



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.

KEY FINDING:

Ontario Tobacco Control Funding, Fiscal 2010-2011: \$42.8 Million or \$3.24 Per Capita

Ontario

In 2010-2011, Ontario's total funding commitment for tobacco control was \$42.8 million (Table 1), which is the same as the amount reported in 2009-2010. Amounts from previous years were \$53.2 million in 2008-2009 and \$60 million in 2007-2008. In 2010-2011, Ontario's projected tobacco tax revenues were \$1,158 million.¹ The Tobacco Strategy Advisory Group (TSAG 2010, p. 41) suggests that some of the funding needed for tobacco control in Ontario could be drawn from provincial cigarette tax revenues. TSAG (2010, p. 21) also makes a "clear business case" for adequate funding of tobacco control by comparing healthcare costs of tobacco use with anticipated savings in healthcare achieved by tobacco control funding. There is no Canadian equivalent for the U.S. IOM (2007) per capita targets (\$15 U.S. to \$20 U.S.). However, at \$3.24 Ontario's per capita funding commitment is below IOM target levels and \$0.40 lower than the average per capita commitment of other provinces and territories (\$3.64). 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 2010-2011 Ontario tobacco control

¹ <http://www.fin.gov.on.ca/en/budget/ontariobudgets/2011>; see Table 24, p. 226

funding commitment went towards such purposes as enforcement, cessation, public education, youth engagement, monitoring, research and evaluation.

Table 1: Tobacco Control Funding Commitments, by Canadian Federal, Provincial and Territorial Governments, Fiscal 2010-2011

Jurisdiction^a	2010-2011 Funding (CDN\$)	Population	Per Capita Funding (CDN\$)
FEDERAL ^b	\$57,400,000	34,108,800	\$1.68
Nunavut ^c	\$280,000	33,200	\$8.43
Northwest Territories ^d	\$324,003	43,800	\$7.40
Yukon	\$215,000	34,500	\$6.23
Québec ^e	\$32,000,000	7,907,400	\$4.05
Ontario	\$42,800,000	13,210,700	\$3.24
Nova Scotia	\$2,300,000	942,500	\$2.44
Newfoundland/Labrador	\$842,765	509,700	\$1.65
Manitoba	\$1,083,000	1,235,400	\$0.88
British Columbia ^f	\$3,900,000	4,531,000	\$0.86
Saskatchewan	\$845,000	1,045,600	\$0.81
Alberta ^g	Not Available	3,720,900	Not Available
Prince Edward Island	Not Available	142,300	Not Available
New Brunswick	Not Available	751,800	Not Available
Average Provincial/Territorial Per Capita Funding, excluding Ontario			\$3.64
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 is the Federal Tobacco Control Strategy (FTCS) allocation within Health Canada for fiscal 2010-2011.

^c The Nunavut amount is for tobacco control salaries (\$220,000) and other spending on tobacco control by the Government of Nunavut (\$60,000). Nunavut received financial assistance from the federal government for tobacco control in 2010-2011: \$130,000 for a youth training workshop and \$100,000 for the Nunavut Quitline.

^d The estimate for Northwest Territories includes salary dollars for staff working directly and exclusively on tobacco control.

^e Québec's tobacco control budget includes reimbursement for nicotine replacement therapy under the provincial drug insurance program when prescribed by a physician: in fiscal 2010-2011, Québec spent an estimated \$12,000,000 on nicotine replacement therapy; not included in the total for Québec is an additional investment of an estimated \$5,000,000 in cessation counselling for which physicians are reimbursed.

^f The amount for British Columbia includes only the amount committed from the Tobacco Control Program, Ministry of Health, and does not include litigation costs or spending by non-health ministries, such as the Ministry of Finance.

^g The amount for Alberta was unavailable in 2009-2010 and 2010-2011; 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 ministries. The estimates do not include amounts spent on tobacco control by other ministries. Population figures are from Statistics Canada, post-census estimates, July 1, 2010.

[<http://www40.statcan.ca/lo1/cst01/demoo2a.htm?sdi=population%20canadian>]

International Jurisdictions

According to Campaign for Tobacco-Free Kids,² the five U.S. states with the most commendable 2010-2011 tobacco control funding amounts relative to targets were (in U.S. dollars): Alaska \$9.8 million, Hawaii \$9.3 million, Montana \$8.4 million, North Dakota \$8.2 million and Wyoming \$5.4 million. Expressed per capita (using 2010 population), the rank order would be Alaska \$13.80, North Dakota \$12.19, Wyoming \$9.58, Montana \$8.49 and Hawaii \$6.84. Walsh et al. (2008) found that survey respondents in New South Wales, Australia, supported tobacco control budgets larger than actual government expenditures (\$0.73 per capita at the time of the survey).

References

Callard C. [Follow the money: How the billions of dollars that flow from smokers in poor nations to companies in rich nations greatly exceed funding for global tobacco control and what might be done about it.](#) *Tobacco Control* 2010 July 7 [Epub ahead of print].

Centers for Disease Control and Prevention (CDC). Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: 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, October 2007. [http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf]

Institute of Medicine. Ending the Tobacco Problem: A Blueprint for the Nation. National Academy Press, Washington DC, 2007. [Executive summary <http://www.nap.edu/catalog/11795.html>]

Lightwood JM, Dinno A, Glantz SA. Effect of the California tobacco control program on personal health care expenditures. *PLoS Medicine* 2008;5(8):1214-1222. [<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050178>]

Ontario Tobacco Research Unit. OTRU Update: Effects of Funding Cuts to Tobacco Control Programs. Toronto ON: Ontario Tobacco Research Unit, 2008. [http://www.otru.org/pdf/updates/update_dec2008.pdf]

Tobacco Strategy Advisory Group (TSAG). Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011 to 2016. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, pp. 44, October 18, 2010. [<http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf>]

Walsh RA, Paul CL, Tzelepis F, Stojanovski E, Tang A. Is government action out-of-step with public opinion on tobacco control? Results of a New South Wales population survey. *Australian and New Zealand Journal of Public Health* 2008;32(5):482-488.

World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization, 2005. [http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf]

Comments and suggestions are welcome and can be sent to lise_anglin@camh.net

Suggested Citation: Ontario Tobacco Research Unit. Tobacco Control Funding Commitments: Monitoring Update. Toronto, ON: Ontario Tobacco Research Unit, July 5, 2011.

² http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/settlement/FY2011/StateRankings.pdf