



November 25, 2008

## TOBACCO CONTROL FUNDING COMMITMENTS: MONITORING UPDATE

### What Is the Issue?

Substantial and stable government funding is necessary if tobacco control strategies are to be effective in reducing tobacco-related illness and death. The U.S. Centers for Disease Control and Prevention (2007) recommends sustained tobacco control funding on a state-by-state basis, especially for community interventions, health communication, cessation, surveillance, evaluation, administration and management. The U.S. Institute of Medicine (2007) recommends a range of \$15 U.S. to \$20 U.S. per capita as a funding target for each U.S. state. In addition, it recommends use of tobacco excise tax revenues to fund tobacco control programs, federal funding of media campaigns, stable funding for quit lines, funding of research and a national funding plan if state funding does not increase. Internationally, the Framework Convention on Tobacco Control (WHO 2005; 2008) likewise encourages meaningful funding of tobacco control strategies.

### Ontario

Although comparisons between Canadian and U.S. funding must be treated with caution, Ontario's per capita funding of tobacco control at less than five dollars per person is considerably lower than the minimum amount recommended by the Institute of Medicine (2007) for U.S. states (Table FC.1). Nevertheless, Ontario has substantially increased tobacco control funding under the Smoke-Free Ontario Strategy:

• 2004-2005	\$30,800,000 (total)	\$2.48 (per capita)
• 2005-2006	\$50,000,000 (total)	\$4.01 (per capita)
• 2006-2007	\$60,000,000 (total)	\$4.76 (per capita)
• 2007-2008	\$60,000,000 (total)	\$4.69 (per capita)

The Ontario amounts omit dollars used for tobacco control that are not disaggregated at source, such as funding to the public health system for chronic disease prevention under the Ontario Public Health Standards or to physicians for cessation-related services under the Ontario Health Insurance Program. Based on estimates collected by personal contact with health and finance departments, Ontario has the highest total funding commitment and the third highest per capita funding commitment to tobacco control of all Canadian provinces and territories (see notes to Table FC.1 for data limitations). In 2007-2008, Ontario tobacco tax revenues totaled \$1,127 million<sup>1</sup> (compared to a tobacco control funding commitment of \$60 million).

### International Jurisdictions

The U.S. states with the highest per capita tobacco control funding are Maine (~\$12.83 U.S.), Delaware (~\$12.37 U.S.) and Colorado (~\$5.35 U.S.). Per capita tobacco control funding in all other U.S. states, including California (~\$2.12 U.S.), falls below CDC (2007) state-specific guidelines. Connecticut does not have a tobacco control funding commitment.<sup>2</sup> On a global basis, the World Health Organization (2008) describes tobacco control funding as seriously inadequate, especially in light of tobacco tax revenues.

<sup>1</sup> 2008 Ontario Economic Outlook and Fiscal Review [<http://www.fin.gov.on.ca>]

<sup>2</sup> <http://www.tobaccofreekids.org/reports/settlements/>

**Table FC.1: Tobacco Control Funding Commitments, by Canadian Federal, Provincial and Territorial Governments, Fiscal 2007-2008**

Jurisdiction*	2007-2008 Funding (CDN\$)	Population	Per Capita Funding (CDN\$)
FEDERAL†	\$63,800,000	32,976,000	\$1.93
Northwest Territories‡	\$326,000	42,600	\$7.65
Yukon	\$165,865	31,000	\$5.35
<b>Ontario</b>	<b>\$60,000,000</b>	<b>12,803,900</b>	<b>\$4.69</b>
Québec§	\$29,027,609	7,700,800	\$3.77
Alberta	\$9,100,000	3,474,000	\$2.62
Nova Scotia	\$2,400,000	934,100	\$2.57
Nunavut¶	\$67,500	31,100	\$2.17
Newfoundland/Labrador	\$740,000	506,300	\$1.46
British Columbia#	\$5,600,000	4,380,300	\$1.28
Manitoba	\$595,800	1,186,700	\$0.50
Prince Edward Island**	Not Available	138,600	Not Available
New Brunswick**	Not Available	749,800	Not Available
Saskatchewan**	Not Available	996,900	Not Available
<b>Average Per Capita Funding Provinces/Territories (excluding PEI/NB/SK)</b>			<b>\$3.21</b>
<b>IOM Recommended Per Capita Funding, 2007 (\$U.S.)</b>			<b>\$15.00-\$20.00</b>

\* Provinces and territories are ordered by per capita funding amount

† The federal amount reflects Health Canada's planned spending for 2007-2008 under the Federal Tobacco Control Strategy [[http://www.tbs-sct.gc.ca/rpp/0708/hlth-sant/hlth-sant03-eng.asp#2\\_3\\_3\\_2](http://www.tbs-sct.gc.ca/rpp/0708/hlth-sant/hlth-sant03-eng.asp#2_3_3_2)]

‡ The estimate for the Northwest Territories includes amounts spent on tobacco control programming excluding employee salaries

§ Québec's tobacco control budget includes reimbursement for nicotine replacement therapy under the provincial drug insurance program when prescribed by a physician: from Jan 1 2007 to Dec 31 2007, Québec spent \$9,027,609 on nicotine replacement therapy

|| The amount for Alberta is the funding given to the AADAC Tobacco Reduction Strategy

¶ The Nunavut amount is for a salary; Nunavut also received \$314,469 from the federal government for tobacco control initiatives

# The amount for British Columbia does not include litigation costs

\*\* The province did not disclose funding commitment

Sources: Amounts quoted are approximations based on levels committed through political and budgetary announcements and personal communications from health and finance departments. Population figures are from Statistics Canada, post-census estimates, July 1, 2007 [<http://www40.statcan.ca/l01/cst01/demo02a.htm?sd1=population%20canadian>]

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## References

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