Progressing toward a tobacco-free Québec

Developing Québec Anti-Tobacco Legislation

Consultation document

Québec

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Québec City
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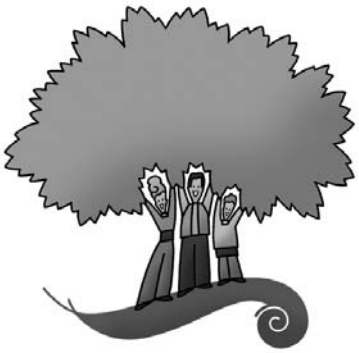

LUTTE CONTRE LE TABAGISME

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Background

Given the serious public health problem tobacco constitutes in Québec[1] and the social ills that result,[2] the Government of Québec has taken an increasingly active role since 1994 in the fight against smoking.[3] The ever-greater budgets it has devoted to the problem each year—$33 million for the current fiscal year—are a telling illustration of this.

As part of these efforts, the National Assembly passed the *Tobacco Act*[4] on June 17, 1998. The Act, adopted unanimously, sets out a series of measures aimed notably at restricting tobacco access, promotion, and use[5] and targeting two specific objectives—to prevent smoking among youth, who are the main source of new smokers, and to protect the public, particularly nonsmokers, from exposure to environmental tobacco smoke. Indirectly, by changing the social environment, the Act also sought to increase the smoking quit rate. As the custodian of public health, the Minister of Health and Social Services is responsible for applying and enforcing the Act.

Under section 77 of the Act, the minister must, no later than October 1, 2005, report back to the government on the Act's implementation and table its findings in the National Assembly. The minister, who must "take the necessary steps to reduce tobacco dependence in the population,"[6] plans to put forward a draft law recommending new measures to be incorporated into the Tobacco Act. Before doing so, the minister hopes to benefit from any insight public hearings on the issue can provide.

This document is to spur discussion in lead-up to these public hearings. In addition to presenting the minister's specific concerns regarding smoking, it is hoped it will also raise awareness about the severity of smoking as a public health problem[7] and the importance of government action in the fight against tobacco.

Prevalence of smoking in Québec

According to studies conducted in 2003, smoking prevalence among Quebecers aged 15 and older is currently about 25%. In Phase 1 of the 2003 Canadian Tobacco Use Monitoring Survey (CTUMS), conducted between February and June, the rate was measured at 23%,[8] while the results of the survey on smoking habits in Québec showed rates varying from 23% to 27%[9, 10] for the same year. The Canada-wide rate for the 15-and-over age group is 20%. Prevalence is 19% in Ontario, and in British Columbia, a Canadian low of 16%. One-third (33%) of Quebecers aged 15 and older are ex-smokers, compared to 25% in Canada as a whole. In France in 2003, 30.4% of people aged 15 to 75 were smokers,[11] compared to about 22.5% of Americans aged 18 or over in 2002.[12] In 2003, 26.3%[13] of the Norwegian population aged 16 to 74 smoked on a daily basis.

Studies show that men and women in Québec smoke about the same. Daily smokers report smoking approximately 16.5 cigarettes a day, slightly higher than the Canadian average of 15.7.

In 2002, 23.1% of high school students reported smoking cigarettes.[14] Prevalence was higher among girls, at nearly 26.2%, versus 20.1% among boys. The rate increased from 13.9% to 31.3% between grade 7 and grade 11. The rise was more pronounced between grades 7 and 8 (13.9% to 21.6%). Table 1 presents a breakdown of high school smoking.

The smoking rate has fallen continuously over the last decade, both in Québec and Canada as a whole. From 1985 to 2001, there was a statistically significant drop in the prevalence of smoking among Canadians aged 15 and older.[15] Between 1985 and 1991, the rate fell from 35.1% to 30.8%, a total of 4.3 percentage points. While there was no significant change from 1991 to 1994-1995, there was a decrease of 8.8 percentage points between 1994-1995 and 2001.

TABLE 1
Smoking among high school students, Québec, 2002.

Category	Description	Rate
Daily smokers	Smoke every day and have smoked at least 100 cigarettes	10.3%
Occasional smokers	Have smoked at least 100 cigarettes, but do not smoke daily	4.6%
New smokers	Have smoked fewer than 100 cig.	8.2%
Ex-smokers	Smoked 100 cigarettes in the past, but stopped smoking	1.9%
Ex-experimenters	Smoked in the past, but fewer than 100 cigarettes	14.6%
Nonsmokers	Have never smoked a single cigarette	60.4%

Québec has contributed to this overall decline in Canada, notably between 1994 and 2001, when Québec recorded the most substantial decrease of all provinces—a drop of 11.2 percentage points, from 35.3% to 24.1%. British Columbia and Nova Scotia followed with 9.9% and 9.0% respectively. The decrease was particularly marked between 1998-1999, when the Québec Tobacco Act was gradually implemented, and 2001. The smoking rate fell from 31.2% to 24.1% during this period.

According to the studies cited above, the smoking rate in Québec seems to have stabilized at about 25% since 2001.

The drop in tobacco use in Québec occurred among high school students, among other groups. From 30.4% in 1998, smoking prevalence fell to 29.0% in 2000 and 23.1% in 2002.[16] As illustrated in Figure 1, the decline has affected all high school grades. Figure 2 shows that the decrease applied both to girls and boys.

The drop in smoking in Québec is also reflected in a reduction of total cigarette sales. Figure 3 illustrates the phenomenon from 1994 through 2003.

FIGURE 1
Evolution of cigarette use by high school grade, Québec, 1998 to 2002[17]

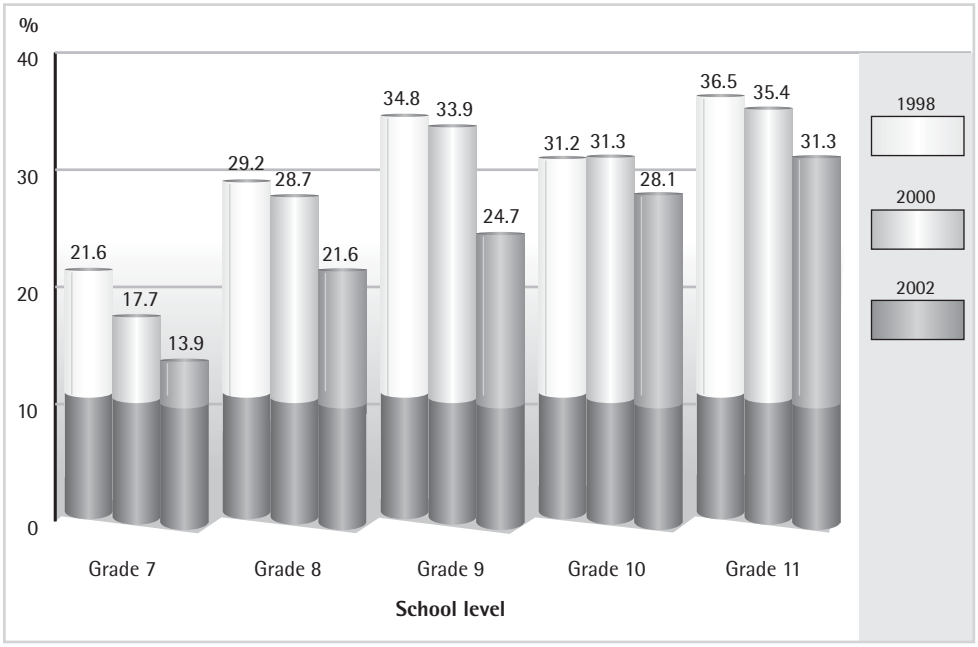


FIGURE 2
Evolution of cigarette use by sex, Québec, 1998 to 2002[18]

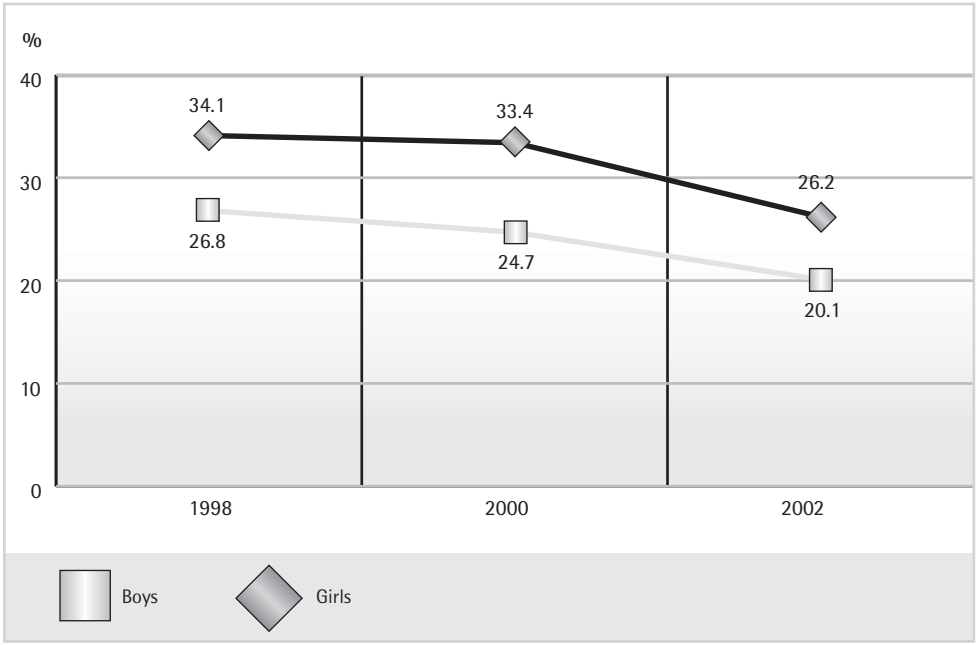
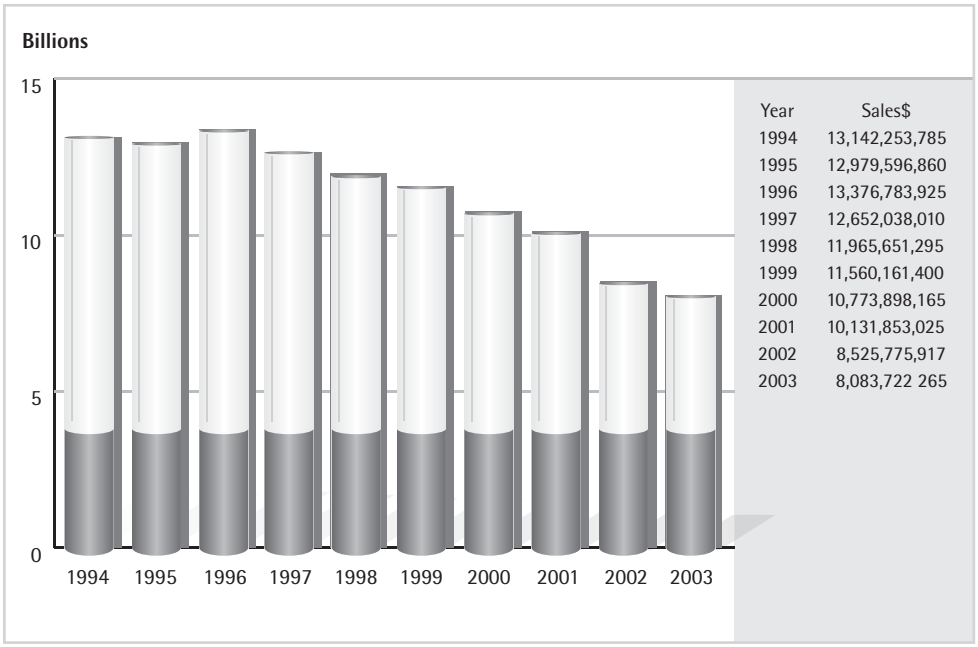


FIGURE 3
Total cigarette sales, Québec, 1994 to 2003[19]



Year	Sales$
1994	13,142,253,785
1995	12,979,596,860
1996	13,376,783,925
1997	12,652,038,010
1998	11,965,651,295
1999	11,560,161,400
2000	10,773,898,165
2001	10,131,853,025
2002	8,525,775,917
2003	8,083,722 265

CONCLUSION

Smoking has dropped off considerably in Québec over the last decade. However, the decline appears to have stabilized at about 25%. The public is still much too addicted to tobacco, and the rates among youth are still a concern. The much lower prevalence in Ontario and British Columbia could be realistic targets for Québec.

Smoking and health

Data continues to mount on a growing number of effects that tobacco has on health. The latest U.S. Surgeon General's report, *The Health Consequences of Smoking*,[20] is the most recent scientific account on the subject, and it bears out the trend. A summary was also published for the general public.[21] One of the four main conclusions of the report is that smoking affects nearly every organ in the human body. It causes disease and ill health, and can damage multiple organs simultaneously. Laboratory research is providing an ever-growing understanding of how these diseases develop on the molecular and cellular levels.

DISEASES

According to the report, smoking has been proven to increase the risk of numerous types of cancer, including the best-known form, lung cancer (85% of cases, 20 times higher risk), as well as cancers of the bladder, cervix, esophagus, kidney, larynx, mouth, pharynx, blood (leukemia), pancreas, and stomach. Although inconclusive, data suggests that smokers are also at a higher risk of colorectal and liver cancer. The risk of cancer rises with the number of cigarettes smoked and the number of years of smoking. These tobacco-related risks are not surprising, considering that cigarette smoke is made up of some four thousand chemicals, some sixty of which are considered to be or suspected of being carcinogenic.[22]

The increased risk of cardiovascular disease is also well documented, including aortic aneurism, atherosclerosis, stroke, and coronary disease (four times higher risk of death). One-quarter of all cases of ischemic heart disease are caused by tobacco.[23]

Pulmonary disease and lung problems are obviously increased by smoking, including chronic obstructive pulmonary disease and emphysema (75% of the two related to smoking[24]), pneumonia, reduced lung capacity in children whose mothers smoked during pregnancy, impaired lung growth in child and adolescent smokers, reduced lung capacity in adults and young adults, chronic cough, wheezing, and asthma in childhood and adolescence.

Smoking affects pregnancy and increases the risk of reduced fertility, sudden infant death syndrome in infants whose mothers smoke during and after pregnancy (three to four times higher risk), low birth weight, and preterm delivery. A recent report by the British Medical Association[25] also points to the adverse effects of smoking on sexual and reproductive health.

Smokers are also more susceptible to other health problems, such as cataracts (two to three times higher risk), respiratory and wound healing complications following surgery, hip fractures in postmenopausal women, stomach ulcers in people infected with

the *Helicobacter pylori* bacteria, and overall poorer health. Scientific data suggests that smoking may also aggravate erectile dysfunction and macular degeneration (vision), possibilities supported by recent reports in scientific journals.[26, 27]

Smoking causes greater work absenteeism and increased use of healthcare services. According to Québec's Commission d'étude sur les services de santé et les services sociaux, the "tobacco factor" alone explains a large part of the increased burden of disability observed in Québec in the decade prior to its study.[28] In 1992 in Québec, the direct and indirect cost of tobacco use totaled $2.4 billion, of which $661 million was in direct healthcare costs.[29]

MORTALITY

According to the World Health Organization, smoking kills one person every 6.5 seconds. Globally, 4.9 million people die from tobacco-related conditions every year. The figure is expected to double in the next twenty years as the epidemic continues to spread, most rapidly in developing countries, which account for 84% of smokers.[30] Half of young smokers can expect to die from tobacco-related diseases. Among them, half will die before the age of 70, losing an average of 21 years' life expectancy.[31] Of 34,439 British male physicians born between 1900 and 1930, smokers died an average of ten years earlier than nonsmokers.[32] The number of premature deaths (before the age of 70) is about double for lifelong smokers compared to lifelong nonsmokers, both among men (2.3) and women (1.9).[33] For smokers in Canada, life expectancy at 35 years of age is reduced by about 10% to 20%.[34]

In 1998 in Canada, cigarettes claimed six times more lives than alcohol, car accidents, suicide, and homicide combined. Smoking is by far the leading cause of preventable death.[35]

For Québec, the most recent available data is for 1998.[36] During that year, at least 13,000 people died from tobacco-related causes, accounting for 24.6% of all deaths in Québec that year.[37] Table 2 presents certain details on this statistic.

TABLE 2
Deaths attributed to smoking, by disease and sex, Québec, 1998[38]

Disease	Women	Men	Total
Adults (35 and older) Cancer Cardiovascular disease Respiratory disease	4,500	8,409	12,909
Infants (under 1 year) Pediatric conditions	13	14	27
Environmental tobacco smoke Cancer Ischemic disease	126	233	359
Total	**4,639**	**8,656**	**13,295**

The effects of smoking observed today are the result of consumption from decades ago, due to the long latency period.

DANGERS OF ENVIRONMENTAL TOBACCO SMOKE

Environmental tobacco smoke is the smoke exhaled by a smoker or that comes off a burning cigarette. Smoke from a burning cigarette accounts for at least 50% of environmental tobacco smoke. Because its temperature is lower than that of inhaled smoke (600° vs. 900° centigrade), its composition is different. It is made up of smaller particles and higher concentrations of chemicals like ammonia (40 to 170 times higher), benzene (10 times higher), and aniline (30 times higher).[39]

The health risks to nonsmokers exposed to environmental tobacco smoke are scientifically documented,[40, 41] and evidence continues to mount.[42, 43, 44] The risks include the following:

- Lung cancer (18% to 32% higher risk). The 2002 U.S. Report on Carcinogens recognizes environmental tobacco smoke as a carcinogen.[45] The World Health Organization's International Agency for Research on Cancer made the same assertion in 2004.[46]
- Cancer of the nasal sinuses

- Cardiovascular disease (20% to 50% higher risk). Environmental tobacco smoke constitutes a risk even in relatively low concentrations[47]
- Reduced birth weight (20 to 100 g) and low birth weight (three times higher risk when mother smokes)
- Sudden infant death syndrome
- Asthma (onset and aggravation)
- Respiratory problems (notably in children: 26% to 113% higher risk for both onset and aggravation)
- Reduced lung capacity
- Eye, nose, and throat irritation
- Ear infections in children

Infants and small children are particularly vulnerable to the effects of environmental tobacco smoke.[48, 49] These effects add to the impact of socioeconomic conditions that impede their development.[50]

Exposure to environmental tobacco smoke claimed the lives of some 359 Quebecers in 1998 (see Table 2). This figure is conservative, however, since exposure in the workplace was not taken into consideration in the source study. More than 60% of these deaths were subsequent to heart problems.

According to medical authorities,[51, 52, 53] the situation is so severe that smoking should be prohibited in public places and closed work environments.

NICOTINE ADDICTION

Research in the last twenty years has pointed to nicotine as the key pharmacological factor in tobacco use.[54] Exposure to nicotine itself causes only a small proportion of tobacco-related diseases. The toxic gases and particles in the nicotine delivery system—the cigarette—are to blame for the vast majority.[55]

Nicotine makes cigarettes an insidious product, as it rapidly creates an addiction.[56] Studies in Québec[57] and the U.S.[58] show that addiction sets in very quickly for new smokers, even before they begin smoking on a daily basis. It works through a brain "reward" system involving dopamine.[59] Nicotine addiction is as strong as heroin or cocaine addiction.[60] "Nicotine causes a hard-hitting addiction. That is not a hypothesis, it is a fact."[61] The effect is more pronounced from cigarettes containing high concentrations

of free-base nicotine, which is more rapidly absorbed by the lungs and brain.[62] The effect of this addiction is discussed in the DSM-IV, the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association.[63]

Certain smoking behaviors show just how much smokers are addicted to cigarettes. Seventy-five percent of smokers in Canada smoke their first cigarette in the first hour of their day—28% within five minutes. In 2002–2003, 70% of daily smokers in Canada had made at least one attempt to quit. Nearly half (47%) had made two or more attempts.[64] In a December 2003 survey conducted in Canada,[65] 82% of smokers said they planned to quit smoking at some point in the future. The survey also found that 80% of smokers regretted having started smoking. These attitudes are consistent with those in the U.S., where in 2000, 70% of smokers wanted to break the habit.[66]

CONCLUSION

There is no doubt as to the toxicity and danger of smoking. No level of consumption is safe.[67]

Moreover, cigarettes are the only legal product that kills when consumed as intended.[68] This is the main factor that puts smoking alongside other consumption-related public health problems like alcoholism. In a ruling handed down in May 1993,[69] Mississippi judge Eugene Bogan described cigarettes in legal terms as unreasonably dangerous for human consumption.

Given the addictive nature, health impact, and prevalence of smoking in Québec, we must recognize it as a serious public health problem that, according to analysts in the field,[70] should be considered the highest health priority.

Smoking as a social problem

PROSMOKING CULTURE

A social problem is a situation that affects individuals, but also raises collective concerns. Two closely interrelated actions come into play: identifying a cluster of factors or a specific issue in the infinite diversity of social phenomena, and making a value judgment on the urgency of the problem and need for action.[71]

Tobacco use is a social problem. It is disconcerting that the traits and conditions of society make such a phenomenon possible.

To make matters worse, youth are drawn into the problem as the main pool of new smokers, thus perpetuating the problem. A 2000–2001 report[72] on the smoking startup age among Quebecers 12 and older showed that 7.8% started smoking at 5 to 11 years of age, 33.3% at 12 to 14 years, and 43.5% at 15 to 19 years. Only 14.1% of respondents started smoking at 20 years of age or older. In 2002, high school smokers in Québec reported having smoked their first cigarette at an average age of 12.1.[73]

The environment sets the social standards that guide youth. These are the rules that determine people's behavior and organize their relationships in an extended (country, ethnic community) or immediate community (family, company). Social standards reflect the community's shared values (i.e., their concept of good and bad), defining what is permitted and not permitted, what is acceptable and unacceptable, and thereby how to act or react in a given situation.[74] If it meets social standards, it is considered "normal".

Although the social environment in Québec surrounding smoking has changed in recent years, the social standard is still prosmoking. Youth still receive messages and live in an environment that encourages them to smoke and reinforces the habits of new and confirmed smokers.[75, 76, 77] What does this mean in real terms?

Before they start to smoke, youth first become mentally accustomed to the habit, which they discover in childhood, then gradually and rather subconsciously come to consider "normal". This is largely due to the fact that smoking is very visible (compared to other socially acceptable behaviors, like drinking or having sex) and very present. Smokers are still very numerous, and smoke regularly in many public places. Some of them are significant people in children's lives—parents, brothers, sisters, relatives, teachers, and others they see smoking all around them. Children may even receive candy that looks like and is packaged like cigarettes.

As they approach adolescence, children encounter other aspects of smoking in their social environments. Tobacco and smoking are legal, while most dangerous products are strictly regulated or even illegal. Filling the air with smoke is not deemed to contravene the rules of polite behavior that society tries to impress on them. Smoking is present in all social classes, including among people in positions of prestige or power, such as artists, politicians, business people, and others. The media glamorize their "smoker" image. Smoking is often associated with people in the public eye and heroes in television and film. The cigarette sales network is vast and ubiquitous, in convenience stores, grocery stores, service stations, gas stations, restaurants, and more. Cigarettes are also given much more display space than most other consumer products, especially in convenience stores.

Because of this social context, once children reach adolescence they are more easily enticed to experiment with smoking when prompted by their peers. At this stage, they can still be deterred from smoking,[78] but it is more difficult to do so. Repeated experimentation can turn into a "psychological habit", then nicotine addiction quickly takes hold and the adolescent is "hooked".

CONCLUSION

Factors in the social environment acclimatize children to cigarettes and smoking. This makes them more vulnerable when, as adolescents, they are presented with the opportunity to try smoking. This report will later address the strategic importance of taking action in the social environment and using specific measures to support the changes taking place in Québec.

Tobacco control

BASIC PREMISES

The information and observations in the previous pages lead to a number of basic premises that serve both as reasons and guidelines for action:

- Cigarettes are dangerous carcinogens that, if they were invented today, would be illegal under current government safeguards and policies concerning the treatment of hazardous goods.[79, 80] In today's society, governments are expected to protect individuals from dangers that threaten the public as a whole, a role they generally assume without question.

- There is no justification for smoking as a social behavior, and its very existence today seems to be a misstep in the development of society.

- The consumption and manufacture of cigarettes cannot be prohibited, given that, in Québec, one-quarter of people aged 15 or older are addicted. Making cigarettes illegal would cause widespread social problems (illegal consumption, smuggling, crime, etc.), which would be too high a price to pay for the real gains in terms of smoking. As such, keeping the product legal is a "necessary evil"; tobacco must remain available to those who use it. Nevertheless, "legality" does not necessarily mean "legitimacy".

- Every effort must be made to reduce smoking rates continually and as quickly as possible.

- Educating the public, however necessary, is not enough in itself to win the fight against smoking. Changes are also required to the social environment that underpins the smoking epidemic,[81] and these changes are the government's responsibility as the "custodian of public health."[82] This is now recognized by all authorities in the field,[83, 84] and has long been advocated by experts at the World Health Organization.[85]

- "Debanalization" and "denormalization" both in the sale and use of cigarettes are the cornerstones of the anti-smoking strategy. The place cigarettes hold in society must reflect the danger they represent.

- People must also be protected from the dangers of environmental tobacco smoke. Government initiatives could be founded on the principle that the right to clean air takes precedence over the right to smoke anywhere at all.[86]

- Given the obvious role the tobacco industry plays in the existence and persistence of the problem, efforts to change the social environment must include controlling and restricting the industry's liberty of action.[87]

STRATEGY: DENORMALIZATION

The "denormalization" of smoking is a type of cultural revolution. Complete denormalization means the rejection of something that has long been considered "normal." Examples of sociobehavioral phenomena that have undergone changes in social norms in recent years include driving behavior and the corporal punishment of children.

Because smoking is so deeply rooted in society, anti-smoking efforts must be vigorous and persistent. Specialized research, marketing and health promotion expertise, lessons from anti-tobacco efforts around the world (Finland, France, Canada, Norway, Australia, the U.S. states California, Massachusetts, Florida, etc.), and documentation from the tobacco industry itself have been used to develop and promote effective action strategies. The fight has to be waged on numerous fronts at once through a multiplicity of strategies that are both aggressive and complementary: tax and legislative measures, information and education, services, mass communication, and community activities. There is unanimous agreement on the need for this type of broad-based approach.[88]

Action must be taken on three fronts: 1) Encourage and support efforts to quit smoking, 2) Protect nonsmokers from environmental tobacco smoke, 3) Prevent smoking before it starts. The problem must also be broached from two perspectives—that of the individual and the individual's immediate environment. In this second category, societal attitudes toward smoking must be brought into line with what organizations working to reduce smoking are saying.

Strategies targeting the "individual" are classic and well known—information, education, and awareness. The means are also familiar—school-based prevention programs, literature, media campaigns, signage, promotional theme activities, smoking cessation support, etc.

Strategies for the "environment" component are generally of a regulatory or legislative nature. Their goal is to regulate where and how tobacco products are acquired (prices, taxes, places and terms of sale, minimum age for purchase, packaging, etc.), how they are promoted (advertising, sponsorship, derivative products, sales promotion, display, candy cigarettes, etc.), what information is provided (notices and warnings on packages), and how to protect people from exposure to environmental tobacco smoke (restricting use, particularly in enclosed spaces). These are the measures used to restrict and control the tobacco industry. The government must make legislation a fundamental anti-smoking strategy, employing its power to structure the environment to counteract the tobacco industry's power to do the same through marketing.

Denormalization must promote a new social ethic, instilling greater reserve in those people involved in organizations that can play a role in "normalizing" cigarette production or consumption. It is hoped, for example, that art, sports, and other personalities will dissociate their smoking habits from their high profile media image, scriptwriters will make smoking a rare exception, and more and more organizations will refuse to help portray the tobacco industry in a positive light.

CONCLUSION

Primary responsibility for fighting tobacco use lies with the government. And the only way for it to exercise this responsibility is through multilateral intervention backed by strong legislation to regulate the tobacco industry and "denormalize" cigarettes and smoking. This need for government leadership, however, must not obscure the importance for other organizations in society to be active and involved.

Government of Québec intervention

A BROAD-BASED, INTEGRATED APPROACH

As mentioned earlier, the growing understanding of the harmful effects of smoking has helped denormalize the phenomenon, thereby reducing consumption. Fueling the trend, many governments have gradually put tobacco control measures in place, including legislation. The increasing denormalization of smoking is a sociological reality in developed countries, including in Québec. Emerging standards have already had repercussions on ethical perceptions. Examples include ethical investment funds that exclude the tobacco industry[89] and Cirque du Soleil's rejection of a tobacco company sponsorship worth "a couple million dollars."[90]

Not only have more and more governments taken up the fight, but many, including Canada, are also working actively with the World Health Organization toward implementation of the International Framework Convention on Tobacco Control.[91]

Since 1994, the Government of Québec has progressively developed a tobacco control strategy through Ministère de la Santé et des Services sociaux, today contained in the 2001–2005 Québec Anti-tobacco Plan.[92] Tobacco control was included in the Québec Public Health Priorities for 1997–2002 and is now part of the Québec Public Health Program 2003–2012,[93] with the objective of reducing smoking prevalence from 24% to 18% (page 45). The 2001–2005 Québec Anti-tobacco Plan has put Québec among the states most committed to the cause.

The plan covers the three main areas of concern in tobacco control, i.e., smoking prevention, smoking cessation, and protection against environmental tobacco smoke. Four approaches apply to each area: a) Policies and legislation, b) Information, education, and support, c) Mobilization and partnership, d) Knowledge, monitoring, research, and assessment. The initiatives it puts forward are varied and complementary: promotional activities ("Quit to Win!" Challenge, Québec Week for a Smoke-free Future), media campaigns, literature, tobacco product tax, enforcement of multiple legislative measures, school-based and extracurricular educational activities (*In Vivo* rock theater play, "Gangs allumées" and their website, etc.), central and regional smoking cessation support centers ("J'arrête" toll free helpline, "J'arrête" website, some 150 stop-smoking centers, pharmaceutical aids added to the drug list of the Prescription Drug Insurance Plan), studies and surveys, and research. For fiscal year 2004–2005, the department has a $20 million budget for the 2001–2005 Québec Anti-tobacco Plan. In 2003, Régie de l'assurance maladie du Québec spent some $12.5 million on insurance for pharmaceutical smoking cessation aids.[94]

To update the plan, the department's Direction générale de la santé publique works in partnership with public health officials at Québec's regional health and social service development agencies. The agencies are the ones who apply the plan at the local level. In addition, the department has a partnership agreement with Institut national de santé publique to benefit from the institute's know-how in matters requiring scientific research and expertise. The department also works in partnership with private sector organizations concerned with the issue of smoking.

Federal initiatives also help with tobacco control in Québec, notably advertising campaigns, tobacco product tax, and the requirement to print warnings on tobacco product packages.

TOBACCO ACT

The Tobacco Act[95]—the cornerstone of the government's tobacco control efforts—was adopted unanimously by the National Assembly on June 17, 1998. It includes a series of measures notably targeting the use, sale, and promotion of tobacco products. These measures are summarized below.

Restriction on the use of tobacco in certain locations (chap. 2)

This basic measure prohibits smoking in enclosed spaces, notably public areas and workplaces, but excludes private and personal spaces. It permits the installation of separate smoking areas provided they meet certain standards, but not in facilities intended for minors (schools, daycares, etc.). Smoking areas not exceeding 40% of the total space available may be set aside in locations such as common areas in shopping centers; gaming rooms in state-owned casinos; game halls (bowling alleys, pool halls, etc.); passenger terminals (bus, train, ship); tourist accommodation facilities (employees excluded); businesses selling meals for consumption on the premises (employees excluded); and rest, waiting, and service areas in establishments where sports, recreational, cultural, or artistic activities are presented or conferences, conventions, or similar events are held. Smoking areas can also be provided for people receiving services in psychiatric facilities, residential and long term care centers, rehabilitation centers, and intermediate resources in the health and social services center.

Beginning on December 17, 2009, smoking sections in restaurants with 35 places or more serving meals for consumption on the premises must be enclosed and ventilated. This measure is already in effect in the case of new buildings and major renovations.

The Act entitles operators to permit smoking in some places, including bingo halls, places where the admission of minors is prohibited under the *Act respecting offences relating to alcoholic beverages* (R.S.Q., chapter I-8.1) (bars, etc.), houses of detention (except in cafeterias, classrooms, meeting rooms, gyms, rooms used for worship, and libraries), rooms used for detention in court houses, taxis, and vehicles used for work-related purposes (when all occupants consent).

Lastly, the Act lists places and circumstances in which the Act does not apply, such as outside regular work hours in private residences offering childcare services as defined under the act governing child day care, as well in workplaces situated inside private residences, common areas of residential buildings with less than thirteen dwellings, common areas of residential buildings with more than twelve dwellings while temporarily at the disposal of a lessee or owner for personal use, and rooms in tourist accommodation establishments or businesses offering meals for consumption on the premises and used by a natural person for private and personal use.

Sale of tobacco (chap. 3)

This chapter primarily prohibits sales to minors; imposes the help of the sales staff to gain access to tobacco; restricts vending machines to bars, taverns, breweries, and, if the machine is equipped with a remote electronic control, restaurants with liquor permits; prohibits sales in pharmacies and on the grounds and inside childcare centers, elementary or secondary schools, and health and social service institutions; prohibits sales where the vendor and purchaser are not both present; and prohibits cigarette sales other than in packages of at least 20 cigarettes.

Promotion (chap. 4)

Under the Act, tobacco products may only be promoted by advertising, which is prohibited if it is directed at minors; is false or misleading; associates the use of tobacco with a lifestyle; uses testimonials or endorsements; uses a slogan; refers to real or fictional persons, characters, or animals; contains anything apart from text, with the exception of an illustration of the packaging of a tobacco product (maximum 10% of the surface area of the advertisement); contains no warning on the harmful health effects of tobacco; or is disseminated by any means other than a) displays visible only from the inside of a tobacco retail outlet or b) printed newspapers or magazines that have an adult readership of not less than 85%. The Act also gives the government the authority to regulate the display of tobacco products or specialized publications on tobacco.

CONCLUSION

The Government of Québec is actively involved in the fight against smoking. It has devoted substantial resources to the task, it has taken a broad-based approach calling on integrated strategies, and its Tobacco Act is the cornerstone of its efforts.

Legislative possibilities

Given the positive changes in social norms that have resulted from the Government of Québec's anti-tobacco initiatives and the growing dedication of governments around the world to curbing smoking, it is now time to enhance and extend the Tobacco Act. The measures adopted in 1998 have served public health well, but still fall short of the full legislative support needed to address the health issues associated with smoking.

In support of its efforts to strengthen the Act, the government will undertake consultations on the possible changes, as it did in 1996 before drafting the preliminary tobacco law. This will give it the opportunity not only to inform the public about this public health issue and explain its concerns, but also collect experiences and points of view to guide it in its ensuing decisions.

The idea of making legislative changes is motivated by a desire to more effectively prevent smoking and protect the public from the dangers of environmental tobacco smoke, particularly in the workplace. Special emphasis will be placed on the use and promotion of tobacco.

TOBACCO USE

Over the last decade, many countries have placed increasing restrictions on tobacco use in public places, workplaces, and certain shared spaces. The most compelling examples are full bans on smoking in enclosed spaces, even bars and pubs.

Countries like New Zealand, Ireland, Norway, Sweden (beginning in June 2005), and the Philippines (beginning in 2008) have passed laws of this nature. The U.S. states of California, Delaware, New York, Connecticut, Maine, Rhode Island, and Massachusetts have done the same. Many U.S. cities have adopted similar policies at the local level. These laws and regulations protect at least 32% of Americans from exposure to environmental tobacco smoke in enclosed spaces, excluding private spaces.[96]

In Canada, the Northwest Territories, Nunavut, and a number of provinces including Saskatchewan, Manitoba, New Brunswick, British Columbia, and Prince Edward Island, workplaces and bars are smoke free for workers and customers, although some laws allow smoking rooms to be provided.[97] The Government of Ontario has announced its plan to follow suit, which is unlikely to cause problems seeing as many municipalities, including Ottawa and Toronto, have already taken initiatives of this type.[98]

Given this international context, the proven health risks of exposure to environmental tobacco smoke, and the responsibility of governments in this regard, extending the reach of the Tobacco Act is justified in order to better protect the public.

Places currently covered by the Act

Consideration could be given to abolishing the legal right of business owners to allow smoking in certain parts of their establishments as currently permitted under the Act. Smoking is particularly heavy in some of these exempted areas, constituting a much higher risk to employees' health.[99, 100] With a few specific exceptions that could be set out in the Act, extending the current ban on smoking to these areas could make the existing legislation much more effective.

- **Bars**
  Currently, smoking may be permitted anywhere in this type of business (section 8).

- **Restaurants and cafeterias**
  Currently, operators may permit smoking, except among their staff, in a maximum of 40% of the space available to customers (sections 5 and 6). Beginning on December 1, 2009, smoking sections will have to be enclosed and ventilated in restaurants with 35 places or more. This requirement already applies to restaurants in new buildings or that undergo major renovations (sections 7 and 69). A movement toward voluntary "smoke free" restaurants is building in Québec.[101]

- **Bar-restaurants**
  Currently, the "restaurant" sections of these establishments are subject to the regulations that apply to restaurants (section 8).

- **Bingo halls**
  Currently, smoking may be permitted anywhere in this type of establishment (section 8).

- **Establishments where sports, recreational, cultural, or artistic activities are presented or conferences, conventions, or similar events are held**
  Currently, operators may permit smoking in a maximum of 40% of the waiting, rest, and service areas in these establishments (sections 4 and 6).

- **Games halls such as bowling alleys, pool halls, and other amusement halls**
  Currently, smoking may be permitted in a maximum of 40% of the area available for customers in these games halls (sections 4 and 6).

- **Gaming areas of a state-owned casino**
  Currently, smoking may be permitted in a maximum of 40% of the area available to customers in these gaming areas (sections 4 and 6). However, an administrative policy prohibits tobacco use except in designated smoking rooms.

- **Shopping centers**
  Currently, smoking may be permitted in a maximum of 40% of the common areas in these buildings (sections 4 and 6). Many shopping centers do not prevail themselves of this legal right.

- **Marine, bus, and train passenger terminals**
  Currently, smoking may be permitted in a maximum of 40% of the surface area of these facilities (sections 4 and 6). In practice, many are entirely nonsmoking, including Montréal subway stations.

- **Tourist accommodation establishments (hotels, inns, etc.)**
  Currently, operators may permit smoking, except among staff, in a maximum of 40% of the common areas or rooms available to guests (sections 5 and 6). It could be decided to continue allowing smoking in a maximum of 40% of available rooms.

Places not currently covered by the Act

Smoking bans could also be extended to areas not currently covered by the Act, but where protection from environmental tobacco smoke is appropriate:

- **Common areas of residential buildings with two to twelve dwellings**
  Currently, smoking is prohibited by law only in common areas of residential buildings with more than twelve dwellings (section 2, paragraph 7). Manitoba, Nova Scotia, and Nunavut prohibit smoking in common areas of all residential buildings.

- **Grounds near the entrances and exits of buildings in which smoking is prohibited by law**
  Smokers often converge in these areas, which can create heavy concentrations of smoke even outside, especially with certain building designs. Nonsmokers who pass through these areas are thus exposed to this smoke. This is a particular concern for people with health problems that can be aggravated by exposure to smoke, an especially common problem at healthcare facilities. Ontario prohibits smoking within nine meters of entrances to this type of building, and the University of Ottawa and the City of Sudbury have done the same for buildings regulated by their respective policies. At the Jewish General Hospital, the rule is ten meters. Legislation in Nunavut imposes a three-meter restriction. Health Canada's Guidebook on Tobacco Control Policies recommends a nine-meter ban.[102]

Questions

- Should smoking be prohibited in the places listed above?
- Should the right specified in the Act for operators to provide smoking rooms apply to all of these locations?
- Should transition measures be implemented for certain facilities, and if so, what should these measures be?

Elementary and secondary school grounds

Prohibiting smoking on elementary and secondary school grounds is more about education than protection from exposure to environmental tobacco smoke. This type of ban would help set a social norm that reflects the perils of smoking. In New Brunswick, Nova Scotia, and Ontario, smoking is prohibited on school grounds. In Québec, some schools have adopted this policy[103] others are promoting it,[104] but a full accounting of the situation is not available.

A policy of this nature, however, could cause young smokers to leave school property to smoke. This could entail various degrees of risk and nuisance, depending on the area (student safety, neighbor disturbance, litter around school grounds, etc.).[105] Some schools implement more lenient policies, such as restricting smoking to a specific area on the property. Nunavut legislation prohibits smoking within fifteen meters of any school entrance or exit.

Questions

- Should smoking be prohibited on elementary and secondary school grounds?
- Should different policies apply at the elementary and secondary levels?
- How could problems associated with enforcing the restriction be handled?
- Would transition measures be appropriate, and if so, what would they be?
- Would restricting smoking to a specific area on school grounds be an acceptable measure?

TOBACCO AND SMOKING PROMOTION

In this section, we will examine problems caused by the great number of places where tobacco is sold and by product promotion at these points of sale.

Points of sale

Making tobacco widely available is a way of serving smokers. It is one of the four Ps in the marketing mix—place (distribution), product, price, and promotion. Distribution is not a field unto itself within the managerial sciences. It is always part of a marketing context and, more specifically, must be treated as one of the means available to businesses to act on the market, in the same vein as product management, pricing strategies, and promotional activities.[106]

Anyone engaged in the retail sale of tobacco products in Québec must have a sales tax registration certificate.[107] In October 2002, there were 12,004 such certificates in circulation, but this does not reflect the actual number of points of sale, since an operator can sell at multiple locations with a single certificate. There are an estimated 20,000 points of sale in Québec, a quarter of which are vending machines. Tobacco products are sold by many types of retailers: convenience stores, grocery stores, bars, service stations, gas stations, mobile canteens, and more. Like the number of points of sale, the exact profile of the network is not known.

The sales tax registration certificate is the only control on tobacco product distribution, with the exception of a few requirements in the Tobacco Act. The Act prohibits the sale of tobacco in pharmacies (section 18), as well as outside and inside health and social service facilities, elementary and secondary schools, early childhood education centers, and other daycare services (section 17). Automatic tobacco vending machines can only be installed in areas or businesses where the admission of minors is prohibited under the *Act respecting offences relating to alcoholic beverages* (R.S.Q., chapter I-8.1) or, if the machine is equipped with a remote electronic control, places or businesses with "restaurant sales" or "restaurant service" liquor permits as defined in the *Act respecting liquor permits* (R.S.Q., chapter P-9.1, section 16). Tobacco can be sold almost anywhere, provided the customers cannot gain access to it without the help of the sales staff (section 15). Tobacco companies take advantage of this to set up temporary points of sale at many types of events.

Promotion

Distribution specialists talk about "push" and "pull" strategies to describe the two-pronged approach used to promote a product. The "pull" strategy consists of advertising and sales promotion directed at consumers to "pull" the product by generating demand. The "push" strategy involves motivating intermediaries (high margins, rewards, assistance organizing points of sale, sales staff training) to increase the number of points of sale and ensure effective promotion, all to "push" the product toward the consumer.[108]

When advertising and communications to promote tobacco products—"pull" strategies—were virtually banned in many countries, the tobacco industry quickly redirected its promotional strategy and vast pool of resources toward "push" tactics. The phenomenon is well documented in the U.S.,[109] and there is no reason to believe things have been any different in Canada and Québec, where pro-tobacco promotion is much more strictly controlled.

Tobacco products are extremely prominent at points of sale. Manufacturers' promotional materials are also clearly visible, as noted in the most recent assessment of retailer behaviors for Health Canada under "point of sale tobacco advertising."[110] This report studied advertising according to the presence of promotional materials, including countertop displays, shelf talkers, danglers, posters, and other promotional materials.[111] An increase was reported in the use of these materials in the year prior to the study, and much of these materials were display related.

The Tobacco Act, again, regulates tobacco promotion. Tobacco products cannot be promoted in any way other than through advertising, which is also prohibited if it is directed at minors; is false or misleading; associates the use of tobacco with a lifestyle; uses tes-

timonials or endorsements; uses a slogan; refers to real or fictional persons, characters, or animals; contains anything apart from text, with the exception of an illustration of the packaging of a tobacco product (maximum 10% of the surface area of the advertisement); contains no warning on the harmful health effects of tobacco; or is disseminated by any means other than a) displays visible only from the inside of a tobacco retail outlet, or b) printed newspapers or magazines that have an adult readership of not less than 85% (section 24). The Act also gives the government the authority to regulate the display of tobacco products or specialized publications on tobacco, as well as advertising and promotion standards (section 25).

For all intents and purposes, display is the only aspect of promotion that is not yet restricted or controlled. As such, it is no surprise that the tobacco industry spends so much time and money encouraging retailers to work with it in this respect. The fact that customers must not have direct access to tobacco products makes display all that much more important. In 2002, the tobacco industry invested more than $77 million in promotion at more than 70,000 points of sale across Canada.[112] It has certainly not reduced its investment since, given its campaign to especially target the 18–25 age group in bars through the "cigarette girls" strategy.[113]

The challenge

Both the extent of the tobacco point-of-sale network and the amount of promotional materials on display there serve to keep tobacco—and particularly cigarettes—more visible in our society than their toxic nature should allow. The result is that the product is too familiar, just as the tobacco industry would hope. Indeed, international tobacco marketing expert Richard Pollay admits that "tobacco companies want to be part of our cultural environment, whatever it takes."[114] This level of presence, notably through display, can only make it more difficult for new ex-smokers to continue to abstain.

To date, governments in general have gone no further than the Government of Québec in regulating the tobacco sales network, i.e., banning sales in areas associated with healthcare, education, or public management. Controls on vending machines have also been implemented by some governments, Ontario, Nova Scotia and Nunavut banning them outright.

Some governments, however, have taken a heavier hand against point-of-sale promotion and display. Saskatchewan and Manitoba have prohibited them completely,[115] but the regulations are not yet enforced, because in Saskatchewan the tobacco industry is contesting the ban on legal grounds. Other provinces are keeping a close eye on the case. Iceland prohibits point-of-sale tobacco displays of any kind, while Ireland restricts display to a single pack per cigarette brand, which the tobacco industry is contesting in court. The Australian state of Victoria restricts display to no more than four square meters.

Questions

- Should the prevalence of tobacco in our society be reduced in terms of distribution and promotion within the distribution network?
- Should the number of points of sale be cut back?
- Should criteria be put into place to limit the places where tobacco can be sold? (Set businesses? Closed-off places? Permanent businesses? Businesses selling products by at least two manufacturers? Other?)
- Should tobacco sales be prohibited in certain places (recreation centers, arenas, service centers, bars, etc.) or restricted to certain places (smoke shops, grocery stores, convenience stores, etc.)? In either case, what types of places should be considered?
- Should tobacco sales be prohibited in certain areas, for example, within a given distance of schools or establishments often frequented by minors?
- Should temporary points of sale at events or sporting, social, or cultural activities be prohibited?
- Should tobacco vending machines be prohibited?
- Should the government retain the right to regulate cigarette vending machines from a promotional standpoint?
- Should tobacco displays and aggressive promotion be controlled? (Complete ban? Restrictions? Restriction criteria?)
- Should the promotion section (chapter 4) of the Tobacco Act be amended? If so, what aspects and how?
- Should advertising and promotion standards be put into place?

Conclusion

The Government of Québec wishes to step up the fight against the serious public health problem posed by smoking, and the most effective way to do so is by strengthening the Tobacco Act.

By ensuring the National Assembly fulfills its vital responsibility in this regard, the government will help spur the emergence of new social norms in Québec with regard to smoking, norms that will have a growing impact as they come to play on future generations.

It is hoped that the consultations arising from this document will provoke thought and discussion of an openness and depth that will help advance Québec society's progress toward a smoke-free future.

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