees are also an effective policy tool for provincial/territorial and local governments to reduce commercial tobacco use^{LII, LIII}. Retailer license fees can limit the access and availability of tobacco via reducing tobacco retailer density and the total number of tobacco retailers in a given area^{LII, LIII}. This can have positive impact on youth tobacco use and smoking cessation efforts^{LII, LIII}.

All provinces except Saskatchewan and Alberta require a tobacco retailer license. Only [Nova Scotia](#) and [New Brunswick](#) require a fee to obtain the license. In addition, several municipalities in Ontario and Alberta require licensing fees.

A detailed list of provincial, territorial and local tobacco retailer license fees can be found in the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada on page 105](#).

Québec's [Tobacco Control Act](#) contains a complete ban on direct and indirect sponsorship of tobacco products. No other province or territory has legislation with additional sponsorship provisions directly.

For additional information on policies that address commercial tobacco sponsorship in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

The City of Whitehorse is the only municipality in the Directory that has adopted policies addressing tobacco sponsorship beyond prohibitions outlined within territorial legislation via its [Purchasing and Sales Policy](#), [Indoor Facility Sponsorship Policy](#) and [Use of City Parks and Paved Trails Policy](#).

No municipality has adopted an outright ban on celebrity endorsement, but the City of Summerside's [Tobacco Free Indoor/Outdoor Recreation Facilities Policy](#) indicates that

all junior sport managed by the City must be conducted in a tobacco-free environment, which includes enlisting well-known elite athletes as tobacco-free role models.



Policy Issue: Raise taxes on commercial tobacco^{1,2}

Policy Action: Increase taxation of commercial tobacco products

- Raise excise taxes periodically to raise prices of commercial tobacco products
- Increase taxes on most commonly consumed and lowest-cost products to prevent product substitution
- Earmark tobacco tax revenues for commercial tobacco control and other public health and social programs

Commercial Tobacco:

Level of Adoption: Medium ● ● ○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that increase taxation of commercial tobacco products is medium. Tobacco products purchased in Canada are subject to taxation at the federal level and across provinces/territories. Yet the way tobacco products are taxed varies across jurisdictions:

- All provinces and territories impose taxes on all tobacco products. Tobacco bearing the federal “black stock” stamp indicating that Federal duty has been paid, may be sold as tax exempt in provinces and territories.
- Tax rates range from the lowest in [Québec](#) and [Ontario](#) to the highest in [Manitoba](#) and [Nova Scotia](#).
- All provinces and territories tax roll-your own cigarettes less than cigarettes.
- All provinces except British Columbia and Québec apply provincial sales tax to tobacco products. Alberta, Yukon, Northwest Territories and Nunavut do not have provincial/territorial sales taxes.
- No provinces or territories indicate that tobacco taxes are applied to products sold in duty free stores.

However, Federal tobacco taxes are applicable to all products in duty free stores.

- All provinces provide exemptions for tobacco products purchased on reserves by indigenous peoples.
- All provinces and territories have increased tobacco taxes over time. [Yukon](#) increases tobacco taxes annually, adjusted to the consumer price index. The federal government also indexes tobacco tax rates to inflation.

No province or territory earmarks tobacco tax revenues for commercial tobacco control and other public health and social programs.

Federal and provincial/territorial trends of tobacco tax rates can be found in the Propel Centre for Population Health Impact report on [Tobacco Use in Canada: Patterns and Trends, 2019 Edition \(Supplement: Tobacco Control Policies in Canada\)](#).

For additional information on policies that increase taxation of commercial tobacco products in Canada’s provinces and territories, please refer to the Canadian Cancer Society’s [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).



Policy Action: Implement measures to combat tax evasion and smuggling of contraband tobacco

- Require tax stamps on every package for retail sale
- Apply taxes to imported commercial tobacco products
- Implement effective government tracking system

Commercial Tobacco:

Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of measures to combat tax evasion and smuggling of contraband tobacco is medium.

Under the federal [Excise Act](#), the sale, transport and delivery of tobacco products that are not stamped is illegal. This includes products manufactured in Canada and those that are imported.

Personal exemption limits apply to travelers returning from destinations outside of Canada where small amounts of stamped tobacco can be imported duty free.

The Federal government and all provinces require stamps or markings that indicate that tax has or has not been paid on tobacco products. These stamps/markings contain unique identifiers and overt/covert markings which could assist in tracking and tracing of products, but no effective tracking and tracing system is currently in place^{UV}.

All provinces and territories have compliance and enforcement measures for the sale of contraband tobacco products, including imprisonment, fines, and seizure of products. However, the level of measures in place vary by jurisdiction.

For additional information on policies that implement measures to combat tax evasion and smuggling of contraband tobacco in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

***Note:** [Prevention Policies Directory](#) captures information for 31 Canadian municipalities (18 largest municipalities in Canada, and at least 1-2 largest municipalities in all other provinces/territories).

Levels of adoption:

Low = very few jurisdictions have adopted evidence-informed policy action;

Medium = some, but not all jurisdictions have adopted evidence-informed policy action;

High = most jurisdictions have adopted evidence-informed policy action.

1 World Health Organization (2015). MPOWER in action: Defeating the global tobacco epidemic.

Retrieved from: http://www.who.int/tobacco/mpower/publications/mpower_2013.pdf?ua=1.

2 Cancer Care Ontario (2016). Prevention System Quality Index.

Retrieved from: <https://www.cancercareontario.ca/en/statistical-reports/prevention-system-quality-index.html>

a WHO Framework Convention on Tobacco Control: Article 16 – Sales to and by minors.

Retrieved from: http://www.who.int/tobacco/control/measures_art_16/en/.



Electronic Nicotine Delivery Systems (ENDS):



Policy Issue: Monitor commercial tobacco use and prevention policies¹

Policy Action: Collect data on the magnitude, patterns, determinants and consequences of commercial tobacco use and exposure for adults and youth

ENDS: Level of Adoption: High ●●●

Adoption of policy action related to collecting data on the magnitude, patterns, determinants and consequences of ENDS use and exposure for adults and youth is high and addressed and measured in a similar manner as other conventional commercial tobacco products.

In addition, the Federal [Tobacco and Vaping Products Act](#) states that manufactures of vaping products must submit to the Minister, information required by regulations about vaping products, as well any information of research and development and their emissions. The [Federal Tobacco Reporting Regulations](#) do not explicitly extend reporting requirements for tobacco products to vaping products.



Policy Issue: Protect people from commercial tobacco smoke^{1,2}

Policy Action: Implement policies to provide protection from exposure to commercial tobacco smoke in public places:

- indoor public places(workplaces, hospitals/health care facilities, long-term care facilities, correctional facilities, child-care facilities, educational institutions, public housing, and other places frequented by the public)
- outdoor public places (outdoor workplaces, parks and beaches, playgrounds and sports areas, within prescribed distances from indoor public places)
- public transportation

ENDS: Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of policy action related to the implementation of policies that restrict ENDS use in public places across provinces and territories is medium.

In May 2015, [Nova Scotia](#) became the first province in Canada to regulate the use of ENDS. Since then, all provinces, except Saskatchewan and Alberta have enacted legislation addressing ENDS. No territories have passed legislation addressing ENDS.

Of those provinces that have adopted legislation, all prohibit the use of ENDS in places where cigarette smoking is banned. However, [British Columbia](#) provides an exemption on the use of vapor products that are prescribed for medical purposes.

Indoor public places

Indoor workplaces

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in indoor workplaces (including restaurants and bars) with some exceptions:

- [Newfoundland and Labrador](#) permits designated smoking rooms in workplaces that are considered remote worksites, underground mining operations, or marine installation structures, if the room is not one that is normally occupied by non-smokers, this includes the use of ENDS.
- [Prince Edward Island](#) permits designated smoking areas outside of workplaces except for workplaces that are child care facilities, elementary or secondary schools, hospitals (except Hillsborough Hospital) and patios (except during prescribed hours), this includes the use of ENDS.

Hospitals/health care facilities

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in hospitals/health care facilities with some exceptions:

- [Newfoundland and Labrador](#), [Prince Edward Island](#), [Nova Scotia](#) and [Ontario](#) allow designated smoking rooms in psychiatric facilities and [Manitoba](#) allows designated smoking rooms in health facilities.
- [Manitoba](#) allows designated smoking rooms in group living facilities (e.g., group homes, addictions units of hospitals, palliative care units and hospices).
- [British Columbia](#) prohibits smoking on health authority properties, but health authorities can permit designated smoking rooms within hospitals if they choose to.

Long-term care facilities

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), and [BC](#) include the use of ENDS in legislation prohibiting smoking in long-term care facilities and permit designated rooms for their use.

Correctional facilities

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in and on the grounds of correctional facilities. In addition, Correctional Services Canada includes ENDS use in their prohibition on smoking in and within the perimeter of all federal correctional facilities in all provinces and territories via the federal [Non-Smoker's Health Act](#). Smoking is only permitted outside the perimeter of a federal correctional facility.

Child care facilities

[NL](#), [PE](#), [NS](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in child care facilities. New Brunswick prohibits smoking in childcare centres within mandatory rules of operation, outlined in the [Operator Manual for Full-time and Part-time Early Learning and Childcare Centres](#), mandated under the [Early Childhood Services Act](#). This includes the use of ENDS.

Educational institutions

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in schools and on school grounds (including post-secondary institutions in [NL](#) and [NS](#)).

Public housing

Some provincial and territorial public housing organizations have adopted smoke-free policies that include the use of ENDS, including Prince Edward Island Seniors Housing, Saskatchewan Housing Corporation, and the Yukon Housing Corporation^{xlii xliii xliiv}.

Other places frequented by the public

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking in other indoor places frequented by the public such as recreational facilities and community centres, multi-service centres (e.g., halls and arenas), places of worship, cinemas, arcades, amusement parks, retail areas, bingo halls etc. Some legislation specifically details each setting and others speak to public places more broadly. As such, it is unclear if each jurisdiction prohibits ENDS use in all indoor public settings.

- No province or territory has prohibited smoking in all hotel rooms.
- [Ontario](#), [Manitoba](#) and [British Columbia](#) provide exemptions on the use of ENDS in specialty shops where vaping products are sold.

Outdoor public places

Outdoor workplaces

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation prohibiting smoking on patios with some exemptions:

- [Prince Edward Island](#) allows for the designation of outdoor smoking areas in outdoor public places in workplaces with some restrictions. In particular, if they are not within a prescribed distance from an entrance or outdoor air intake of a patio. Patios in existence prior to smoke-free legislation coming into force are exempted from some of these restrictions. In addition, [Prince Edward Island](#) allows patios to be designated as smoking areas only between the hours of 10:00pm and 3:00am.
- [British Columbia](#) exempts some patios from prohibitions if they are not fully closed.
- [New Brunswick](#), [Ontario](#) and [British Columbia](#) prohibit smoking within prescribed distances of patios (3m, 9m and 6m respectively).
- [Prince Edward Island](#) also prohibits smoking, including the use of ENDS on construction sites. It is unclear if other outdoor workplaces prohibit the use of ENDS in smoke-free spaces legislation in other provinces and territories.

Parks and beaches

[NS](#), [NB](#) and [BC](#) include the use of ENDS in legislation that prohibits smoking in provincial parks and beaches. Manitoba's legislation does not specify ENDS as prohibited.

- [British Columbia](#) provides exemptions on use in designated areas or when authorized by a park officer.
- [New Brunswick](#) also prohibits smoking, including the use of ENDS, on and within 9m of a trail and provides exemptions for occupied camp sites and areas separated by a road.
- [Québec](#) prohibits smoking and ENDS use in and within 9m of vacation camps.

Playgrounds and sports areas

[Nova Scotia](#), [New Brunswick](#) and [Ontario](#) include the use of ENDS in legislation prohibiting smoking in and within 20m of children's playgrounds and sports areas in public places.

[Québec](#) also prohibits smoking, including the use of ENDS in and within 9m of outdoor playgrounds and sports fields.

Prescribed distances from indoor places

[PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation that prohibits smoking within prescribed distances from entrances and exits (sometimes windows and air intakes) of buildings. Distances vary across jurisdictions.

Public transportation

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation that prohibits smoking in vehicles that transport the public and their shelters/waiting areas, including taxis.

For additional policies that address ENDS use in public places in provinces and territories across Canada, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#) and the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).

Local Policy Actions

Prior to the adoption of provincial/territorial legislation addressing ENDS use, several municipalities across Canada adopted or amended existing smoke-free spaces policies to include the use of ENDS in smoking prohibitions. Many of these municipalities, that are included within the Directory, have adopted policies that extend prohibitions on ENDS use in indoor and outdoor public places beyond their respective provincial/territorial legislation:

- [Halifax](#), [Ottawa](#), [Vancouver](#) and [Surrey](#) prohibit ENDS use in municipal [parks](#).
- [Vancouver](#) prohibits ENDS use on [beaches](#).
- [St. John's](#) and [Ottawa](#) prohibit smoking on city-owned [playgrounds and sports and recreation areas](#).
- [Winnipeg](#) and [Surrey](#) have passed policies that prohibit [smoking within prescribed distances](#) from entrances and exits (sometimes windows and air intakes) of buildings and other public spaces (outdoor recreation areas, public transit vehicles and shelters etc.) that extend beyond distances outlined within provincial/territorial legislation. Distances and settings vary by municipality.
- Smoke-free public housing policies in [St. John's](#), [Region of Peel](#), [Ottawa](#), [Edmonton](#) and [Metro Vancouver](#)^{XLV XLVI XLVII XLVIII XLIX} do not include the use of ENDS.

In addition, Saskatchewan, Alberta, Yukon, Northwest Territories, and Nunavut do not have legislation in place addressing ENDS and some municipalities in these jurisdictions, that are included in the Directory, have adopted policies to address ENDS use in public places:

- Regina's [Smoking Bylaw](#) prohibits ENDS use in and within 10 metres of any doorway, window or air intake of an enclosed public place, including outdoor bus shelters, public buildings/facilities (including those rented out for private events), vehicles that are used for public transportation and for hire (only during the time it is used for hire, including

break periods), private clubs, and common areas of multi-unit dwellings. It also prohibits ENDS use in outdoor public seating areas, outdoor public places (does not include sidewalks). The bylaw notes exemptions on ENDS use for the purposes of traditional, spiritual or cultural practices, with the consent of the owner of the place in which ENDS use is taking place.

- Saskatoon's [Smoking Control Bylaw](#) prohibits ENDS use in public places, including outdoor bus shelters, public buildings/facilities, any part of a public building or facility, that is rented out for private events, vehicles that are used for public transportation and for hire (only during the time it is used for hire, including break periods), private clubs, common areas of multi-unit dwellings, billiard halls, bingo establishments, bowling alleys, casinos, licensed premises, outdoor public places operated by the City (including parks, swimming pools, playgrounds, outdoor sports fields, public squares or recreation areas and does not include streets or sidewalks), outdoor seating areas (including patios), private clubs, restaurants, sidewalk cafes. It also prohibits ENDS use in and within 3 metres of doorway, window, air intake of a school or independent school and on the grounds of a school or independent school. Exceptions are listed for designated smoking rooms in special-care homes and personal care homes that accommodate more than 10 individuals and in home-child care facilities during off business hours when no children are present.
- Calgary's [Smoking and Vaping Bylaw](#) prohibits ENDS use in places where smoking is prohibited: in public places, workplaces and public vehicles, in or within 5m of an entrance or exit of a public premise, outdoor pool, skating rink, playground, skateboard park, sports field, public transit property, and Olympic Plaza.
- Edmonton's [Public Places Bylaw](#) prohibits ENDS use in enclosed buildings, on a patio, inside a public vehicle, on or within school property, child care facility property, City-owned golf courses, cemeteries, ski hills, transit vehicles, stations and shelters, parkland, within Sir Winston Churchill Square, Fort Edmonton Park, John Janzen Nature Centre, Edmonton Valley Zoo, Mutart Conservatory, or William Hawrelak Park, and within 10 metres of a bus stop or doorway, window or air intake of a building or patio. Outdoor smoking areas are permitted.
- Saskatoon's City Council [No Smoking Policy](#) also prohibits ENDS use in and within 9 metres of City-buildings, outdoor pools, outdoor sports facilities, and at the main entry area of the Shaw Centre.
- Iqaluit's [Public Cannabis Consumption, Tobacco Use and](#)

[Vaping Bylaw](#) prohibits ENDS use in or within 9 metres of an entrance or exit of a workplace, common area of a multi-unit dwelling, public place, hospital (and on its grounds), child care facility, playground, skate park, sports field, parade, concert or other place of public assembly at all times. It also prohibits ENDS use in public vehicles at all times, and in or within 15 metres of an entrance or exit of a school (and on its grounds). The bylaw permits smoking rooms in hotels, motels and long-term care facilities and lists exemptions for private workplaces that are in private homes where the public is not admitted.

- [Regina](#), [Saskatoon](#), [Calgary](#), and [Iqaluit](#) note exemptions on the use of ENDS in stores where they are sold.

For additional policies that address ENDS use in public places beyond the 31 municipalities in the Directory in provinces and territories across Canada, please refer to the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).



Policy Action: Implement policies to provide protection from exposure to commercial tobacco smoke in private places:

- private vehicles
- private multi-unit dwellings/homes

ENDS: Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of policy action related to the implementation of policies that restrict ENDS use in private places across provinces and territories is medium.

Private vehicles

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include the use of ENDS in legislation that prohibits smoking in vehicles while youth are present. Youth age restrictions vary across jurisdictions.

Private multi-unit dwellings/homes

No province or territory has legislation addressing smoking tobacco or ENDS use in private homes. In addition, province or territory has adopted a full smoking ban, that includes ENDS use in multi-unit dwellings.

For additional policies that address ENDS use in private places in provinces and territories across Canada, please refer to the Canadian Cancer Society's [Overview Summary of Federal/](#)

[Provincial/Territorial Tobacco Control Legislation in Canada](#) and the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).

Local Policy Actions

A couple of municipalities in the Directory have adopted policies that address ENDS use in private places beyond their respective provincial legislation:

- Saskatoon's [Smoking Control Bylaw](#) extends prohibitions on smoking in private vehicles while youth are present (age 16) to include the use of ENDS.
- The [City of Surrey](#) extends the age restriction on prohibitions on smoking, which includes the use of ENDS, in private vehicles while youth are present within provincial legislation from 16 to 19

For additional policies that address ENDS use in private places beyond the 31 municipalities in the Directory in provinces and territories across Canada, please refer to the [Non-Smoker's Rights Association \(NSRA\) Smoke-Free Laws Database](#).



Policy Issue: Enforce bans on commercial tobacco advertising, promotion and sponsorship¹

Policy Action: Enforce and expand comprehensive ban on commercial tobacco advertising and promotion

- Direct and indirect advertising and promotion (e.g., print, broadcast, billboards, outdoor advertising, digital, branded merchandise, product placement, etc.)
- Retail sales, point-of-sale promotions and display bans
- Smoking in television and movies

ENDS: Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that enforce and expand bans on ENDS advertising and promotion at the provincial/territorial level is Medium.

Direct and indirect advertising

Under the federal [Tobacco and Vaping Products Act](#) many forms of advertising of ENDS products have been restricted across Canada, with some similarities to that of tobacco products. However, current limitations are not as comprehensive for ENDS as they are for tobacco. Details are below:

- Advertisements with false and misleading claims about the characteristics, health effects or health hazards of vaping products and their emissions are prohibited.
- Advertisements that depict ENDS products, packages or brand elements (including slogans) are prohibited if there is reason to believe that it is appealing to young persons and include lifestyle promotion advertising.
- Advertisements that include testimonials or endorsements, (which includes text that refers to real or fictional persons, characters or animals) are prohibited.
- ENDS advertisements must not discourage tobacco cessation or encourage users to resume the use of tobacco products.
- There are no exemptions under the Act for outdoor advertising and domestic broadcast and print media.
- Radio and television broadcasts and imported publications originating from outside of Canada are exempted.
- Promotion of materials that contain a vaping product-related brand element in a manner that is contrary to the Act is prohibited.

Due to a rise in ENDS use among youth across Canada, the federal government has proposed additional amendments to the [Tobacco and Vaping Products Act](#) to reduce the impact of vaping products advertising on youth and non-users of ENDS products¹⁴. Proposed changes related to direct and indirect advertising include:

- Prohibit ENDS advertisements in public places where youth have access (e.g., shopping malls, arts, recreation and cultural facilities, parks, in public transit vehicles and stations.

- Prohibit outdoor advertisements of ENDS, including billboards.
- Prohibit ENDS advertisements on broadcast media within 30 minutes before and after children’s and youth-oriented programming on all channels, all day and night.
- Prohibit ENDS advertising in children’s and youth-oriented publications, including electronic publications (e.g., websites and social media platforms).
- Requiring all permitted advertisements (including audio advertisements) for vaping products to have health warnings.
- Limiting advertising content to only allowing text and illustrations/images of the vaping product or package.

[NL, PE, NS, NB, QC, ON, BC](#) include ENDS within advertising restrictions for tobacco products. Several of these provinces have adopted additional restrictions for direct and indirect advertising of tobacco products that go beyond the federal [Tobacco and Vaping Products Act](#):

- All prohibit the placement and visibility of ENDS advertisements on the interior and/or exterior of retail establishments (beyond retail display) with some exceptions:
 - [NL, PE, NS, NB](#) allow magazines that advertise ENDS in retail establishments if the advertisement is not visible to a consumer unless they are reading the publication.
 - [NL, PE, NS, NB, MB](#) exempts vape shops from interior and exterior advertising restrictions (in some cases only when minors are not permitted access).
 - Ontario permits ENDS advertising in and on the exterior of specialty vape shops as well as retail settings under certain conditions outlined within [General, O Reg 268/18](#). Ontario also prohibits the promotion and sale of ENDS at any place of entertainment, which could include bars.
- [Prince Edward Island](#) and [Manitoba](#) specifically prohibit outdoor advertising of ENDS on billboards, signs, benches etc.
- Additional content and medium restrictions that prohibit advertising via sign, video, clothing or other tangible object that displays brand elements or logos for tobacco products in British Columbia’s [Tobacco Control Regulation](#) also apply to ENDS products.

Point of sale promotions and product display bans

The federal [Tobacco and Vaping Products Act](#) prohibits point-of-sale displays of vaping products and brand-related elements (including packaging) in a manner that is contrary to the regulations under the Act (there are currently no regulations under the Act that specify point of sale restrictions).

Due to a rise in ENDS use among youth across Canada, the federal government has proposed additional amendments to the [Tobacco and Vaping Products Act](#) to reduce the impact of vaping products advertising on youth and non-users of ENDS products^{LV}. Proposed changes related to point of sale promotion and product display include:

- Measures to restrict the display of vaping products at point of sale, which would not apply to places where youth do not have access (e.g., specialty vape shops that do not allow youth to access their store or website), provided that the products cannot be seen from outside of the premises.

[NL](#), [PE](#), [NS](#), [NB](#), [MB](#), [QC](#) and [BC](#) include ENDS within prohibitions on point-of sale displays of tobacco products and provide exemptions on display restrictions for specialty vape shops. [Ontario](#) permits the retail display of ENDS products in specialty vape shops and other retail establishments that sell ENDS.

Places where the sale of ENDS is prohibited

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#), and [BC](#) include ENDS within prohibitions on the sale of tobacco in certain places:

- Health facilities (including hospitals): [NL](#), [PE](#), [NS](#), [QC](#), [ON](#),

- [MB](#), [BC](#)
- Pharmacies: [NL](#), [PE](#), [NS](#), [QC](#), [ON](#), [MB](#)
- Elementary and secondary education facilities: [NL](#), [PE](#), [NS](#), [QC](#)
- Post-secondary education institutions: [NL](#), [PE](#), [NS](#), [QC](#), [ON](#), [BC](#)
- Child care facilities: [NL](#), [QC](#) (and on grounds), [ON](#)
- Long-term care facilities: [NL](#), [PE](#), [NS](#), [QC](#), [ON](#)
- Government buildings: [NL](#), [PE](#), [NS](#), [ON](#), [BC](#)
- Recreation facilities: [NL](#), [PE](#), [NS](#), [QC](#), [BC](#)
- Entertainment venues (e.g., cinemas, theatres, amusement parks, arcades etc.): [NL](#), [PE](#), [NS](#), [QC](#)
- Licensed establishments (e.g., restaurants or bars): [NS](#), [QC](#)

Smoking in television and movies

No federal or provincial/territorial legislation prohibits ENDS use in television and movies.

For additional information on policies that address advertising, promotion and sponsorship of ENDS in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

None of the 31 municipalities within the Directory have adopted policies that extend prohibitions on direct and indirect advertising, promotion, point of sale display and sale of ENDS beyond their respective provincial/territorial legislation.



Policy Action: Prohibit the sales of commercial tobacco products to minors^a

- Indicate prohibitions on sales to minors at point of sale
- Prohibit access to commercial tobacco products in vending machines

ENDS: Level of Adoption: Medium ●●○

Provincial/Territorial Policy Actions

Adoption of evidence-informed policy action related to the implementation of policies that prohibit the sale of ENDS products to minors is medium.

The federal [Tobacco and Vaping Products Act](#) and [Tobacco](#)

[Access Regulations](#) do not outline prohibitions on the sale of ENDS to minors or in vending machines.

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) and [BC](#) include ENDS within legislation prohibiting the sale of tobacco products to minors.

[NL](#), [PE](#), [NS](#), [NB](#), [QC](#), [ON](#), [MB](#) include ENDS in legislation prohibition the sale of tobacco products in vending machines with some exemptions:

- [NL](#), [NS](#) and [ON](#) permit the sale of ENDS in vending machines in places not accessible by the public.
- [NB](#)'s prohibitions only apply to retail stores.
- [NL](#) permits the sale of ENDS in vending machines in premises licensed under the [Liquor Control Act](#) that prohibit persons under 19 from entering.

For additional information on policies that prohibit the sale of ENDS to minors in Canada's provinces and territories, please

refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

None of the 31 municipalities in the Directory have passed a policy that has increased the minimum age at which individuals are able to purchase ENDS or implemented a full ban on the sale of ENDS.



Policy Action: Enforce and expand comprehensive ban on commercial tobacco sponsorship

- Banning sponsorship of sports, music and cultural events
- Endorsement by celebrities

ENDS: Level of Adoption: High ●●●

Provincial/Territorial Policy Actions

Adoption of policy action related to the implementation of policies that enforce and expand a comprehensive ban on ENDS sponsorship at the provincial/territorial level is High.

The federal [Tobacco and Vaping Products Act](#) prohibits sponsorship of tobacco and vaping products (ENDS) by way of advertisements and promotions that create associations between brand elements or the name of a person, entity event, activity or facility. This would include celebrity endorsements.

Therefore, this Act restricts publicized contributions of tobacco and ENDS companies but does not appear to restrict non-publicized contributions. ENDS companies can sponsor sporting, music and cultural events, so long as they do not

display brand names, logos or other recognizable promotional material.

Québec's [Tobacco Control Act](#) contains a complete ban on direct and indirect sponsorship of tobacco and ENDS products. No other province or territory has legislation with additional ENDS sponsorship provisions directly.

For additional information on policies that address commercial tobacco sponsorship in Canada's provinces and territories, please refer to the Canadian Cancer Society's [Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada](#).

Local Policy Actions

None of the 31 municipalities within the Directory have adopted policies addressing ENDS sponsorship and celebrity endorsements.

*Note: [Prevention Policies Directory](#) captures information for 31 Canadian municipalities (18 largest municipalities in Canada, and at least 1-2 largest municipalities in all other provinces/territories).

Levels of adoption:

Low = very few jurisdictions have adopted evidence-informed policy action;

Medium = some, but not all jurisdictions have adopted evidence-informed policy action;

High = most jurisdictions have adopted evidence-informed policy action.

1 World Health Organization (2015). MPOWER in action: Defeating the global tobacco epidemic. Retrieved from: http://www.who.int/tobacco/mpower/publications/mpower_2013.pdf?ua=1.

2 Cancer Care Ontario (2016). Prevention System Quality Index. Retrieved from: <https://www.cancercareontario.ca/en/statistical-reports/prevention-system-quality-index.html>

a WHO Framework Convention on Tobacco Control: Article 16 – Sales to and by minors. Retrieved from: http://www.who.int/tobacco/control/measures_art_16/en/.

Public perceptions of the issue of tobacco and cancer

Results from the 2017 Canadian Tobacco, Alcohol and Drugs Survey (CTADS) indicated that^{LVI}:

64%

most Canadians (64%) thought that there was a moderate or great risk of harm from smoking cigarettes “once in a while”

85%

the majority of Canadians (85%) thought that there was a great risk of harm from smoking cigarettes on a “regular basis”

48%

nearly half of Canadians (48%) thought that there was a moderate or great risk of harm from using an e-cigarette “once in a while:

65%

most Canadians (65%) thought that there was a moderate or great risk of harm from using an e-cigarette on a “regular basis”

1/4

nearly one quarter of Canadians were unaware of the risk of harm from using an e-cigarette “once in a while” (23%) and on a “regular basis” (24%)

Public support for smoke-free policies that reduce second-hand smoke exposure is high, including those that address exposure to second-hand smoke in multi-unit housing^{LX}.

In addition, a study analyzing smoker’s support for tobacco endgame measures across 6 provinces/regions in Canada, from the Canadian arm of the 2016 International Tobacco Control Four Country Smoking and Vaping Survey, found that support was^{LVII}:

High

High for policies that reduce nicotine content in tobacco products (70.2%) and limit the amount of nicotine in e-cigarettes (64.9%), increase the minimum age of purchase of tobacco products to 21 (65.8%) and match the legal age of purchase of e-cigarettes to that of tobacco products (86.1%), increase access to alternative nicotine products (including e-cigarettes and nicotine replacement medications) (65.8%), and ban the use of e-cigarettes in places where smoking is prohibited (63.4%).

Moderate

Moderate for policies that restrict where tobacco products are sold (42.5%), ban promotional marketing of tobacco (58.5%) and e-cigarette products (54.8%), ban all additives and flavorings in tobacco products (42.5%), and ban tobacco products that are intended to be smoked within 10 years, if smoking cessation assistance is provided by the government (43.6%).

Low

Low for banning menthol in tobacco products (29.6%) and fruit/candy flavourings in e-cigarettes (39.8%) and implementing plain packaging measures for tobacco products (28.9%).

Economic evidence to support commercial tobacco policy approaches

Health and economic costs of tobacco use in Canada totaled \$16.2 billion in 2012, \$6.5 billion of which is attributed to direct health care costs.^{LVIII} Cancers caused by tobacco use, physical inactivity and alcohol use are estimated to carry an economic burden of over \$9.5B.^{LIX}

Recent estimates by OncoSim¹ and System Performance suggest the following impacts if Canada could achieve a 5% target smoking rate by 2035 (annually, on average between 2017 and 2035)^v:

approximately 4,600 fewer people may be diagnosed with lung cancer,

approximately 3,400 fewer people may die from lung cancer,

approximately 27,100 quality-adjusted life years could be gained,

approximately \$36 million² in lung cancer treatment-related costs could be saved.

- Policies that reduce the demand for tobacco products, such as those that implement tobacco tax increases, comprehensive bans on tobacco advertising, promotions and sponsorship (TAPS), create smoke-free places, and population-wide tobacco cessation programs, are proven to be highly cost-effective approaches to reducing tobacco use and harm^{LX}.
- Tobacco tax increases are cost-saving and the most cost-effective of all approaches^{LX}.
- Interventions that promote and support cessation via health care professionals, integration into health care systems and pharmacological and behavioral treatments are also effective and cost-effective approaches^{LX}.
- Some research has indicated that youth access interventions are cost-effective^{LX}.
- Interventions addressing smoking cessation support are also shown to be cost-effective^{LX}.

1 Onco Sim is a microsimulation tool that evaluates cancer control strategies for prevention, screening and treatment of common cancers. OncoSim creates and compares projections of cancer rates, deaths, resource needs, direct health-care costs and other economic impacts, such as lost wages.

2 Based on 2016 Canadian dollars

Indicators to measure progress on commercial tobacco policy

Under the Canada's Tobacco Strategy, the Government of Canada has set a new target of reducing the prevalence of tobacco use to 5% by 2035.

Adoption of evidence-based policy indicators supports monitoring and evaluation of progress on tobacco control policy. Early adopters of tobacco policy indicators at the provincial/territorial level include:

Cancer Care Ontario's Prevention System Quality Index Tobacco Indicators^{LXI}

Tax as a percentage of tobacco retail price

Increasing tobacco taxes is the most effective means of reducing the prevalence of tobacco use

% of non-smoking adults exposed to second-hand smoke

% of recent daily smokers in who have successfully quit smoking for at least one year

References

- I International Agency for Research on Cancer (IARC). List of classifications, volumes 1-22. Retrieved from: <https://monographs.iarc.fr/list-of-classifications-volumes/>
- II Alberta Health Services. Cancer numbers tool. Retrieved from: <https://www.healthiertogether.ca/prevention-data/cancer-numbers-tool/>.
- III International Agency for Research on Cancer (IARC). List of Classifications by cancer sites with sufficient or limited evidence in humans, Volumes 1 to 122. Retrieved from: <https://monographs.iarc.fr/wp-content/uploads/2018/07/Table4.pdf>.
- IV Canadian Partnership Against Cancer (2017). *The 2017 Cancer System Performance Report*. Retrieved from: https://content.cancerview.ca/download/cv/quality_and_planning/system_performance/documents/2017_cancer_system_performance_report_enpdf?attachment=0.
- V Canadian Partnership Against Cancer (2018). *The 2018 Cancer System Performance Report*. Retrieved from: https://content.cancerview.ca/download/cv/quality_and_planning/system_performance/documents/2018_cancer_system_performance_report_enpdf?attachment=0&utm_source=Landing%20Page&utm_medium=Full%20Report&utm_campaign=Omnibus.
- VI Warner, K.E. (2013). An endgame for tobacco? *Tobacco Control*, 22(Supp1), i3-i5.
- VII World Health Organization (2015). MPOWER in action: Defeating the global tobacco epidemic. Retrieved from: http://www.who.int/tobacco/mpower/publications/mpower_2013.pdf?ua=1.
- VIII National Institute for Health and Clinical Excellence. *Guidance on the Use of Nicotine Replacement Therapy (NRT) and Bupropion for Smoking Cessation*. 2002: 1-27. <http://www.nice.org.uk/nicemedia/pdf/NiceNRT39GUIDANCE.pdf>
- IX Stead, L. F., Koilpillai, P., Fanshawe, T. R., & Lancaster, T. (2016). Combined pharmacotherapy and behavioural interventions for smoking cessation. *Cochrane Database of Systematic Reviews*. Issue 3. doi:10.1002/14651858.CD008286.pub3.
- X Cahill, K., Stevens, S., Perera, R., & Lancaster, T. (2013). Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database of Systematic Reviews*, Issue 5. doi:10.1002/14651858.CD009329.pub2.
- XI Cahill, K., Stevens, S., & Lancaster, T. (2014). Pharmacological Treatments for Smoking Cessation. *JAMA*, 311(2):193-194. doi:10.1001/jama.2013.283787.
- XII Reid, R. D., Pritchard, G., Walker, K., Aitken, D., Mullen, K-A., & Pipe, A. L. (2016). Managing smoking cessation. *CMAJ*, 188 (17-18): E484-E492. doi:10.1503/cmaj.151510.
- XIII Moodie, C., Stead, M., Bauld, L., McNeill, A., Angus, K., Hinds, K., Kwan, I., Thomas, J., Hastings, G., O'Mara-Eves, A. (2012) Plain tobacco packaging: a systematic review. London: Public Health Research Consortium.
- XIV Australian Government Department of Health. (2016). Post-implementation review: Tobacco plain packaging. Retrieved from: <https://ris.pmc.gov.au/sites/default/files/posts/2016/02/Tobacco-Plain-Packaging-PIR.pdf>.
- XV Young, J. M., Stacey, I., Dobbins, T. A., Dunlop, S., Dessaix, A. L., & Currow, D. C. (2014). Association between tobacco plain packaging and quitline calls: A population-based interrupted, time-series analysis. *Medical Journal of Australia*, 200(1), 29-32. doi: 10.5694/mja13.11070.
- XVI Wakefield, M. A., Hayes, L., Durkin, S., & Borland, R. (2013). Introduction effects of the Australian plain packaging policy on adult smokers: a cross-sectional study. *BMJ Open*, 3(7), 1-9.

- XXVII Gallopel-Morvan K. et al. (2011). Perception of the effectiveness of standardized cigarette packages: A study in the French context. *Bulletin epidemiologique hebdomadaire*, 20-21, 244-47.
- XXVIII Moodie, C., Mackintosh, A. M., Hastings, G., & Ford, A. (2011). Young adult smokers' perceptions of plain packaging: a pilot naturalistic study. *Tobacco Control*, 20(5):367-73. doi:10.1136/tc.2011.042911.
- XIX Hoek, J., Gendall, P., Eckert, C., & Louviere, J. (2015). Dissuasive cigarette sticks: the next step in standardised ('plain') packaging? *Tobacco Control*, 25(6):699-705. doi: 10.1136/tobaccocontrol-2015-052533.
- XX Tobacconomics. (2017). Policy brief: Tobacco tax increases remain most effective policy for reducing tobacco use. https://tobacconomics.org/wp-content/uploads/2017/11/effectiveness-of-tobacco-taxes_brief.pdf
- XXI World Health Organization (WHO). Heated tobacco products (HTPs) information sheet. Retrieved from: http://www.who.int/tobacco/publications/prod_regulation/heated-tobacco-products/en/.
- XXII American Academy of Pediatrics. (2016). E-cigarettes and electronic nicotine delivery systems. Retrieved from: <https://www2.aap.org/richmondcenter/pdfs/ENDShandout.pdf>.
- XXIII World Health Organization. (2014). Electronic nicotine delivery systems. Retrieved from: http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10-en.pdf.
- XXIV Cancer Research Center (Ed.). (2013). *Electronic cigarettes – An overview*. Heidelberg, Germany;
- XXV Callahan-Lyon, P. (2014). Electronic cigarettes: Human health effects. *Tobacco Control*, 23, ii36-ii40. doi: 10.1136/tobaccocontrol-2013-051470.
- XXVI Drummond, M. B., & Upson, D. (2014). Electronic cigarettes. Potential harms and benefits. *Annals of the American Thoracic Society*, 11(2), 236-242. doi: 10.1513/AnnalsATS.201311-391FR.
- XXVII Grana, R., Benowitz, N., & Glantz, S. A. (2014). E-Cigarettes A Scientific Review. *Circulation*, 129(19), 1972- 1986.
- XXVIII Ontario Agency for Health Protection and Promotion (Public Health Ontario), Berenbaum, E., Keller-Olaman, S., Manson, H., Moloughney, B., Muir, S., Simms, C., Singh, H., Watson, K.. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.
- XXIX U.S. Department of Health and Human Services. (2016). E-Cigarette use among youth and young adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- XXX Czogala, J., Goniewicz, M. L., Fidelus, B., Zielinska--Danch, W., Travers, M. J., & Sobczak, A. (2014). Secondhand exposure to vapors from electronic cigarettes. *Nicotine & Tobacco Research*, 16(6), 655-662.
- XXXI Schripp, T., Markewitz, D., Uhde, E., & Salthammer, T. (2013). Does e-cigarette consumption cause passive vaping?. *Indoor Air*, 23(1), 25-31.
- XXXII Schober, W., Szendrei, K., Matzen, W., Osiander-Fuchs, H., Heitmann, D., Schettgen, T. & Fromme, H. (2013). Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarette consumers. *International Journal of Hygiene and Environmental Health*, 217(6), 628-637. doi: 10.1016/ijeh.2. 013.11.003.
- XXXIII Flouris, A. D., Chorti, M. S., Poulianiti, K. P., Jamurtas, A. Z., Kostikas, K., Tzatzarakis, M. N., & Koutedakis, Y. (2013). Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function. *Inhalation toxicology*, 25(2), 91-101. doi: 10.31096/08958378.2012.758197.
- XXXIV Government of Canada. Risks of vaping. Retrieved from: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html>.

- XXXV U. S. Surgeon General. (2018). Surgeon General’s Advisory on E-cigarette Use Among Youth. Retrieved from: <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>
- XXXVI Hammond, D., Reid, J. L., Cole, A. G., & Leatherdale, S. T. (2017). CMAJ, 189(43): E1328-E1336. doi:<https://doi.org/10.1503/cmaj.161002>.
- XXXVII Soneji, S., Barrington-Trimis, J., L., Wills, T. A., Leventhal, A. M., Unger, J., B., Gibson, L. A., et al. (2017). Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults. JAMA Pediatrics, 171(8): 788-797. doi:10.1001/jamapediatrics.2017.1488.
- XXXVIII Barry, K. M., Fetterman, J. L., Benjamin, E. J., Bhatnagar, A., Barrington-Trimis, J. L., Leventhal, A. M., et al. (2019). Association of electronic cigarette use with subsequent initiation of tobacco cigarettes in US youths. JAMA Network Open, 2(2): e187794. doi:10.1001/jamanetworkopen.2018.7794.
- XXXIX National Academies of Sciences, Engineering, and Medicine. 2018. *Public Health Consequences of E-Cigarettes*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24952>.
- XL Crowe, K. (2018, December 8). Teen vaping in Canada has taken a worrisome turn. Retrieved from: <https://www.cbc.ca/news/health/health-canada-youth-teenage-vaping-smoking-hammond-1.4937593>.
- XLI Canadian Partnership Against Cancer (2018). Prevention Policies Directory. Retrieved from: <https://www.partnershipagainstcancer.ca/tools/prevention-policies-directory/>.
- XLII Prince Edward Island. (2009). Seniors housing program: Smoking policy. Retrieved from: https://www.princeedwardisland.ca/sites/default/files/publications/seniors_housing_policy_smoking.pdf.
- XLIII Government of Saskatchewan. Saskatchewan Housing Corporation introduces no-smoking policy. Retrieved from: <https://www.saskatchewan.ca/government/news-and-media/2018/june/20/no-smoking-policy>.
- XLIV Government of Yukon. (2016). Yukon Housing smoke-free housing policy. Retrieved from: <https://yukon.ca/en/yukon-housing-smoke-free-housing-policy>.
- XLV Newfoundland and Labrador Alliance for Control of Tobacco. Drifting smoke in multi-unit dwellings. Retrieved from: <http://www.actnl.com/issuesdriftingsmoke.html>
- XLVI Region of Peel. Resources for Peel Living tenants. Retrieved from: <http://www.peelregion.ca/peelliving/>.
- XLVII Ottawa Community Housing. Smoke-free policy. Retrieved from: <http://www.och-lco.ca/policies/>.
- XLVIII Smoke free housing Ontario. Greater Edmonton Foundation Housing for Seniors. Retrieved from: https://smokefreehousingon.ca/wp-content/uploads/2015/12/GEF_housing_for_seniors.pdf.
- XLIX BC Ministry of Health (2016). The case for smoke-free multi-unit housing: Why BC government action cannot wait. Retrieved from: https://www.cleanaircoalitionbc.com/database/files/library/Smoke_Free_Housing_2016_Report_FINAL_June_8_2016.pdf.
- L Mathieu, E. (2018, July 27). Toronto Community Housing plans to go smoke free – including pot. Retrieved from: <https://www.thestar.com/news/cannabis/2018/07/27/toronto-community-housing-plans-to-go-smoke-free-including-pot.html>.
- LI Toronto Transit Commission (TTC). (2004). Advertising on vehicles, property and miscellaneous media policy change. Retrieved from: https://www.ttc.ca/About_the_TTC/Commission_reports_and_information/Commission_meetings/2004/Oct_20_2004/Other/Advertising_On_Vehic.jsp.

- LII County Health Rankings and Roadmaps – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. (2018). Tobacco retailer licensing. Retrieved from: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/tobacco-retailer-licensing>.
- LIII Non-Smoker’s Rights Association. (2016). Best practices in tobacco retailer licensing. Retrieved from: https://nsra-adnf.ca/wp-content/uploads/2016/07/SHAF_Tobacco_Retailer_Licensing_fact_sheet_final_March_2016.pdf.
- LIV Canadian Cancer Society. (2017). Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada. Retrieved from: http://convio.cancer.ca/documents/Legislative_Overview-Tobacco_Control-F-P-T-2017-final.pdf.
- LV Government of Canada. (2019). Notice of intent – Potential measures to reduce the impact of vaping products advertising on youth and non-users of tobacco products. Retrieved from: <https://www.canada.ca/en/health-canada/programs/consultation-measures-reduce-impact-vaping-products-advertising-youth-non-users-tobacco-products/notice-document.html>.
- LVI Statistics Canada. (2017). Canadian tobacco, alcohol and drugs survey (CTADS): Summary of results 2017. Retrieved from: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html#n5>.
- LVII Chung-Hall, J., Fong, G. T., Driezen, P., & Craig, L. (2018). Smokers’ support for tobacco endgame measures in Canada: findings from the 2016 International Tobacco Control Smoking and Vaping Survey. *CMAJOpen*, 6(3). doi: 10.9778/cmajo.20180025.
- LVIII Dobrescu, A., Bhandari, A., Sutherland, G., & Dinh, T. The Costs of Tobacco Use in Canada, 2012. Ottawa: The Conference Board of Canada, 2017.
- LIX Krueger, H., Turner, D., Krueger, J., Ready, AE. (2014). The economic benefits of risk factor reduction in Canada: Tobacco smoking, excess weight and physical inactivity. *Can J Public Health*, 105(1): e69-78.
- LX National Cancer Institute (2016). The economics of tobacco and tobacco control. Retrieved from: https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/docs/m21_complete.pdf.
- LXI Cancer Care Ontario (2016). *Prevention System Quality Index*. Retrieved from: <https://www.cancercareontario.ca/en/statistical-reports/prevention-system-quality-index>.
- LXII Krueger H, Andres E.N., Koot J.M., Reilly B.D. The economic burden of cancers attributable to tobacco smoking, excess weight, alcohol use, and physical inactivity in Canada. *Curr Oncol*. 2016; 23 (4): 241-249.