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RESEARCH
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UNITÉ
DE RECHERCHE
SUR LE TABAC
DE L'ONTARIO

Generating knowledge for public health



Welcome to today's webinar:

Less than 5 by 35: Canada's Tobacco Endgame Initiative - Why, What, How

Presented by:

Dr. Andrew Pipe, Dr. Elizabeth Eisenhauer, Dr. Rob Schwartz

TIME: 1:30 – 2:30 P.M.

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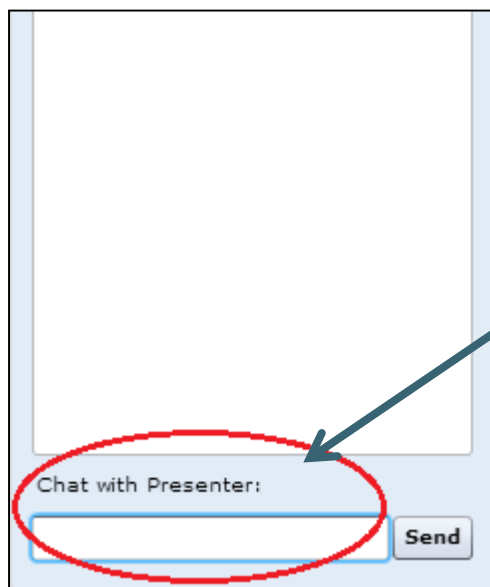


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Enter your comments or questions in this chat box (bottom left corner of your screen). They will be posted and shared with everyone in the webinar.



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How many people are attending today's webinar with you?

*Please count yourself plus anyone else in the room who is sharing your login credentials.

- **1**
- **2**
- **3**
- **4**
- **5 or more** (Please enter into the chat box the number of people attending this webinar with you)

Today's Speakers



Dr. Andrew Pipe, CM, MD, LLD(Hon), DSc(Hon)

Dr. Andrew Pipe is currently Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute and a Professor in the Faculty of Medicine at the University of Ottawa.

He has addressed audiences in over 30 nations and has served as a physician at 12 Olympic Games. As a member of the Canadian Olympic Hall of Fame, he served as Chair of the Canadian Centre for Ethics in Sport from its inception until 2003.

Dr. Pipe is the recipient of honorary degrees from Queen's University (LLD), Brock University (DSc) and University of Guelph (DSc). He was formerly Vice Chairman of the Board of Trustees at Queen's University and in 2002 he was named to the Order of Canada.

Today's Speakers



Elizabeth Eisenhauer, MD FRCPC

Dr. Eisenhauer is currently a Professor in the Departments of Oncology and Medicine at Queen's University and since 2012, has been the Head of the Department of Oncology at Queen's and the Cancer Program Medical Director at Kingston General Hospital.

From 1982 to 2012, she was Director of the Investigational New Drug Program of the NCIC Clinical Trials Group, has been active on a number of committees and is currently the Research Lead for the Canadian Partnership Against Cancer and Co-Chair of the Canadian Cancer Research Alliance.

Today's Speakers



Dr. Rob Schwartz

Dr. Rob Schwartz is the Executive Director of OTRU and Professor at the Dalla Lana School of Public Health, University of Toronto, with interests in research, evaluation and knowledge exchange.



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Canada's Tobacco Endgame Initiative

Why, What, How

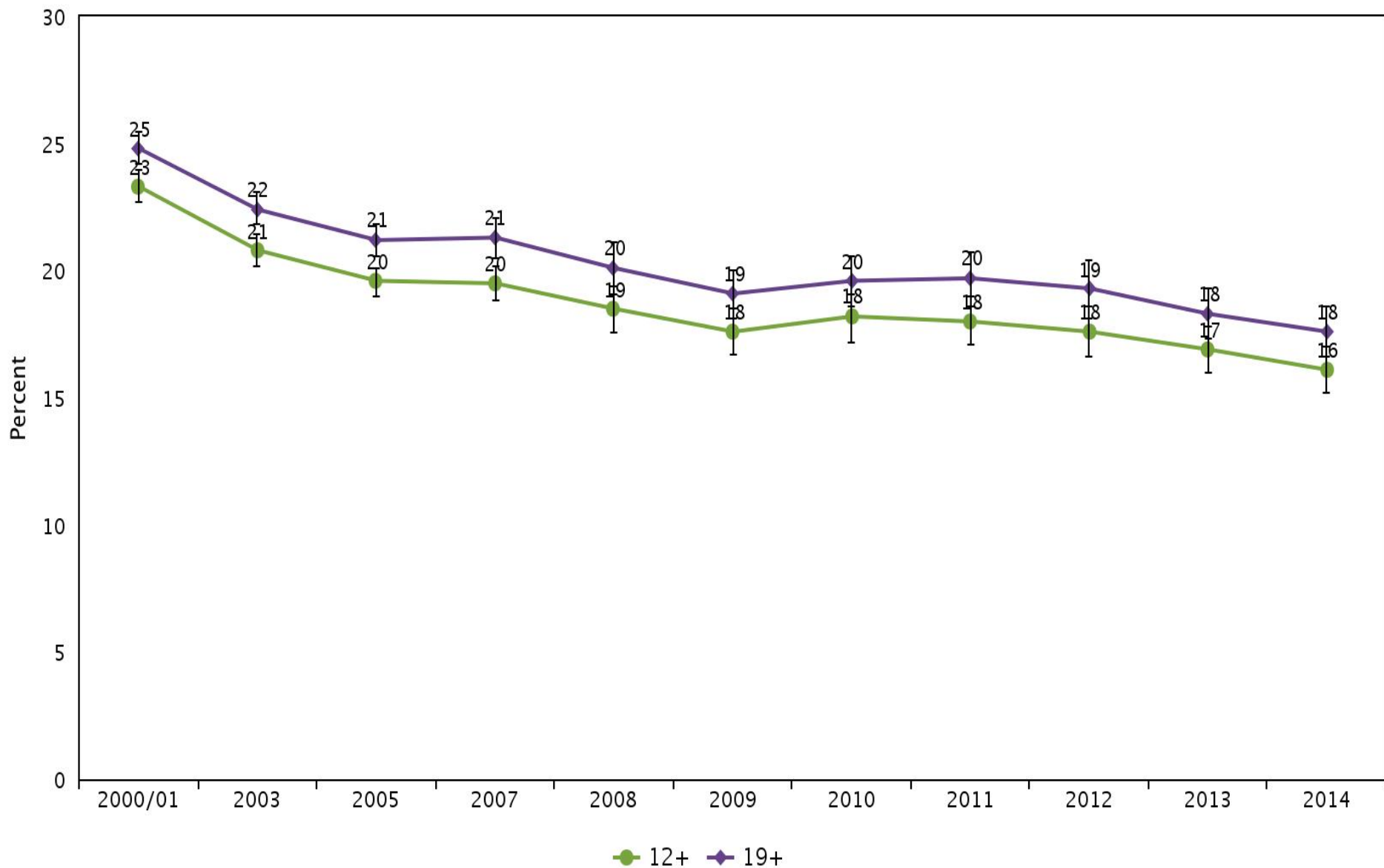
Defining what is meant by “Tobacco Endgame”

Tobacco Endgame discourse centres around the idea that it is necessary to move beyond a focus on tobacco ***control*** (in its concomitant assumption that tobacco is here to stay” ...) toward a focus on **planning how to reach a *tobacco-free future*.**

- *Ruth Malone*



Prevalence of cigarette smoking (Ontario)



It kills



No +ve

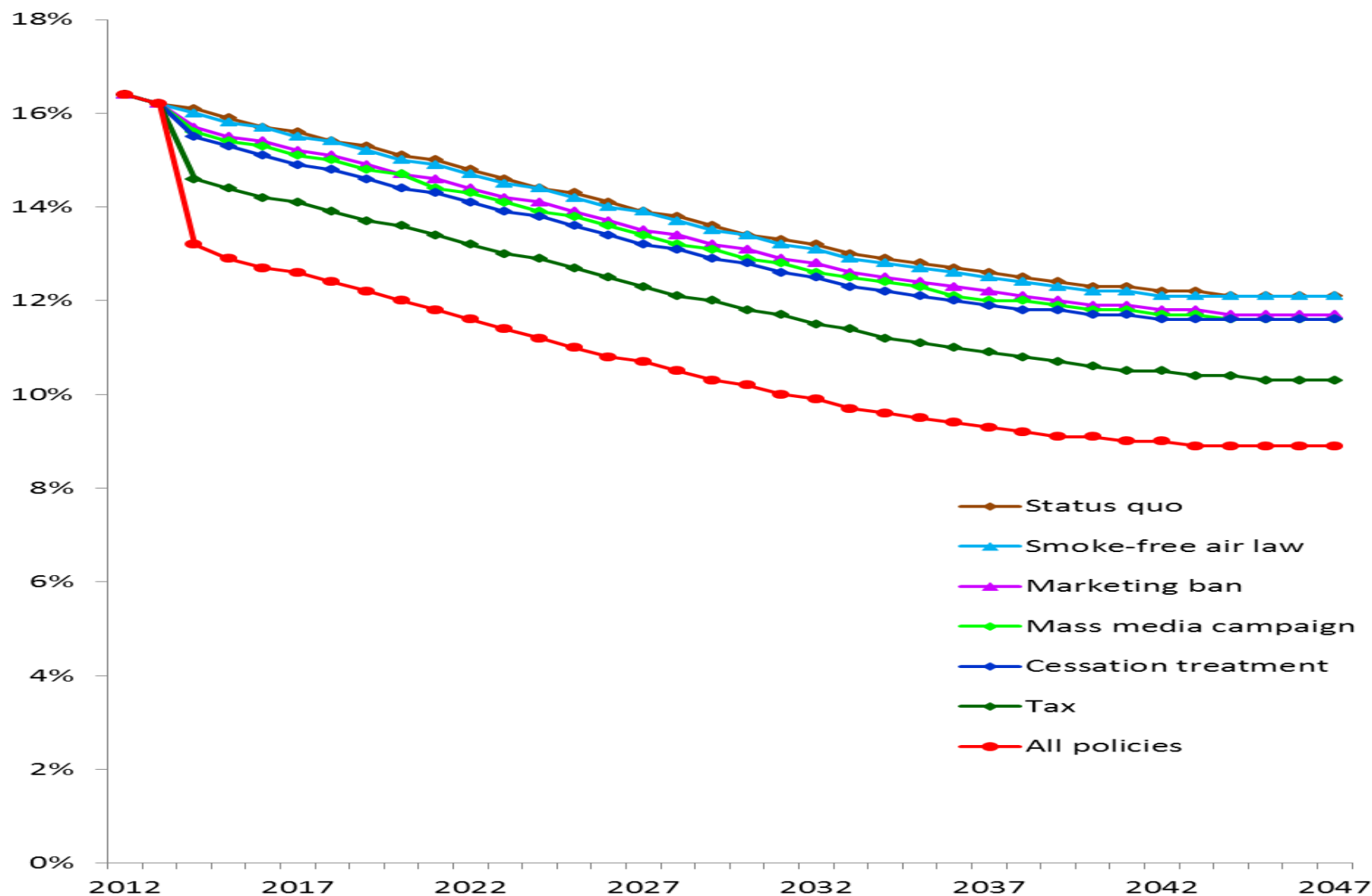


We can



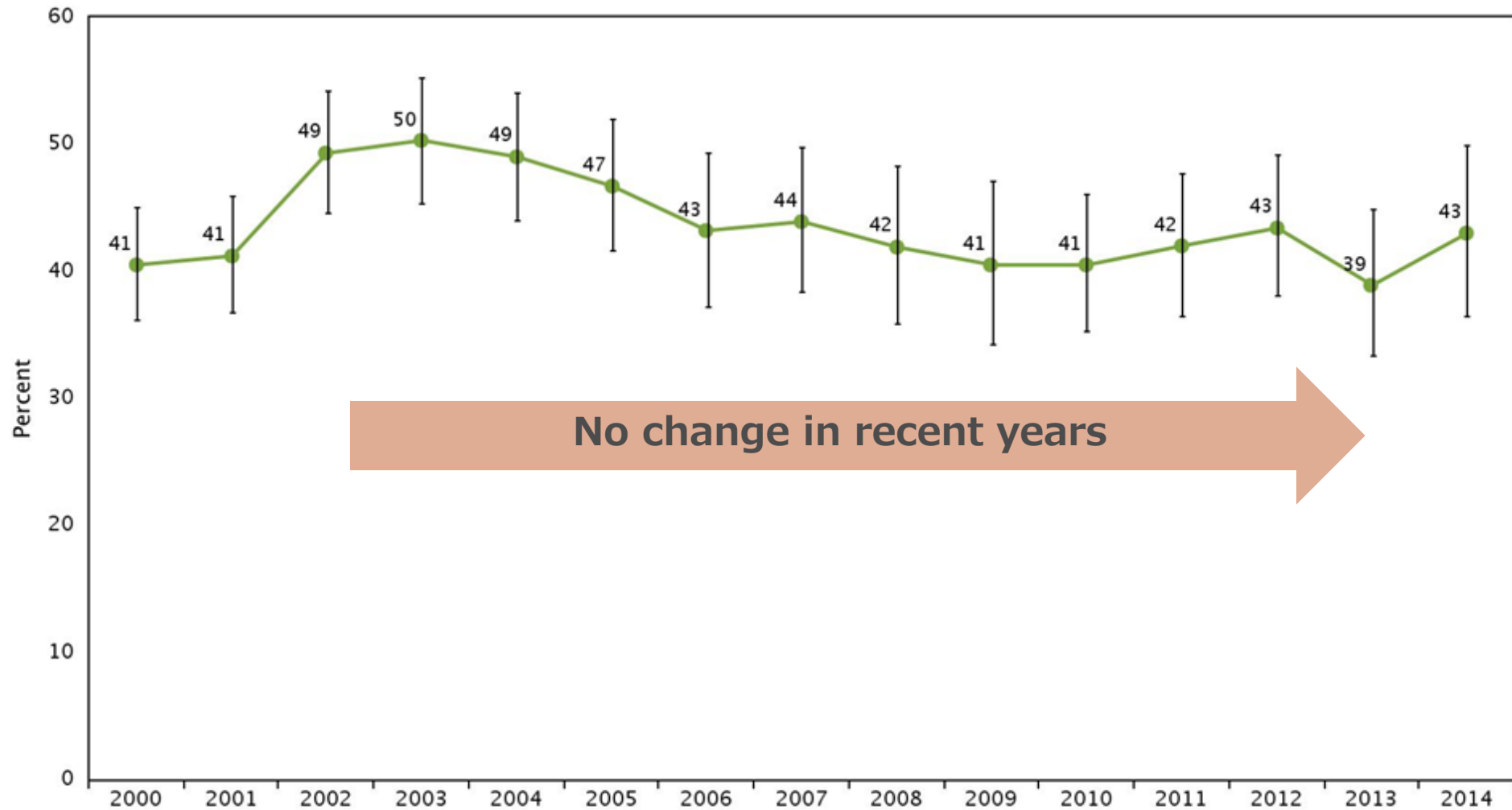
Smokers
Agree

SimSmoke model predicted smoking prevalence, for both sexes, ages 15-85, with and without MPOWER policies, Ontario, 2012-2046



INCREMENTAL MEASURES
=
INCREMENTAL PROGRESS

One or More Quit Attempts, Past Year, 18+



Long-Term Quit Rate

- In 2014, 7.9% of past-year smokers quit for 30 days or longer
- Relapse is about 79%
- 1.7% of previous-year smokers who quit and remained smoke-free for the subsequent 12 months

QUESTIONS & COMMENTS

The Initiative for Canada's Endgame

Webinar November 28 2016

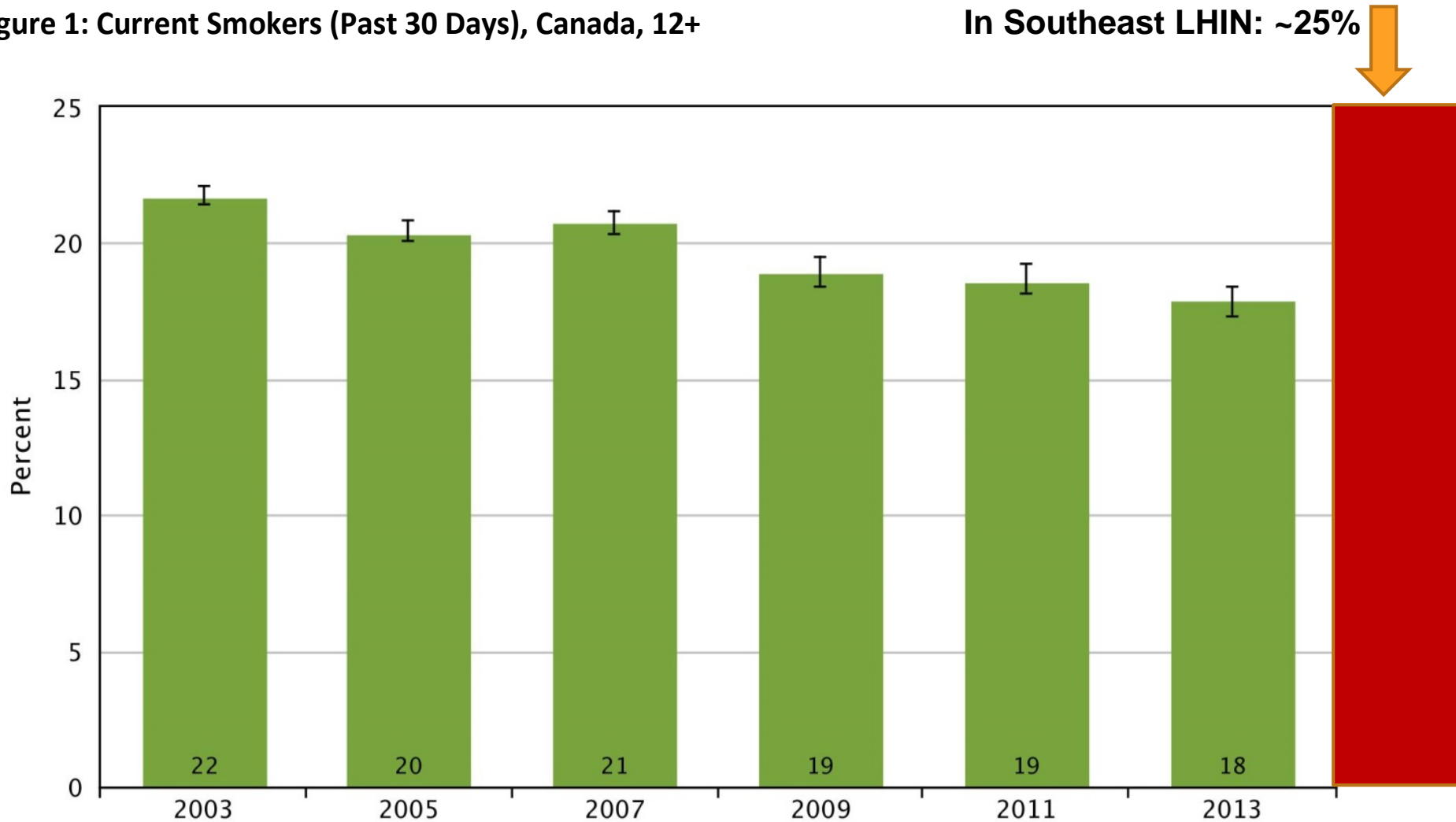
Elizabeth A Eisenhauer, MD FRCPC FRSC
Department of Oncology
Queen's University



Tobacco Use Trends in Canada

Figure 1: Current Smokers (Past 30 Days), Canada, 12+

In Southeast LHIN: ~25%



Ontario Tobacco Research Unit. Tobacco Informatics Monitoring System (TIMS). Current Smokers (Past 30 Days), Canada, 12+. Available at: <http://tims.otru.org>. Accessed June 28, 2015



WORLD ONCOLOGY FORUM®

Are we winning the war on cancer?

1 Question • 100 Experts • 1 Answer

26-27 October 2012

Grand Hotel Villa Castagnola, Lugano, Switzerland

Ten-Point Action Plan....

Prevent preventable cancers:

1. Wage war on tobacco, by far the biggest cause of cancer death across the globe. Extend to all countries the anti-tobacco measures already found to be effective and tax the profits made from tobacco.
2. Give people the knowledge they need to understand which cancers threaten them most, and how to reduce their risk; develop and implement scientifically sound strategies, including vaccines, to protect against cancers caused by infections.

Treat treatable cancers:

3. Develop early detection programmes tailored to local needs and resources, which target cancers that are the most detectable and treatable and have the greatest social impact.....





WORLD ONCOLOGY FORUM®

Are we winning the war on cancer?
1 Question • 100 Experts • 1 Answer

26-27 October 2012
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Ten-Point Action Plan....

Prevent preventable cancers:

1. **Reduce smoking rates to 0%**
2. Give people the knowledge they need to understand which cancers threaten them most, and how to reduce their risk; develop and implement scientifically sound strategies, including vaccines, to protect against cancers caused by infections.

Treat treatable cancers:

3. Develop early detection programmes tailored to local needs and resources, which target cancers that are the most detectable and treatable and have the greatest social impact.....



What can be done? – the Story begins

Late 2014-



EE met with Chris Simpson (then CMA president and cardiologist at Queen's) to discuss *whether a national “summit” at Queen's on measures to **substantially** reduce tobacco consumption might be of interest?*

Meeting model suggested was:

“2 days, 100 experts, 1 question”

Idea taken to Dean Richard Reznick – who agreed of interest **but** we need 2-3 “**real tobacco control experts**” to weight in...



What can be done? – Part 2 – “**Group of Six**” convened and becomes an *Executive Planning Committee.....*



Jon Kerner,
Expert - Cancer Control, Prevention
and Knowledge Mobilization



Andrew Pipe, U of O
Chief, Division of Prevention and Rehab.
Physicians for Smoke Free Canada



Rob Schwartz,
Director, Ont. Tobacco Research Unit,
Dalla Lana School of Public Health U of T



Feb. 2015 - Group of Six Conclusions

- Time is RIGHT for thinking about new strategies to add onto those already planned to substantially reduce/eliminate tobacco use.
- Canada's leadership role internationally in tobacco control has been faltering.
- A national event hosted at Queen's might be vehicle to create momentum.
- *"But let's have MORE than a meeting – this meeting could be the launching pad for a suite of NEW options". The "Endgame" idea.*

Internationally - THINKING IS CHANGING

Increasingly, the notion of a “**Tobacco Endgame**” is becoming mainstream.

“Tobacco Endgame discourse centres around the idea that it is necessary to move beyond a focus on tobacco *control* (in its concomitant assumption that tobacco is here to stay” ...) toward a focus **on planning how to reach a tobacco-free future**”
- *Ruth Malone.*

The Endgame

- U.S. Surgeon General (by the next generation)
- Canadian Public Health Association:
 - *Pan-Canadian smoking prevalence rate of <1% by 2035*
- New Zealand
- Finland
- Scotland
- Ireland

TOBACCO CONTROL



Defining targets and time to the “End”

CREATING A TOBACCO-FREE GENERATION A Tobacco Control Strategy for Scotland

< 5% by 2034

Smoke-free New Zealand goal

Recommendation 1

That the Government aim for tobacco consumption and smoking prevalence to be halved by 2015 across all demographics, followed by a longer-term goal of making New Zealand a smoke-free nation by 2025.

“minimal” levels by 2025

Tobacco Free Ireland

< 5% by 2025

TOBACCO ACT

(AMENDMENTS UP TO 916/2014 FOLLOWED)

Finland

CHAPTER 1 – General provisions

Section 1 (698/2010)

This Act prescribes measures to prevent people from taking up the use of tobacco products, to promote quitting their use and to protect the population against exposure to tobacco smoke.

The aim of the Act is to end the use of tobacco products containing compounds that are toxic to humans and create addiction.

0% by 2040

Steering Committee

- **Robert Schwartz**, Ontario Tobacco Research Unit, University of Toronto
- **Andrew Pipe**, University of Ottawa
- Jon F. Kerner, Ph.D. Cancer control and Knowledge mobilization
- Peter Milliken, Fellow, School of Policy Studies, Queen's University
- Chris Simpson, Queen's University, President (2014-15), CMA
- Michael Chaiton, Ontario Tobacco Research Unit, U of T
- Alice Peter, Director, Population Health and Prevention Unit, CCO
- Terry Sullivan, University of Toronto
- Neil E. Collishaw, Physicians for a Smoke-Free Canada
- Heidi Rathjen, Coalition Québécoise pour le contrôle du tabac
- Cynthia Callard, Physicians for a Smoke-Free Canada
- Geoff Fong, University of Waterloo
- Rob Cunningham, Canadian Cancer Society
- Peter Selby, CAMH, Toronto, ON
- Richard Reznick, Queen's University

SC meets
Jul 8, 2015

Co-Chairs –
Andrew Pipe
and Rob
Schwartz



Steering Committee Decisions

- ✓ Agree - time is right for a Tobacco Endgame discussion in Canada
- ✓ Agree - Target/Date: **Less than 5 by 35** (< 5% tobacco prevalence by 2035)
- ✓ Agree - Summit of 80-100 invited key national and international participants will take place in Kingston, fall of 2016 – hosted by Queen's
- ✓ Agree - summit will require **PRE-WORK by 8 Action (working) Groups** to engage others

Action Group Themes - and “question” to address

Product

What changes to commercial tobacco can be made to substantially reduce its addictiveness/appeal and are appropriate to implement in the Canadian context?

Regulation and Law

What are the potential changes to regulation around tobacco that could substantially limit its availability and use?

Cessation and Prevention

What are options available to substantially enhance cessation efforts and to prevent tobacco uptake by non-smokers?

Litigation

What are the opportunities to maximize the impact of litigation on the tobacco industry?

Action Group Themes – and “question” to address

Economics/Business case

What are the short and long term impacts on the Canadian economy of achieving an Endgame?

Engagement of “Actors” (political and otherwise)

Who will need to be engaged before and after Summit and how if the Endgame implementation is to be successful?

Communication and Public/Professional Engagement

What strategy will be needed to create the public and professional engagement before and after the Summit to ensure the Endgame is implemented?

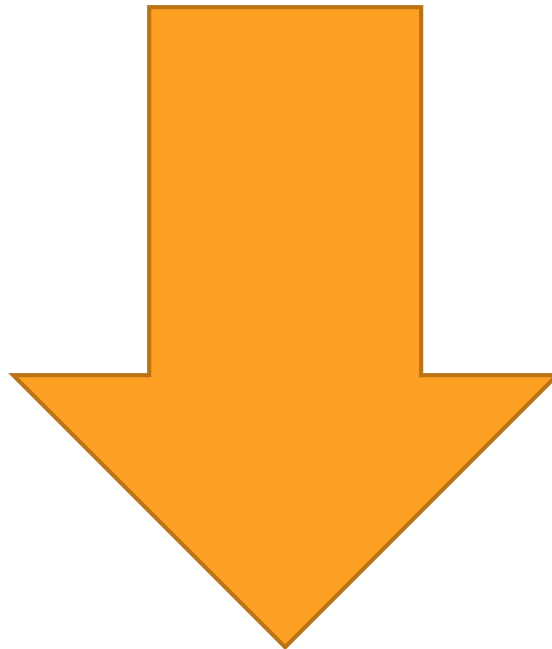
Evaluation and Research

What types of questions and funding opportunities will need to be in place to evaluate the work and success of the Endgame?

14 Month Gestation

> 50 meetings, teleconferences, debate, discussion.

Engagement of colleagues in academia, government, non-government sector, advocates....



August 30 2016

A TOBACCO ENDGAME FOR CANADA

SUMMIT

Queen's University
September 30 to October 1, 2016

BACKGROUND PAPER

TABLE OF CONTENTS

Introduction Why Does Canada Need a Tobacco Endgame?	
1. The Economics of Smoking Dispelling the Myths that may stand in the way of an Endgame	
2. Building on Success. Scaling up interventions that work.....	
3. No smoker left behind. Transforming access to tobacco cessation	
4. Aligning Tobacco Supply with public health goals	
5. Product Regulation	
6. Electronic Cigarettes	
7. Preventing a new generation of smokers	
8. Litigation and the Endgame	
Looking to the Future	
Appendices and Supporters.....	

- **41 options/
recommendations
for Endgame
*measures***
- **4 Overarching
recommendations**

September 30 - October 1 2016



Summit Participants n = 84

Affiliations	# attendees
Professionals /University	21
Federal/Provincial/Territorial Gov'ts (incl. health/public agencies)	17
Tobacco Control and Activist Organizations	13
NGOs, Research Organizations	11
Cancer care/control agencies	9
Health Professional Organizations (incl. CPHA)	4
First Nations/Inuit /Metis	4
Medical Officers of Health	2
MPH Students	2
International	4
Total	87*

* 3 attendees had two affiliations

The Summit

- **Summit Goal** – Strive for agreement that Canada needs a strategy to achieve a tobacco endgame (less than 5% by 2035) and this work begins now.
- **Summit Work** – Discuss and debate *potential interventions/transformational mechanisms through which the Endgame may be achieved*
- **Summit Conclusions**

Summit Outcomes

- Details of selected “endgame-worthy” measures to be discussed in next presentations
- ***Agreed on need to develop Endgame Strategy to achieve <5 by 35***
- Report of proceedings to be widely distributed
- Potential CMAJ article/Commentary
- Agreed to move this “volunteer” initiative from side of desks of many individuals forward by creation of an Endgame “Cabinet” comprised of committed organizations

Proposed Cabinet Activities

2016 Summit on Creating a Tobacco Endgame for Canada

The Endgame Cabinet is proposed to have the following responsibilities:

- Communication: Public communication and education about the Endgame initiative – including within special populations
- Advocacy: to encourage Endgame discourse and ideas are embraced by policy makers and government
- Ensuring accountability of those in leadership to pursue Endgame measures
- Engage with relevant federal government and FPT structures
- Report to public on progress

(all will be discussed at first meeting)

Participation in the Endgame Cabinet

- These ***organizations*** have agreed to participate
 - Canadian Cancer Society
 - Canadian Medical Association
 - Heart and Stroke Foundation
 - Lung Association
 - Non-Smoker's Rights Association
 - Physicians for a Smoke-Free Canada
- **First Cabinet Meeting: Dec 14 2016**



175
YEARS

Platinum (\$50,000+)

W.J. Henderson Foundation

Gold (\$25,000-\$49,999)



Cancer Care Ontario



Silver (\$10,000-\$24,999)



Bronze (\$5,000-\$9,999)



Physicians for a
Smoke-Free Canada



Faculty of
Health Sciences



Department of Medicine
Division of Respiriology, Queen's University

Patrons (\$1,000-\$4,999)

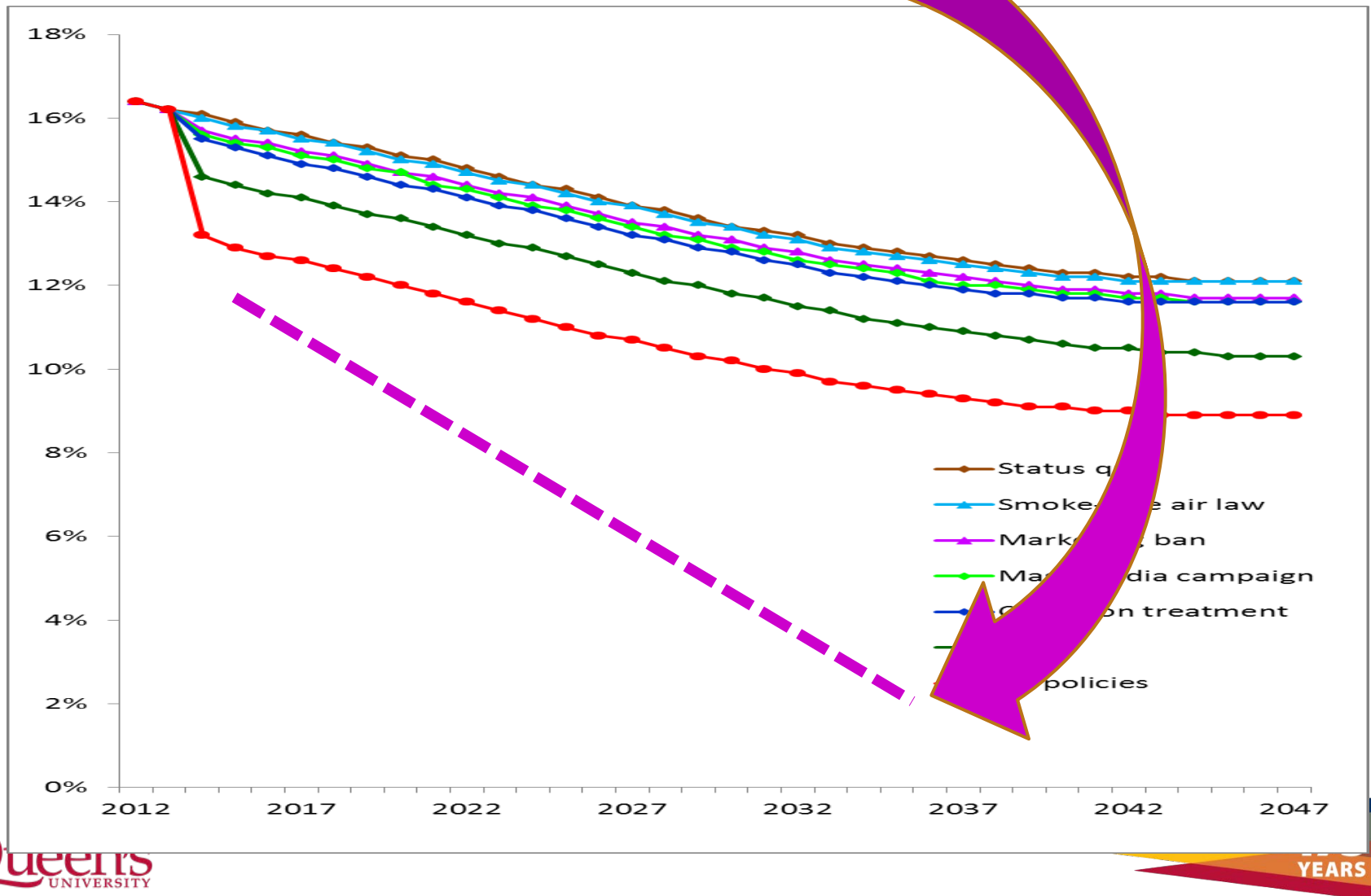


a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA



175
YEARS

Less than 5 by 35



QUESTIONS & COMMENTS

WHAT IS THE ROLE OF PUBLIC HEALTH?

Andrew Pipe

NO SMOKER LEFT BEHIND



The Workplace

Smoke Free Environments
Cessation Programmes
Benefits re Cessation Rx



Cessation Support for the Vulnerable



The Addiction Treatment Setting



Cessation Services in all Health Care Settings

***Universal
Comprehensive
Accessible***

***“Standard of Practice”
Accreditation Criterion
Performance Indicator***



***Smokers don't require more
information...or a lecture.***

They want help.

'Zombie Concepts'

A zombie in a light-colored suit with blood on his chest is the central figure. He is standing in front of a dark, gothic-style church at night. A large, full moon is visible in the sky. Other zombies are visible in the background, some on the church steps.

“Smoking is a habit.”

“Psychiatric patients can’t quit.”

“NRT can’t be used in pregnancy.”

“NRT can’t be used in cardiac patients.”

“The drugs can make you crazy.”

“It’s all about will-power”

A zombie in a light-colored suit with blood on its chest and face is walking in the foreground. In the background, other zombies are visible near a church and a large full moon.

'Zombie Concepts'

underscore

THE NEED FOR PROFESSIONAL EDUCATION

Zombies are everywhere !



Smoking Cessation Counselling Training in the Pre-clerkship Curriculum of Canadian Medical Schools: A National Survey

Matthew Loranger PhD¹, Kayla A. Simms² Andrew L. Pipe MD³
(Unpublished)

“...smoking cessation counseling training, however, remains largely neglected in the pre-clerkship curriculum of many Canadian medical schools.

“...our survey demonstrates substantial deficits and inconsistencies in the delivery of smoking cessation counseling training in the pre-clerkship curriculum of schools across Canada.”

Pharmacotherapy & Behavioural Support

3 'First Line Therapies'

NRT

bupropion

varenicline

FREELY AVAILABLE

Cessation & The Hospital

Large numbers of smokers

Relevance of smoking to admission

Increased motivation to quit

Availability of staff

Opportunity for systematic approach

Availability of Pharmacotherapy

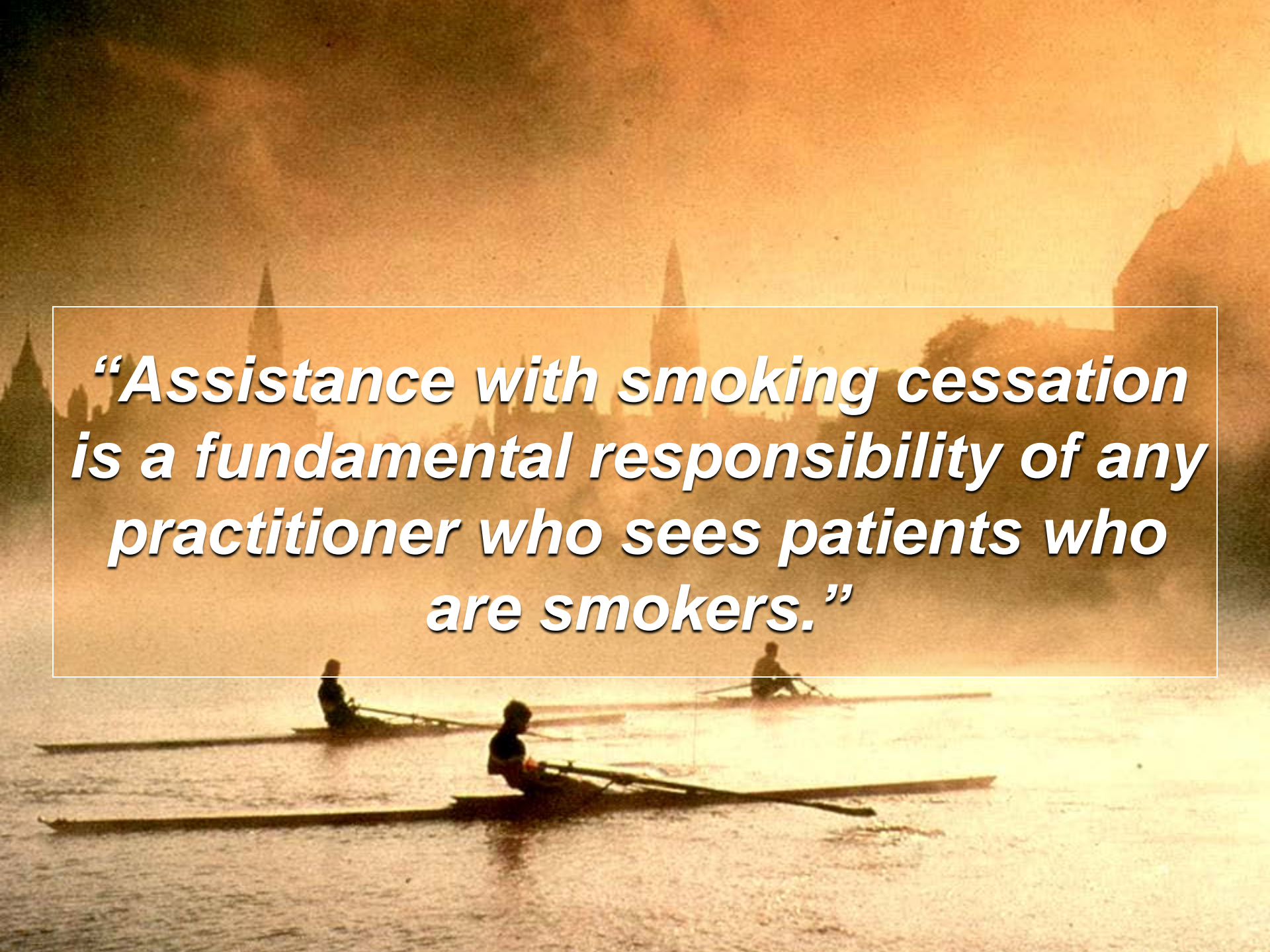
Treatment of withdrawal

Can arrange follow-up

Influence community practice

Systematic Approaches to Smoking Cessation in EVERY Clinical Setting





“Assistance with smoking cessation is a fundamental responsibility of any practitioner who sees patients who are smokers.”



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA



Transforming ...



Public Health

***Professional
Behaviours***

***Organizational
Practices***

RECOMMENDATIONS

Expand & systematize cessation programmes:

Community – Workplace – Clinical settings

Establish accountability frameworks

Develop a research strategy

Implementation of expanded cessation programmes

Integrated smoking cessation supports across ministries

Reports regarding provision, status of cessation services:

Health care Professionals and Institutions

Federal Minister of Health

No Smoker Left Behind: Short –term Goals

1. Federal and provincial ministries of health, through the Tobacco Control Liaison Committee or other mechanism, should collaborate to develop a roadmap to expand and fund community, workplace and clinical smoking cessation programs to Endgame scale.
2. Each ministry of health should create a smoking cessation accountability framework for its healthcare system and related transfer payment agencies as part of the cessation program framework.
3. Pan-Canadian research funding agencies together with the Federal Tobacco Control Liaison Committee should collaborate in the development of a research road map as well as a strategy for the funding required to support the research in support of the End Game.

No Smoker Left Behind: Medium-Term Goals

1. Implementation of the expanded cessation programs will begin alongside the accountability framework
2. In collaboration with the ministry of health, ministries of labour and social services should integrate smoking cessation supports within their service delivery systems.
3. Organizations which train, regulate, accredit or fund health care professionals or institutions should be required to report on the measures they have taken to respect the right of smokers to receive effective cessation support.
4. The federal minister of health should provide bi-annual reports to parliament on the status of smoking cessation across Canada.

QUESTIONS & COMMENTS

Rob Schwartz

BUILDING ON SUCCESS & ALIGNING SUPPLY WITH PUBLIC HEALTH

Building on Success 1

- Increase tobacco taxes substantially
- Curtail price-based marketing incentives
- Implement plain and standardized packaging Enhance package health warnings
- Implement a full ban on tobacco advertising and promotion, including at retail

Building on Success 2

- Require movies that depict smoking to have an 18A classification, or equivalent
- Ban smoking in additional places, and ensure smoking restrictions apply to herbal water pipe products and to any product that is smoked
- Implement additional measures to reduce contraband
- Implement an annual tobacco manufacturer license fee to recover the annual cost of federal/provincial/territorial government tobacco control strategies



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Aligning Tobacco Supply with Public Health



The diagram consists of two large, orange, stylized arrows pointing in opposite directions, one to the left and one to the right. The left arrow contains the text 'Free commerce' and the right arrow contains the text 'Public Health'. The background is a solid blue color.

Free
commerce

Public
Health

Tobacco companies work diligently to drive up product sales

The impetus for tobacco companies to act so harmfully is entrenched in Canadian commercial law:

As business corporations, tobacco manufacturers have a legal obligation to maximize profits and shareholder value.

The principle is long and well accepted.

Restricting free commerce to protect the public's health is not new in tobacco control:

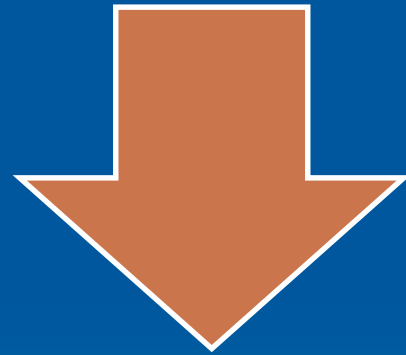
- ✓ Advertising is almost completely banned
- ✓ Taxes constitute 70% and more of price
- ✓ Sales to minors are banned
- ✓ Flavours are almost completely banned
- ✓ Graphic warning labels are required

Nevertheless:

Tobacco companies continue to:

- **Reap large profits**
- **Market their products to young people**
- **Keep smokers hooked on nicotine**





Demand
reduction



Industry
response



**NEW AND STRONGER
RESTRICTIONS ON FREE
COMMERCE NEEDED**

Next Generation Regulation

- 1) limit retail tobacco availability
- 2) align industry behaviour to public health goals
- 3) limit the supply of tobacco products available for sale
- 4) other

Identify, develop and implement supply-side tobacco control measures considering these options:

Limit retail availability: high cost retail licensing, zoning or potentially tobacco only-stores;

Change tobacco supply: performance-based regulations, a regulated market model, non-profit enterprise with public health mandate;

Limit tobacco supply: sinking lid, cap and trade, moratorium on new tobacco products;

Conduct policy audits and ensure that all laws, regulations, policies and programs, are aligned with the public health goal of eliminating tobacco use.

Study approaches to **control tobacco wholesale prices**

IMPLEMENTABILITY

Government has demanded a ban or phased-out end to other unwanted goods including :

- Hydrochlorofluorocarbon refrigerants
- Lawn darts,
- Baby walkers
- Incandescent light bulbs.³

WHAT IS THE ROLE OF PUBLIC HEALTH?

Questions



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Thank you for participating

Your feedback is important to us!

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resources of the Program Training &
Consultation Centre

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