A Tobacco Control Progress
REPORT CARD

Analyzing the
SASKATCHEWAN GOVERNMENT’S Performance

YEAR: 2009 TO 2015
A REPORT CARD
Analyzing the
SASKATCHEWAN GOVERNMENT’S
Performance in
TOBACCO CONTROL
YEAR: 2009 TO 2015

 Authored by

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On behalf of

Canadian Cancer Society in Saskatchewan
Heart and Stroke Foundation in Saskatchewan
The Lung Association of Saskatchewan

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Summary

The Canadian Cancer Society (CCS), the Heart and Stroke Foundation (HSF) and The Lung Association of Saskatchewan (LAS) recently retained a consultant from out-of-province to grade the Saskatchewan government on its progress on 10 evidence-based tobacco control recommendations. These recommendations were made by the health organizations in 2009 and 2014. Using an A-F grading system, the independent analysis shows that the province has acted on relatively few of the recommendations. Of the recommendations the Saskatchewan government has addressed, it has only done so partially. Based on the following 10 tobacco control measures, the Saskatchewan government received an **average grade of D+**.

<table>
<thead>
<tr>
<th>Topic of the Recommendation</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>1. Controlling the sale of tax-exempt and discount tobacco</td>
<td>A</td>
</tr>
<tr>
<td>2. Implementing health communication campaigns</td>
<td>C</td>
</tr>
<tr>
<td>3. Prohibiting smoking in vehicles when children are present</td>
<td>B</td>
</tr>
<tr>
<td>4. Increasing community support</td>
<td>D</td>
</tr>
<tr>
<td>5. Increasing funding for the tobacco reduction strategy</td>
<td>D</td>
</tr>
<tr>
<td>6. Regulating electronic cigarettes</td>
<td>F</td>
</tr>
<tr>
<td>7. Banning smoking, including the use of water-pipes, in specific public places</td>
<td>D</td>
</tr>
<tr>
<td>8. Banning flavoured tobacco products, including menthol</td>
<td>F</td>
</tr>
<tr>
<td>9. Decreasing the number of places where tobacco is sold</td>
<td>D</td>
</tr>
<tr>
<td>10. Helping people quit smoking, including subsidizing nicotine replacement therapy</td>
<td>C</td>
</tr>
</tbody>
</table>

This report card provides a road map to higher grades in the future which will save lives from addiction, illness and death caused by tobacco use.

Based on current rates of tobacco use in Saskatchewan, tobacco control must become a greater priority for the government. The three health organizations that commissioned this report are committed to working with the provincial government and other partners to reduce tobacco use and its burden on the health of Saskatchewan families and our economy.
Introduction

A review of best practices, research and policy has been used to evaluate Saskatchewan’s progress in tobacco control since 2009 when a group of health organizations issued *8 Prescriptions for Health: Reducing tobacco’s deadly impact in Saskatchewan*. Subsequently in 2014, health organizations issued *Reducing Tobacco Use in Saskatchewan: A briefing note for the Minister of Health*. Both of these documents made a number of tobacco control recommendations.

Tobacco use is a serious public health issue and the leading cause of preventable illness, disability and premature death in Saskatchewan. It is responsible for one out of five deaths in the province.1

In 2008, the cost of tobacco use in Saskatchewan was estimated at $1.1 billion or approximately $1,000 per capita. This included direct health care costs, indirect costs (e.g. productivity losses due to long and short-term disability and premature death), on-the-job productivity losses, the cost of fires due to smoking, and prevention and research costs. Only 18% of these costs were offset through provincial tobacco tax revenue. Thirty-four percent of the cost ($373 million) was borne by Saskatchewan employers and 48% ($517 million) was paid for by taxpayers.2

In 2010, the Saskatchewan Minister of Health released *Building a Healthier Saskatchewan: A strategy to reduce tobacco use*. Then Minister Don McMorris stated, “Tobacco use in Saskatchewan remains too high, particularly among our young people.”3 The health and economic burden of tobacco use is clear and without concerted provincial action to reduce tobacco use, this pattern will continue or get worse, especially if youth and young adults continue to use tobacco at current rates.

Smoking rates have decreased in the province as they have all over Canada, but Saskatchewan’s youth smoking rates have remained the highest in the country for over a decade and adult smoking rates have been consistently above the national average. Despite these trends, the provincial government has not renewed the tobacco reduction strategy since 2012 and funding has been drastically reduced.
Seeing minimal action on these tobacco control measures over several years, health groups hired an independent tobacco control consultant to grade the Saskatchewan government on its progress.

Saskatchewan Government’s Tobacco Control Report Card 2015

Each of the tobacco control measures in this report card has been graded based on the following methodology.

The following tables provide a brief overview of the Report Card, the details of each recommended measure, the reasons the recommendation is important, and justification for each grade.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Evaluation</th>
<th>Description</th>
</tr>
</thead>
</table>
| **A** (4 points) | Exceeds Expectations | • Government action surpasses the recommendation  
• Funding levels or tobacco control measures lead the country |
| **B** (3 points) | Meets Expectations | • Minister’s initial response to the recommendation was acceptable and timely  
• Funding level and program/policy development have continued |
| **C** (2 points) | Below Expectations | • Current funding or policy does not meet tobacco control objectives, but government has engaged in some degree of action for recommendation |
| **D** (1 point) | Unacceptable | • Current funding level/policy is at a low level compared to recommendation  
• Health Minister or other government officials have stated publicly there will be action, but to date there has been minimal to none |
| **F** (0 points) | Failure | • Funding levels are inadequate to reduce tobacco use  
• Government has not moved forward with the recommendation and does not have plans to do so |

This methodology was adapted with permission from the Ontario Campaign for Action on Tobacco.
## RECOMMENDED IN 2009

<table>
<thead>
<tr>
<th>Measure</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control the sale of tax exempt and discount tobacco.</td>
<td>A</td>
<td>SK has implemented limits on the amount of tax-exempt tobacco to First Nations. It has also put in place a real-time validation system for tobacco products sold on reserves. The government also increased tobacco taxes in 2010 and 2013 and is now the province with the fifth highest price of cigarettes in Canada.</td>
</tr>
<tr>
<td>Initiate well-funded mass-media campaigns to educate the public about the danger of using tobacco and to counter tobacco company marketing and promotional activities.</td>
<td>C</td>
<td>SK has made some attempts at campaigns related to individual and policy changes, such as the youth projects View and Vote and Smokestream.</td>
</tr>
<tr>
<td>Prohibit smoking in motor vehicles when a person under the age of 19 is present.</td>
<td>B</td>
<td>Smoking while driving in a vehicle with a person under 16 was prohibited by law in 2010.</td>
</tr>
<tr>
<td>Support communities in their prevention and cessation efforts where smoking rates are very high.</td>
<td>D</td>
<td>The last time funding was provided for community projects were in 2012-13. Only three projects were funded and just one of them was independently evaluated, with mixed results. There is no conclusive evidence that the projects changed behaviour. We encourage the government to finance evidence-based projects and to provide adequate funding for independent evaluation.</td>
</tr>
</tbody>
</table>

## RECOMMENDED IN 2014

<table>
<thead>
<tr>
<th>Measure</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase funding in the province’s tobacco reduction strategy, Building a Healthier Saskatchewan.</td>
<td>D</td>
<td>SK currently spends approximately $450,000 per year on tobacco control initiatives, which amounts to a mere 40 cents per capita (2014 population figures). This is the lowest per capita funding rate in Canada, with Nunavut’s the highest at $8.43. The average rate in Canada is $3.65, which is still well below the funding level recommended by the US Centers for Disease Control of $7-11 US per capita.</td>
</tr>
<tr>
<td>Adopt regulations around electronic cigarettes to prevent young people from using them and to prevent undermining of tobacco control.</td>
<td>F</td>
<td>The provincial government has not taken any steps to regulate electronic cigarettes, although seven provinces have brought forward legislation. Due to a lack of provincial leadership several SK municipalities have taken action through municipal bylaws.</td>
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## RECOMMENDED IN 2009 AND 2014

<table>
<thead>
<tr>
<th>Measure</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ban smoking in public places including school grounds, healthcare properties and on outdoor bar and restaurant patios (2009). Protect residents from second-hand smoke by banning smoking of all tobacco products including shisha and hookah, in outdoor places such as patios of restaurants and bars, hospital grounds, sports fields, playgrounds and outdoor stadiums (2014).</td>
<td>D</td>
<td>SK legislation prohibits tobacco use on elementary and secondary school grounds, but nothing has been done to regulate smoking on healthcare properties, playgrounds, sports fields, stadiums or bar and restaurant patios. SK has not yet addressed the issue of water-pipe use (shisha and hookah) either indoors or outdoors.</td>
</tr>
<tr>
<td>Ban the sale of flavoured tobacco products (2009). Ban the sale of all flavoured tobacco products, including menthol, to prevent youth from starting to smoke (2014).</td>
<td>F</td>
<td>There are no restrictions on the sale of flavoured tobacco products in SK. A simple regulatory change could ban these products. Six provinces have adopted legislation to ban flavours in tobacco products including menthol in tobacco products.</td>
</tr>
<tr>
<td>Prohibit tobacco sales in pharmacies, universities and colleges, bars and restaurants, athletic and recreational facilities, and through vending machines (2009). Restrict the sales of tobacco in restaurants and bars, post-secondary institutions, and athletic and recreational facilities (2014). License all tobacco retailers (2014).</td>
<td>D</td>
<td>Of all the locations listed in this recommendation, the only place tobacco sales are prohibited is in pharmacies. SK is one of the few provinces that do not require a provincial licence for tobacco retailers.</td>
</tr>
<tr>
<td>Help smokers to quit by providing support and subsidizing quit-smoking products and programs (2009). Support people trying to quit by subsidizing the cost of nicotine replacement therapy products (2014).</td>
<td>C</td>
<td>In 2011, SK started subsidizing Champix® and Zyban® for people on low or fixed incomes, but it is not yet helping tobacco users who want to access the most popular cessation aid – Nicotine Replacement Therapy (NRT). The province provides funds to train health professionals in cessation interventions through an online course. SK is also partially funding the Smokers’ Helpline, a free confidential phone and online support service.</td>
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## OVERALL GRADE AND POINTS AVERAGE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>D+</td>
<td>15</td>
</tr>
</tbody>
</table>

The average point value of the grades given to these 10 measures is 1.5; SK's overall rating is therefore a D+. Tobacco control must become a greater priority for the Government of Saskatchewan if progress is to be made in reducing the social and economic burden of tobacco use.
Conclusion

Tobacco use remains the number one preventable cause of disease, disability, and death in Saskatchewan. The provincial government must therefore do everything in its power to prevent young people from starting to use tobacco, to protect the public from exposure to second-hand smoke (SHS), and to support people who want to quit.

In 2005, it was estimated that tobacco use was responsible for about 35% of all heart-related deaths and 24% of all respiratory-related deaths, while about 30% of all cancer-related deaths are related to tobacco use.

In 2008, tobacco use in Saskatchewan was estimated to cost taxpayers $1.1 billion or approximately $1,000 per capita. The health and economic burden of smoking to Saskatchewan, its businesses and individual citizens is clear.

Evidence-based measures that form part of a comprehensive strategy could begin to reverse the burden of tobacco use. Funding for these measures should be provided through tobacco taxes and yet there seems to be little political will to invest the necessary funds required to address this serious public health issue.

Until Saskatchewan makes tobacco control a greater priority, backed by a comprehensive strategy and adequate, sustained funding, the current piecemeal approach and inaction will lead to more disease, death and increased healthcare costs.
Recommendation 1:

Implement measures to control the sale of tax-exempt tobacco, and increase taxes to ensure discount tobacco products do not undermine tobacco control efforts (2009 recommendation).

Grade: A

Why is this important?

Research shows that cheap cigarettes make it harder for people who smoke to quit. Between 2000 and 2008, the sale of cheap tax-exempt tobacco in Saskatchewan rose from $3 million to $52 million. The Ministry of Finance estimated it was losing between $3 and $7 million annually in tax revenue. At the time, individuals with First Nation status were allowed to purchase three (3) cartons (600 cigarettes) per week.

Tax-exempt cigarette shipments to First Nations in Saskatchewan, fiscal years 2005 to 2015 (in millions)
What has Saskatchewan done?

Effective July 1, 2010, the First Nation Tobacco Tax Refund Program was established under The Tobacco Tax Amendment Act, 2010 and regulations.9

The new legislation required special stamps and tear tapes on tobacco packages earmarked for First Nations. Also in 2010, Saskatchewan reduced the amount of tobacco that First Nations individuals could purchase tax-free on reserve from three cartons to one carton (200 cigarettes) per week. This limit amounts to a weekly tax-free consumption rate of one carton, or an equivalent amount of other tobacco products.10,11 A real time validation system has been put in place that instantly tracks the sale of all tax-exempt tobacco products, ensuring that no one is able to purchase more than their one carton per week limit.

An electronic refund system is in also place for tobacco products that are sent to reserves.12 As of March 21, 2013, the tax rate on cigarettes and loose tobacco increased from 21.0¢ to 25.0¢ per cigarette, tobacco stick or gram of tobacco. The tax refunded to eligible First Nation purchasers is based on these tax rates.13

Saskatchewan increased tobacco taxes by $5.40 per carton in 2010 and $8 per carton in 2013, making it the province with the fifth highest average price per carton of 200 cigarettes in Canada.14

Justification of Grade

Saskatchewan is to be commended for measures to control the sale of tax-free tobacco. This action has increased tax revenue and potentially reduced the number of tobacco users, as research shows that cheaper cigarettes make it harder for people who smoke to quit.15

Action Required

There are still measures that Saskatchewan could take to reduce the sale of contraband or illicit tobacco, particularly to minors:16,17,18,19

- Enter into administrative agreements with First Nations to allow them to collect an amount equal to the provincial tobacco tax to be reinvested in their communities
- Enhance enforcement of sales to minors
- Require licences for all tobacco retailers and increase fines for non-compliance
Recommendation 2:

Initiate well-funded mass media campaigns to educate the public about the danger of using tobacco and to counter tobacco company marketing and promotional activities. (2009) (Note: The terminology ‘mass media’ is now more likely to be referred to as an integrated health communication campaign.)

Grade: C

Why is this important?

Recent research in the UK, the US and Australia found that when properly executed, health communication campaigns focused on countering tobacco marketing are effective and offer good value for the money, especially if a successful ad from another jurisdiction is used.20,21

As part of a comprehensive tobacco control strategy, health communication campaigns using a variety of media platforms have been shown to motivate adults to quit using tobacco products.22,23,24 The ads can also “educate about the harms of smoking, set the agenda for discussion, change smoking attitudes and beliefs, increase quitting intentions and quit attempts, and reduce adult smoking prevalence.”25 Research has shown that the success of a campaign depends in part on public policies that support behaviour change, the availability of supportive community-based programs, and investment in longer campaigns that provide adequate population exposure to media messages.26

What has Saskatchewan done?

According to the Ministry of Health, an initial public awareness campaign for the proclaimed amendments to The Tobacco Control Act occurred in the fall of 2010. Advertisements ran on Facebook, radio and in newspapers throughout Saskatchewan.27

A second online campaign focused on “prohibiting smoking in vehicles when children under the age of 16 are present and prohibiting smoking within 3 metres of doorways, windows and air intakes. This campaign ran from February – April 2011.”28

Another initiative undertaken by the province is View and Vote, in which students in grades 6 to 12 view a dozen of the world’s best tobacco prevention television ads and select the one they believe is the most effective.
The program is designed to encourage young people to think critically about tobacco use. The program has been offered every two years since 2006 and is a partnership between the Ministry of Health and the Ministry of Education.\textsuperscript{29} There is no conclusive evidence that these initiatives have impacted smoking rates, attitudes and behaviours among youth.

Saskatchewan has also implemented a tobacco prevention campaign called \textit{Smokestream}, targeted at 11 to 14 year olds. The campaign's goal was to stimulate conversation about the social acceptance of smoking.\textsuperscript{30,31} An interactive website and classroom presentations were developed. The opinions expressed by youth were used to develop a campaign that included a YouTube video, television and cinema messages, online advertising, and cinema and school posters. A formal evaluation conducted in 2013 by the Ontario Tobacco Research Unit showed that the \textit{Smokestream} campaign had limited success. While the program reached a number of youth and helped reinforce their belief that they wouldn't start smoking, the majority of participants said that “their opinions before and after the campaign did not change.”\textsuperscript{33}

\textbf{Justification of Grade}

The campaigns listed above were good attempts at health communication campaigns, however they were far from comprehensive and their effect on smoking behaviour and attitude is unknown. Given Saskatchewan's high youth smoking rates, the province is not adequately reaching its target markets for smoking prevention, protection or cessation. Dedicated funding is required for multiple evidence-based, long-term, and targeted health communication campaigns and their evaluation.

\textbf{Action Required}

The Ministry of Health should apply current evidence on health communication campaigns and behaviour change to determine which approach is both effective and affordable for the target audience(s).
Recommendation 3:

Prohibit smoking in motor vehicles when a person under the age of 19 is present. (2009)

Grade: B

Why is this important?

To date, 10 provinces and territories, including Saskatchewan, have enacted legislation prohibiting smoking in vehicles when children are present.34

“Smoking just one cigarette in a car can lead to levels of tobacco smoke pollution that match and exceed by several times the levels found in the smokiest bars and restaurants.”35 Smoke-free vehicle legislation has been shown to protect children from exposure to second-hand smoke.36

What has Saskatchewan done?

The province is to be commended for passing smoke-free vehicle legislation but the legislation does not seem to be as effective as anticipated. Research has shown that, “Exposure to smoking in cars [among youth in grades 6 to 8] declined in all provinces where bans were implemented between 2004 and 2012 except for Saskatchewan where reported exposure to smoking in cars was approximately the same in 2004 (28%) and 2012 (29%).”37 In the year following implementation, which included a public awareness campaign, exposure to second-hand smoke among children in cars went down to 21%, then back up to 28% once the campaign was over.38 These statistics show the need for longer-term and/or repeated campaigns.

*Moderate sampling variability, interpret with caution.

<table>
<thead>
<tr>
<th>TC Measure</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
<th>YK</th>
<th>NWT</th>
<th>NU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke-free Places</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>vehicles with kids (under specified age)</td>
<td>16</td>
<td>18</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16 (B)</td>
<td>16</td>
<td>19</td>
<td>19</td>
<td>16</td>
<td>18</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

B = Bill introduced, not yet adopted; X = no action to date
**Justification of Grade**

Saskatchewan did implement legislation but the age limit of 16 instead of 19 leaves more youth at risk of exposure to second-hand smoke in motor vehicles. Smoke-free vehicles have also been shown to reduce the risk of youth experimentation with smoking.39

Given that exposure to second-hand smoke among Saskatchewan children in cars has not decreased, it appears better enforcement is needed. According to scientific research, another possibility is that bans on smoking in vehicles when children are present "may not be effective unless they are also accompanied by supporting stringent tobacco control policies."40

**Action Required**

The province needs to investigate why Saskatchewan’s law has not decreased exposure to Second-hand smoke (SHS) among children in vehicles and whether better public awareness or enforcement is required.
Recommendation 4:

Support communities in their prevention and cessation efforts where smoking rates are very high (2009).

Grade: D

Why is this important?

Lasting change occurs through shifts in the social environment, often beginning at the grassroots level through community interventions. Community-based programs therefore have the potential to change attitudes towards tobacco and, ultimately, influence tobacco use initiation, cessation, and decisions about smoking around others.

Community-based programs need to:

• Build on elements of existing programs that have been shown to be effective rather than repeating methods that have achieved limited success
• Recognize the differences among communities so that the given program can be modified to achieve acceptability
• Ensure that representative samples of the target audience are involved in program development to make sure appropriate messages and activities are implemented
• Use evidence-based behaviour change theories and models
• Reach the intended audience if they are to be successful in influencing behaviour

What has Saskatchewan done?

Saskatchewan no longer has a comprehensive tobacco control strategy in place and no funding has been provided for community-based initiatives in three years.

The Green Light Project ($248,735) is a campaign to celebrate Métis people who choose to smoke outside their homes to protect their families from SHS. The green light bulb symbolizes this decision to the community and encourages others to make the same choice. There are now 106 communities engaged in the Green Light Project. Information on smoking and electronic cigarettes is also provided online.
The Northern Saskatchewan Tobacco Reduction Initiative ($250,000) was a one-year initiative in 2012-13 that aimed to “reduce tobacco use and exposure for youth, young pregnant women and their circles of influence within the three Saskatchewan northern health authorities (Athabasca Health Authority, Keewatin Yathte and Mamawetan Churchill River Health Regions”). Despite the deliverables having been met, it does not appear that there was an evaluation done to measure the impact of the initiative on its targets and whether any short-term behaviour changes were sustained.

The Battlefords Family Health Centre Smoke-free Community Initiative ($203,791) was a partnership between the Battleford Tribal Council Indian Health Services (now the Battle River Treaty 6 Health Centre) and the Prairie North Regional Health Authority. It was called Change Can Happen with a Smoke Free Community! Its main objective was to increase public awareness about a variety of tobacco control measures through information sessions in school and at workshops. The initiative was given two extensions to March 2014, but it was not evaluated so its impact over time is unknown.

The Ministry also funded the PACT/TAR tobacco use cessation training initiative for health professionals; more information on it can be found in Recommendation #10.

**Justification of Grade**

Many communities and populations have very high tobacco use rates in the province. Despite this, no funding has been provided for community-based initiatives in more than three years. There is no indication of whether these programs were actually successful in changing tobacco use behaviour or whether they were sustainable without ongoing funding.

**Action Required**

The Ministry of Health should use current data on local/regional smoking rates to determine the communities most in need and provide significant, sustained funding to support large and small, targeted, evidence-based community tobacco control projects and their evaluation.
**Recommendation 5:**

Increase funding in the province’s tobacco reduction strategy, Building a Healthier Saskatchewan. (2014)

**Grade:** D

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**Why is this important?**

Saskatchewan collects about $295 million in tobacco taxes every year. In 2009 the government announced additional funding of $1.3 annually for three years to fund tobacco control initiatives. According to the Ministry of Health, the funding has dropped to approximately $450,000 in 2014-15, the lowest amount per capita on tobacco control measures. Saskatchewan spent $0.40 compared to a per capita high of $8.43 in Nunavut. The average per capita amount for the 10 provinces and territories for which data are available is $3.65. In 2008, Saskatchewan spent $0.59 per capita, meaning that the provincial government cut its tobacco control budget by a third in just seven years.

The 2014 edition of the US Centres for Disease Control (CDC) Best Practices for Comprehensive Tobacco Control Programs suggests a minimum of $7.41 US ($9.67 CAD) per capita be spent on state tobacco control programs, with $10.53 US ($13.74 CAD) being the recommended amount. Evidence shows that states that made larger investments in tobacco control have had larger declines in cigarette sales than the United States as a whole, and the prevalence of smoking has declined faster as spending for tobacco control programs has increased. In Canada, the same assertion can be applied.
For example, Ontario consistently makes one of the highest per capita investments in tobacco control and the results are telling. Smoking rates for young Ontarians (aged 15-19 years) decreased from 14% to 9% between 2003 and 2009, representing a faster decline than in other provinces.

What has Saskatchewan done?

Saskatchewan’s extremely limited spending on tobacco control does not allow the province to put effective measures in place to reduce tobacco use. This is one of the reasons Saskatchewan consistently has had the highest rate of youth smoking across the country. It is also why the province’s overall smoking rates have been higher than Canada’s average for many years.

Justification of Grade

Even though smoking rates among youth have decreased, Saskatchewan continues to have the highest youth smoking rates in Canada. This low level of tobacco control spending is unacceptable, given the amount of revenue collected via tobacco taxes annually. In 2013-14, the provincial government collected $295 million in tobacco taxes.

Action Required

If Saskatchewan is to effectively reduce tobacco use in the province, funding is needed for a variety of measures, including but not limited to:

• Policy development, implementation and enforcement, including increasing public awareness via health communication campaigns
• The inclusion of nicotine replacement therapy in the provincial drug formulary with support for repeated quit attempts
• Evidence-based programming designed and delivered at a community level, especially for populations with high smoking rates (pilot projects would be useful)
• Renew and enhance the provincial tobacco control strategy with adequate, sustained funding, including for evaluation
Recommendation 6:

Adopt regulations around electronic cigarettes to prevent young people from using them and to prevent undermining of tobacco control. (2014)

Grade: F

Why is this important?

E-cigarettes are particularly appealing to youth and young adults, with one in five of them having used the devices at least once.61

To date, Health Canada has not approved the manufacture, importation or sale of e-cigarettes with nicotine, thereby making them illegal. Despite the law, a growing number of retailers are selling e-cigarettes and “juice” that contains nicotine. In the absence of federal action, seven provinces have shown leadership and regulated e-cigarettes. Saskatchewan is not one of them.

Research is on-going regarding the potential effectiveness of e-cigarettes in terms of smoking cessation. Regardless of the level of effectiveness and what the research will show in terms of long-term health effects of using e-cigarettes, it is clear that provincial regulation is needed. Legislation is required to prevent youth from purchasing e-cigarettes. Regulations are also needed to help prevent e-cigarettes and the marketing of e-cigarettes, from renormalizing smoking and undermining smoking cessation efforts.
What has Saskatchewan done?

Saskatchewan’s Ministry of Health has stated publicly that the province will not consider introducing similar legislation until a federal standing committee releases its study into the potential health risks and benefits of e-cigarettes. The federal study was released in March 2015, but the province has not brought forward legislative amendments yet. The study clearly outlines the need for regulation.

Justification of Grade

Not only is Saskatchewan lagging behind other provinces, the Minister of Health has publicly stated that his government is waiting for the federal government to take action to regulate electronic cigarettes. This is unacceptable given the appeal of e-cigarettes to youth and young adults. In the absence of provincial leadership, some municipalities have adopted bylaws to restrict the use of e-cigarettes anywhere tobacco use is prohibited. They include Warman, Martensville and Saskatoon and many other municipalities and provinces across the country.

Action Required

Saskatchewan needs to move quickly to regulate electronic cigarettes. Areas for regulation include:

- Prohibiting use in workplaces/public places as well as in all outdoor spaces where smoking is prohibited
- Banning sales to minors
- Enacting the regulatory authority to restrict flavours
- Strictly regulating e-cigarette advertising and promotion
Recommendation 7:

Ban smoking in public places including school grounds, healthcare properties and on outdoor bar and restaurant patios. (2009)

Protect residents from second-hand smoke by banning smoking of all tobacco products including shisha and hookah, in outdoor places such as patios of restaurants and bars, hospital grounds, sports fields, playgrounds and outdoor stadiums. (2014)

Grade: D

Why is this important?

There is no doubt that second-hand smoke causes negative health effects, both indoors and outdoors. The US Surgeon General states that there is no safe level of exposure to SHS. In an outdoor setting, SHS is a health hazard causing immediate short and long-term harm to those exposed to it. When measured close to a person who is actively smoking, air pollution can reach very high levels that are similar to levels observed for indoor smoking.65

Being exposed to smoking can normalize smoking, which may lead to more youth starting to smoke. For people trying to quit, even seeing people smoking or smelling it can cause relapse.66

There has been a growing movement across Canada to protect people from SHS in outdoor spaces. Municipalities have been at the forefront, but in recent years provinces began amending legislation to prohibit smoking in specific outdoor spaces as well. The leading provinces are on at least their second round of legislative amendments.

Given the lack of action by the Saskatchewan government, the municipalities of Warman, Martensville and Saskatoon have adopted bylaws to ban smoking in outdoor areas, including outdoor patios of restaurants and bars, parks, playgrounds and sport fields.

The following table illustrates how Saskatchewan compares to the other provinces and territories with respect to protecting its citizens from second-hand smoke and second-hand vapours from water pipes.
### Patios

Restaurant and bar patios expose people to second hand smoke in a relatively small outdoor area, but it isn’t just outside where they are being exposed. Smoke from outdoor patios can drift into the restaurant or bar. Staff of these establishments are exposed for extended periods of time and should be protected, both indoors and outdoors. Smoke-free patios are supported by 70% of the public in Saskatchewan, according to an Ipsos Reid survey undertaken in December 2013. Furthermore, the Canadian experience shows that there is no negative economic impact on restaurant and bar owners when patios become smoke-free.

### Healthcare Properties

The province of PEI and at least 12 municipalities in Canada have laws that prohibit smoking on hospital grounds. Many hospitals have smoke-free grounds policies, but without the weight of the law they have no mechanism to enforce the policy.

### Playgrounds

Prohibiting smoking in playgrounds protects children from second hand smoke and is widely supported by the public – 91% in the Ipsos Reid survey done in Saskatchewan in 2013.

### Sports Fields and Outdoor Stadiums

Children, especially those with asthma or other respiratory health problems, have difficulty playing on sports fields where there is smoking on the sidelines or in bleachers. Since adult players and spectators may suffer the same problems and some municipalities have also banned smoking in sports fields and outdoor stadiums. As of December 2013, there was 81% public support in Saskatchewan for banning smoking on recreational fields and 87% support for prohibiting smoking in fixed seating or bleachers.

### TC Measure BC AB SK MB ON QC NB NS PEI NL YK NWT NU

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</tbody>
</table>

✓ = implemented; R = partial restrictions; B = Bill introduced, not yet adopted; N = see note

See Appendix B for details on the numbered notes in brackets in the first column of the table.
Outdoor Events

Outdoor events can be particularly smoky because so many people are gathered in a relatively small space. Smoking can ruin the experience of the event for many people, which can drive down ticket sales, reduce tourism, etc. The 2013 Ipsos Reid study found that 77% support prohibiting smoking on municipal property that is used for public gatherings (e.g. festivals, concerts, exhibition grounds, etc.).

What has Saskatchewan done?

In 2010, the province prohibited tobacco use on elementary and secondary school grounds, banned smoking in vehicles when children under the age of 16 are present and prohibited smoking within three (3) metres of doorways, windows and air intakes of enclosed public places, including bus shelters. The government is to be commended for taking those steps, but five years later it is time to expand the number of smoke-free outdoor spaces.

Justification of Grade

Saskatchewan is lagging far behind almost all other provinces when it comes to protecting its citizens from SHS, despite current evidence and broad public support for more smoke-free outdoor spaces.

Serious health risks are also posed by the second-hand vapours emitted from water-pipes. A 2012 study of air quality in water-pipe cafes in Ontario showed that staff and patrons were exposed to “...air quality levels considered hazardous to human health...Results support eliminating water-pipe smoking in hospitality venues indoors and out.”

The use of water-pipes in public places is an emerging issue that the province must also act on soon.

Action Required

The amended Tobacco Control Act, 2010 needs to be updated immediately. Saskatchewan should emulate some of the leading provinces in the country by enacting legislation that:

- Bans smoking on and within a buffer zone of at least 7m around outdoor patios of bars and restaurants
- Bans smoking in outdoor public events, areas used for public enjoyment and recreation, including playgrounds, sports and sports fields (including spectator areas), and hospital grounds
- Increases the distance of the buffer zone around doorways, air intakes and windows from 3 m to at least 9 m
- Prohibits the use of water-pipes, electronic smoking devices, and other weeds and substances province-wide, wherever smoking is already prohibited indoors or outdoors
- Includes a broad definition of smoking that addresses water-pipes, use of other weeds and substances
Recommendation 8:

Ban the sale of flavoured tobacco products. (2009)

Ban the sale of all flavoured tobacco products, including menthol, to prevent youth from starting to smoke. (2014)

Why is this important?

The use of flavoured tobacco among Canadian youth poses a significant public health burden. The 2012-13 Youth Smoking Survey reports that 55% of Saskatchewan high school students who use tobacco are using flavoured products.83

All flavourings are dangerous because they make it easier for youth to experiment with tobacco by masking its harsh taste. Furthermore, the colourful and trendy packaging and marketing may lead youth to believe these products are safer than non-flavoured products.84 Once youth start using one tobacco product, they are more likely to experiment with others.85

Menthol, the most widely used flavouring, poses distinct problems from other flavourings:

- Menthol reduces throat irritation as smoke is breathed in, making inhalation easier, especially for new cigarette users86
- High school students who smoke menthol smoke more cigarettes87
- Menthol plays a role in facilitating or allowing nicotine addiction to be tolerated by the smoker88
- Menthol's ability to mask throat irritation may also decrease motivation among users to quit89
- Menthol cigarettes are the most popular flavoured tobacco product among Saskatchewan youth.90
In the absence of federal amendments, seven provinces have taken action to ban flavoured tobacco, while five of them have included menthol. Saskatchewan is not among these provinces.

What has Saskatchewan done?

Saskatchewan adopted the Tobacco Control Amendment Act, 2010 that establishes regulatory authority to restrict or prohibit flavoured tobacco products. However, that portion of the Act has not yet been proclaimed. This is unacceptable when seven other provinces have already taken legislative steps to prohibit flavoured tobacco products.

The Minister of Health has made no commitment to ban flavoured or menthol products.

<table>
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<th>SK</th>
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</table>

✓ = implemented; R = partial restrictions; B = Bill introduced, not yet adopted
See Appendix B for details on the numbered notes in brackets in the first column of the table

Justification of Grade

Saskatchewan has not banned flavourings (including menthol) through legislation, nor has it even warned its citizens of the role flavourings such as menthol play in making it easier to smoke and become addicted to nicotine.

Action Required

Saskatchewan must pass provincial legislation prohibiting all flavourings in tobacco products, especially menthol.
Recommendation 9:

Prohibit tobacco sales in pharmacies, universities and colleges, bars and restaurants, athletic and recreational facilities, and through vending machines. (2009)

Restrict the sales of tobacco in restaurants and bars, post-secondary institutions, and athletic and recreational facilities. (2014)

Why is this important?

Governments are becoming more interested in reducing and regulating the number and location of retail tobacco outlets. Tobacco products are available 24 hours a day, seven days a week nearly everywhere in Saskatchewan.

Tobacco vendors are often located in neighbourhoods with lower socio-economic status (SES) and within walking distance of one another.91,92 Research shows that quit attempts often fail when tobacco retail outlets are close to residential neighbourhoods.93 Tobacco products can be purchased legally in approximately 2,200 locations in Saskatchewan94 or 1 for every 500 people, based on 2014 population data.

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<th>TC Measure</th>
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</tbody>
</table>

= implemented; R = partial restrictions; n = see note
See Appendix A for details on the numbered notes in brackets in the first column of the table.
There are many arguments in support of reducing the availability of tobacco products at retail:\textsuperscript{95,96,97}

- Widespread availability increases consumption and relapse
- The high prevalence of tobacco retailers normalizes tobacco products and tobacco use
- The widespread availability of tobacco products undermines health warnings
- Fewer outlets would make enforcement easier

A tobacco retailer licensing system is needed for tobacco vendors in Saskatchewan. A licensing system could also generate revenue that could be put back into enforcement and other tobacco control initiatives.

**What has Saskatchewan done?**

Since April 2, 2011 Saskatchewan has prohibited the sale of tobacco products in pharmacies or retail outlets that have pharmacies in them.\textsuperscript{98}

**Justification of Grade**

It is unacceptable that the only restriction on the sale of tobacco products is in pharmacies, hospitals and healthcare facilities. Saskatchewan has done nothing else to reduce the number or location of tobacco retailers, again lagging behind other provinces.

**Action Required**

For Saskatchewan to reduce tobacco sales it must reduce the number of places people can buy tobacco products. Given the high rates of smoking among youth and young adults the province must:

- Prohibit the sale of tobacco products in restaurants and bars, post-secondary institutions, athletic and recreational facilities and vending machines in any location
- Implement a tobacco retail licensing system
- Implement other measures to reduce the number of tobacco retailers, particularly near residential areas and schools, including post-secondary institutions, as well as where there are several vendors in close proximity to one another
Recommendation 10:

Help smokers to quit by providing support and subsidizing quit-smoking products and programs. (2009)

Support people trying to quit by subsidizing the cost of nicotine replacement therapy products. (2014)

**Grade:** C

**Why is this important?**

All provinces and territories provide some level of subsidies for tobacco use cessation products, whether Zyban®, Champix® and/or Nicotine replacement therapy. In Nova Scotia, there is not a province-wide initiative, although some health districts subsidize selected cessation products.

NRT has been on the market for decades, is safe and increases the rate of quitting by 50-70%.

Recent Canadian research shows that, when asked the question “If you were going to quit, would you use…,” people who smoke vastly preferred NRT prescription medications:

- 54% Nicotine gum or patch
- 26% Prescription medication

Training health professionals to provide smoking cessation interventions has been shown in numerous scientific reviews to have a measurable effect in helping tobacco users quit for good.

**What has Saskatchewan done?**

Since May 2010, PACT (Partnership to Assist with the Cessation of Tobacco) has been a stated priority for the Ministry of Health. PACT was designed to train health professionals in both brief and intensive tobacco use cessation interventions, initially through live workshops and now online. The website www.makeapact.ca provides a central place for cessation information. Its goal is to respond to the needs of people trying to quit, including Aboriginal people and youth, as well as respond to the training needs of health professionals. There are currently 2,045 registered PACT users in the database.
The TAR (Tobacco Addiction Recovery) program was also developed to increase understanding of sacred tobacco use and provide culturally sensitive strategies to eliminate misuse of tobacco while honouring the traditions associated with sacred tobacco use during cultural activities. TAR also supports those working in First Nations communities to assist people who want to recover from their addiction to commercial tobacco products.

The PACT/TAR program was evaluated by the Ontario Tobacco Research Unit (OTRU) in 2012. The evaluators found a few weaknesses, but stated that, “Despite these weaknesses, the program is viewed favourably and is credited with increasing awareness of tobacco cessation in organizations as well as increasing the knowledge and skills of health professionals and of patients/clients.”

The province is to be commended for the PACT/TAR training, which has reached over 1,150 health professionals. Unfortunately, in a survey of participants, only just over a third (37.1%; n=56/151) of the respondents said that they “routinely used their knowledge to provide smoking cessation intervention to all or most patients/clients.” The Canadian Tobacco Use Monitoring Survey (CTUMS) “suggest that there is room for greater involvement of health professionals, for instance, to encourage the use of pharmacotherapy aids, mitigate concerns about cessation products, and increase the use of existing cessation programs, plans, and supports.”

Along with several other provinces, Saskatchewan also provides $26,500 towards the Canadian Cancer Society’s Smokers’ Helpline. The Helpline is a free, confidential personalized service that offers cessation assistance over the telephone and online. Support is now available in English, Dene and Cree in Saskatchewan.

As of January 1, 2011, two smoking cessation medications, Zyban® and Champix®, were listed on the Saskatchewan Formulary, thereby reducing the cost, depending on a person’s level of coverage under the Saskatchewan Drug Plan’s programs. There is no coverage for any type of nicotine replacement therapy (NRT), which is far more popular and accessible than prescription drugs.

**Justification of Grade**

Despite the commendable initiatives mentioned above, the province has done nothing since 2009 to subsidize NRT for people who want to quit smoking, even though it has been proven to be effective.

**Action Required**

The provincial government needs to undertake the following measures:

- Subsidize multiple courses of NRT treatment for any tobacco user who would like to quit
- Subsidize Champix® and Zyban® for all residents, not just those who fall under specific programs
- Continue to train health care professionals in tobacco use cessation and measure their impact on smoking rates
## Appendix A – Provincial/Territorial Legislative Summary of Various Tobacco Control Measures

<table>
<thead>
<tr>
<th>TC MEASURE</th>
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</tbody>
</table>

✓ = implemented n = see note  
R = partial restrictions  
n/a = not available  
B = Bill introduced, not yet adopted (1)

This summary table and accompanying notes were prepared by Rob Cunningham, BA, LLB, MBA, Senior Policy Analyst with the Canadian Cancer Society, on behalf of the Canadian Cancer Society in Saskatchewan; the Heart and Stroke Foundation in Saskatchewan; and The Lung Association of Saskatchewan.
Legislative Summary – Notes

1. Pending Bills
   The pending government bills that have been introduced but not yet adopted are:
   - Manitoba – Bill 30, The Non-Smokers Health Protection Amendment Act (E-Cigarettes), first reading June 1, 2015, second reading June 29, 2015.

2. Tobacco Control Funding
   - Note that data for BC, NS, YK, NWT, NU are for 2010-11, and are sourced from a report entitled Tobacco Control Funding Commitments: Monitoring Update prepared by the Ontario Tobacco Research Unit: http://otru.org/wp-content/uploads/2012/06/funding2011.pdf
   - For Quebec, includes $12 million for cessation products. Does not include $5 million for contraband enforcement.
   - For Newfoundland, does not include $712,000 for cessation products or Ministry staff.

3. Patios
   - PEI prohibits smoking on patios except between 10:00pm and 3:00am.
   - NWT and Nunavut prohibit smoking on patios when the patios are located as part of a building or structure.

4. Hospital Grounds
   - PEI legislation has an exemption for one specified hospital, where an outdoor smoking area is permitted.
   - Some provinces may have an administrative policy (not legislation) that prohibits smoking on all hospital grounds.

5. Elementary/Secondary School Grounds
   - BC, SK and Yukon have legislation prohibiting all tobacco use on school grounds, not just smoking.
   - AB has legislation prohibiting all tobacco use by students on school grounds, not just smoking.
   - All school boards/districts in Manitoba and Newfoundland have banned smoking on school grounds through administrative policy.

6. Entrances
   - Ontario prohibits smoking within 9 m of a hospital, psychiatric facility or nursing home, but not other buildings.

7. Water-pipe
   - Alberta has adopted legislation to prohibit water-pipe use in places where smoking is banned, but this legislation has not yet been proclaimed into force.
   - Quebec prohibits water-pipe use in places where smoking is banned, with an exception for places operating as of May 10, 2005, subject to certain conditions.

8. Flavoured Tobacco
   - Nova Scotia exempts rum, wine, whisky and port flavours in pipe tobacco, and in cigars weighing 5g or more and costing more than $4.00 (CAD) per cigar.
   - Alberta exempts pipe tobacco, and exempts cigars weighing more than 5g and costing more than $4.00 (CAD) per cigar.
   - Manitoba legislation has been adopted but not proclaimed, and exempts pipe tobacco, flavoured tobacco and menthol; however final Manitoba regulations have not yet been adopted.
9. Sales at Colleges/Universities
   • There is one community college in the Northwest Territories which has a voluntary policy of not selling tobacco products.

10. Retail Licences
   • Alberta and Ontario authorize municipalities to require tobacco retail licences; licence fee varies by municipality; annual licence fees per tobacco retailer are $700 in St. Albert, Alberta; $450 in Edmonton, and $453 in Ottawa.
   • For provincial tobacco retailer licence fees, in New Brunswick the annual fee is $100 for a first application and $50 for a renewal, while in Nova Scotia the annual fee is $124.60 for three years.
   • Ontario requires tobacco retailers to have a provincial tobacco retailer's permit, but has a grandfather exemption for tobacco retailers who had a vendor's permit under the Retail Sales Tax Act as of June 30, 2010.

Appendix B – Acronyms used in this Report

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AB</td>
<td>Alberta</td>
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<td>BC</td>
<td>British Columbia</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (US)</td>
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<tr>
<td>CTADS</td>
<td>Canadian Tobacco, Alcohol and Drugs Survey</td>
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<tr>
<td>CTUMS</td>
<td>Canadian Tobacco Use Monitoring Survey</td>
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<tr>
<td>E-cigarette</td>
<td>Electronic cigarette</td>
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<td>MB</td>
<td>Manitoba</td>
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<tr>
<td>NB</td>
<td>New Brunswick</td>
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<td>NRT</td>
<td>Nicotine replacement therapy</td>
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<td>NS</td>
<td>Nova Scotia</td>
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<td>NU</td>
<td>Nunavut</td>
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<td>NWT</td>
<td>Northwest Territories</td>
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<tr>
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<td>Ontario</td>
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<tr>
<td>PACT</td>
<td>Partnership to Assist with the Cessation of Tobacco</td>
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<td>Prince Edward Island</td>
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<td>QC</td>
<td>Quebec</td>
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<tr>
<td>SES</td>
<td>Socio-economic status</td>
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<td>Second-hand smoke</td>
</tr>
<tr>
<td>SHV</td>
<td>Second-hand vapours</td>
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<td>SK</td>
<td>Saskatchewan</td>
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<td>TAR</td>
<td>Tobacco Addiction Recovery</td>
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<td>United Kingdom</td>
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<td>US</td>
<td>United States</td>
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</table>
Appendix C – References


2 Ibid.

3 Saskatchewan Ministry of Health. Building a Healthier Saskatchewan: A strategy to reduce tobacco use. (no date)


5 Rhymes, op.cit.


7 Rhymes, op.cit.


10 Ibid.


12 Ibid.


14 Personal communication from Rob Cunningham, Senior Policy Analyst, Canadian Cancer Society to Janice Forsythe, Cypress Consulting on October 7, 2015.

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28 Ibid.


31 Smokestream.ca. Sometimes, the best way to talk to youth is to listen. (No date) http://smokestream.ca/index.php/about/


33 Ibid.


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47 Northern Healthy Communities Partnership. Northern Saskatchewan Tobacco Reduction Initiative. (no date) http://www.nhcp.ca/northern_tobacco_strategy/nts_projects/nstri.html


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55 CDC, Best Practices, op. cit.


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