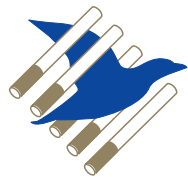


## Key to Grading

- A** Full implementation and adequate funding of all the current *Best Practices* recommendations.
- B** Substantially implementing components and funding of the *Best Practices* recommendations.
- C** Partially implementing and funding the *Best Practices* recommendations.
- D** Limited implementation and funding of the *Best Practices* recommendations.
- F** Failure to implement and fund *Best Practices* recommendations.



**Smoke-Free Nova Scotia**

### For More Information

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## Components of the Tobacco Control Strategy

### Taxation

Taxation, perhaps the single most effective means of reducing tobacco consumption and prevalence, is a widely utilized strategy, and one where a great deal of evidence about its effectiveness is available.

- The Ontario Campaign for Action on Tobacco

### Youth Smoking Prevention

The meaning of youth participation is recognizing and nurturing the strengths, interests, and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels.

- The Canadian Mental Health Association

### Treatment and Cessation

Support and treatment to help smokers stop is one of a range of approaches to tobacco control. It is an issue not just for individual health professionals in their work with smokers, but for the entire healthcare system. It complements other approaches (like policies to tax tobacco products, restrictions on their use and advertising, regulation of their contents and labelling, public information, and education) but addresses a specific group: those who want to stop and need help.

- World Health Organization

### Media and Public Awareness Strategies

Tobacco companies spend billions of dollars on advertising each year to promote their products. Considering the evidence that it works for tobacco companies, the same techniques are now being employed for tobacco control and prevention. Counter-marketing is suggested to increase public awareness of the hazards of tobacco use, and lead to reduced smoking behaviour by changing the social acceptability of smoking and denormalizing the tobacco industry.

- U.S. Federal Trade Commission

## Government Action To Date

### B

- ✓ From March 2001-January 2003 there have been four significant tobacco tax increases.
- ✗ In Nova Scotia, manufactured cigarettes are taxed higher than fine-cut tobacco product.

- Maintain tobacco prices at the current level and when necessary increase taxes to align with provincial and national trends.
- Tax all tobacco products equally.

### B

- ✓ There are new guidelines for effective smoke-free school-based policies.
- ✓ “Smoke-Free for Life” curriculum supplements for grades P-9 have been updated.
- ✓ A peer-led smoking cessation program for high school-aged students is now available to District Health Authorities.

- Implement “Smoke-Free for Life” in all schools.
- Provide direction and resources to District Health Authorities’ (DHAs) Tobacco Control Coordinators so that they can work more closely with young people to carry out a range of prevention, cessation and protection initiatives.

### B

- ✓ Funding has been provided to Addiction Services in each of the District Health Authorities to hire nicotine addiction treatment specialists and conduct pilot evaluations on the use and effectiveness of treatment programs combining counselling and pharmacological cessation aids.
- ✓ Tobacco Control Strategy initiatives actively promote the 1-800 Smoker’s Help Line (1-877-513-5333) provided by the Nova Scotia Division of the Canadian Cancer Society and funded by Health Canada.

- Increase funding to DHAs so they can expand the number and variety of cessation therapies and increase smokers’ access to counselling opportunities.

### B

- ✓ The Department of Health’s three-year anti-smoking awareness campaign was recently launched and includes TV, radio, and print advertisements.
- ✓ The Tobacco Control Unit’s web site ([www.gov.ns.ca/quitnow](http://www.gov.ns.ca/quitnow)) has information on the health effects of smoking, second-hand smoke and quitting, and includes a youth site.

- Expand public awareness strategies to support grassroots and community-based activities and initiatives that raise awareness about the harmful impact of tobacco.

## Components of the Tobacco Control Strategy

## Government Action To Date

## Recommended Action

### Legislation

Legislation that ensures smoke-free public places and work places is a key element of a comprehensive tobacco strategy because it protects non-smokers from the known harmful effects of exposure to second-hand smoke and plays a role in the prevention and cessation of tobacco use.

- from the Nova Scotia Department of Health,  
*A Comprehensive Tobacco Strategy for Nova Scotia*

Point-of-sale promotions send a message that tobacco is as socially acceptable as candy or newspapers. Point-of-sale promotions also contribute to spontaneous purchases and weaken the resolve of ex-smokers to remain smoke-free.

- Canadian Cancer Society, January, 1999

- C**
- ✘ On March 1, 2003, the *Smoke-Free Places Act* was implemented to restrict smoking in most work places and public places. This legislation, while a step forward, does not eliminate smoking from all indoor public and work places.

- Make all indoor public places and work places 100 per cent smoke-free. This can be achieved by either strengthening the *Smoke Free Places Act* or applying the existing Occupational Health and Safety Act.
- Develop legislation to prevent the point-of-sale display of all tobacco products.

### Community-Based Programs

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; developing partnerships with local organizations; and conducting educational programs for young people, parents, enforcement officials, community and business leaders, healthcare providers, school personnel, and others.

- *Best Practices for Comprehensive Tobacco Control Programs*, Center for Disease Control

- C**
- ✓ District Health Authorities have received funding for Tobacco Coordinators to support prevention and health promotion activities and resources for community-based tobacco programs.

- Increase collaborative grassroots efforts with coordinated, consistent information and resources for individuals and organizations to support the provincial Tobacco Control Strategy.

### Monitoring and Evaluation

Experience in California, Massachusetts, and other States has demonstrated that the standard public health practice guideline of devoting 10 per cent of program resources to surveillance and evaluation is a sound recommendation.

- *Best Practices for Comprehensive Tobacco Control Programs*, Center for Disease Control

- D**
- ✘ The evaluation component of the Tobacco Control Strategy is funded at less than 4.3 per cent.

- Increase funding of the evaluation component to the recommended 10 per cent.

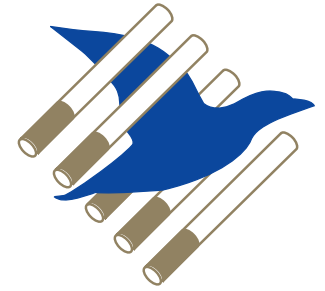
### Sustainability

For jurisdictions with populations under 3 million, approximate annual costs to implement a comprehensive tobacco control strategy are at a minimum \$10 per capita.

- *Best Practices for Comprehensive Tobacco Control Programs*, Center for Disease Control

- F**
- ✘ Nova Scotia's tobacco Control Strategy is currently funded at \$1.75 million, which is less than \$2.00 per Nova Scotian and about 1 per cent of current tobacco tax revenues (expected to be over \$166 million in 2003/2004).
  - ✘ There has been no commitment to long-term funding for Nova Scotia's Tobacco Control Strategy.

- For 2003/04 increase funding for the Tobacco Control Strategy to a minimum of \$2.8 million.
- Develop a plan to bring funding up to the recommended \$10 per capita level, which represents 6 per cent of current tobacco tax revenues.
- Options for funding the tobacco control strategy include tobacco tax revenues and legal action to recover costs from the tobacco industry.



*Smoke-Free Nova Scotia*

## The Nova Scotia Tobacco Control Report Card

During 2000/01, members of the Coalition for a Smoke-Free Nova Scotia participated in the development of a Tobacco Control Strategy for Nova Scotia.

While a number of the components of Nova Scotia's Tobacco Control Strategy are beginning to have some effect, a long-term commitment to adequately fund and implement all the components of the Tobacco Control Strategy is essential if there is to be a sustained impact and further decreases in smoking rates.

Smoke-Free Nova Scotia's *Tobacco Control Report Card* is a first step in taking stock of where we are now and what needs to be done in the future.