THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

OTRU Update

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Tobacco Control Funding Commitments: Monitoring Update

What Is the Issue?

Substantial 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 (CDC) (2007) recommends sustained tobacco control funding on a state-by-state basis, e.g., for community interventions, health communication, cessation and evaluation. The U.S. Institute of Medicine (IOM) (2007) recommends $15 U.S. to $20 U.S. per capita as a funding target for each U.S. state. It also recommends the use of tobacco 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. The WHO Framework Convention on Tobacco Control (2005, Article 26, pp. 23-24) encourages meaningful funding of tobacco control strategies. Cuts to tobacco control funding lead to increased healthcare costs and productivity losses (Lightwood et al. 2008; OTRU 2008). Callard (2010) found that global tobacco control funding levels in 2008 were significantly lower than resources devoted to other high-mortality global health challenges.

Ontario

In 2009-2010, Ontario's total funding commitment for tobacco control was $42.8 million (Table 1), compared to $53.2 million in 2008-2009 and $60 million in 2007-2008. In 2009-2010, Ontario tobacco tax revenues were $1,080 million.[1] There is no Canadian equivalent for the U.S. IOM (2007) per capita targets ($15 U.S. to $20 U.S.). However, at $3.28 Ontario's per capita funding commitment is below IOM target levels and $0.26 lower than the average per capita commitment of other provinces and territories. 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. Similar omissions occur in reported funding levels for other provinces, making comparison less than straightforward. The 2009-2010 Ontario tobacco control funding commitment went towards such purposes as enforcement, cessation, public education, youth engagement, monitoring, research and evaluation.

International Jurisdictions

Ordered by percentage of CDC recommendation achieved, the five U.S. states with the highest tobacco control funding in 2009 were (in U.S. dollars): Alaska ($9.2 million or 86% of CDC recommendation), Delaware ($11.3 million or 81% of CDC recommendation), Wyoming ($6.9 million or 77% of CDC recommendation), Hawaii ($11.3 million or 74% of CDC recommendation) and Montana ($9.3 million or 70% of CDC recommendation).[2] In a 2004 New South Wales (Australia) survey, respondents supported tobacco control budgets much higher than current levels of government expenditure ($0.73 per capita at the time) (Walsh et al. 2008).

[1] http://www.fin.gov.on.ca/en/budget/ontariobudgets/2010/papers_all.pdf; p. 136, Table 27
[2] http://tobaccofreekids.org/reports/settlements/2009/staterankings.pdf

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Table 1: Tobacco Control Funding Commitments, by Canadian Federal, Provincial and Territorial Governments, Fiscal 2009-2010

Jurisdiction[a]	2009-2010 Funding (CDN$)	Population	Per Capita Funding (CDN$)
FEDERAL[b]	$65,300,000	33,739,900	$1.94
Yukon	$376,000	33,700	$11.16
Northwest Territories[c]	$339,182	43,400	$7.82
Québec[d]	$32,287,174	7,828,900	$4.12
Ontario	**$42,800,000**	**13,069,200**	**$3.28**
Nova Scotia	$2,400,000	938,200	$2.56
Nunavut[e]	$60,000	32,200	$1.86
Newfoundland/Labrador	$758,000	508,900	$1.49
Saskatchewan	$1,300,000	1,030,100	$1.26
British Columbia[f]	$3,900,000	4,455,200	$0.88
Manitoba[g]	$840,000	1,222,000	$0.69
Alberta[h]	Not Available	3,687,700	Not Available
Prince Edward Island	Not Available	141,000	Not Available
New Brunswick	Not Available	749,500	Not Available
Average Provincial/Territorial Per Capita Funding, excluding Ontario			**$3.54**
IOM Recommended Per Capita Funding, 2007 ($U.S.)			**$15.00-$20.00**

[a]Provinces and territories are ordered by per capita funding amount.
[b]The federal amount reflects Health Canada's planned spending for 2009-2010 under the Federal Tobacco Control Strategy [http://www.tbs-sct.gc.ca/rpp/0708/hlth-sant/hlth-sant03-eng.asp#2_3_3_2]
[c]The estimate for Northwest Territories includes amounts spent on tobacco control programming, including one full-time salary.
[d]Québec's tobacco control budget includes reimbursement for nicotine replacement therapy under the provincial drug insurance program when prescribed by a physician: in fiscal 2009-2010, Québec spent $12,287,174 on nicotine replacement therapy; not included in the total for Québec is an additional investment of $5,000,000 in cessation counselling for which physicians are reimbursed.
[e]The Nunavut amount is for a salary ($50,000) and other spending on tobacco control by the Government of Nunavut ($10,000).
[f]The amount for British Columbia does not include litigation costs or spending by non-health ministries, such as the Ministry of Finance.
[g]The amount for Manitoba excludes salaries.
[h]The amount for Alberta is unavailable due to the transition to Alberta Health Services (AHS); in 2008-2009, Alberta's commitment was $9,100,000.
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, 2009. [http://www40.statcan.ca/l01/cst01/demo02a.htm?sdi=population%20canadian]
Comments and suggestions are welcome and can be sent to lise_anglin@camh.net

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