



## **INTRODUCTION**

The World Health Organization has called tobacco use the “leading cause of death, illness and impoverishment”<sup>i</sup>. Up to half of current users will eventually die of tobacco-related diseases, and many more will live with chronic illness as a direct result of their smoking or exposure to environmental tobacco smoke (ETS). Last year alone, Nunavummiut spent over \$43,000,000 on tobacco products. Additionally, the burden of tobacco-related illness and death deprives families of income, increases the cost of health care and hinders economic development<sup>ii</sup>.

Tobacco control is a critical component of any robust public health system. However, here in Nunavut, aggressive action in this area is even more crucial given unacceptably high smoking rates across the territory. Nunavut’s smoking rate is three times higher than the national average. According to 2011 national statistics, 60% of Nunavut residents age 12 and older reported smoking cigarettes daily or occasionally compared to 20% of other Canadians<sup>iii</sup>. This number is even higher among Nunavut’s Inuit population, which is estimated to range from 64% to 71%<sup>iv</sup>.

The impact of tobacco use on health in Nunavut cannot be overstated. It is a primary factor in most of the serious health conditions burdening our healthcare system, including cancers and circulatory diseases such as heart attacks and strokes. Notably, it is the main reason for critically high lung cancer rates in Nunavut. Lung cancer accounts for almost half of the cancer deaths in our territory. Male residents of Nunavut have lung cancer rates 3.2 times the national average while female residents of Nunavut have lung cancer rates 5.3 times the national average<sup>v</sup>.

Tobacco use and exposure to ETS are also major contributing factors to other priority health issues in Nunavut. Smoking increases the risk of tuberculosis (TB) infection, the risk of progression from infection to disease, and the risk of death among TB patients. Second-hand smoke has been linked to the very high rates of respiratory illness, especially in children. Studies on Inuit prenatal health have found that the vast majority (80-89%) of pregnant women smoke during pregnancy.<sup>vi</sup> This is a primary factor explaining why Nunavut has such a high incidence of low birth weight and a high rate of premature births, both of which are a key determinant of infant survival and indicators of future child health and development.

The evidence is clear: In order to protect and improve the health of Nunavummiut, the Government of Nunavut (GN) must help people to quit smoking and ensure that those who do not currently smoke never start. Intensive action on this issue is well underway:

- In 2011, the *Nunavut Tobacco Reduction Framework for Action 2011-2016* was approved by the GN. This five year plan outlines a clear, coordinated path forward to address tobacco use and its devastating health effects in our territory.
- A comprehensive Implementation Plan has also been developed which details timelines and the specific initiatives that will be undertaken to realize the Framework for Action by 2016.
- Funding for the implementation of the *Nunavut Tobacco Reduction Framework for Action* is expected to be obtained through revenue generated by Bill 35 - a territorial tax increase on tobacco products that was announced in February 2012.

This report outlines the progress to date on Bill 33 - Nunavut's Tobacco Control Legislation – which is an important area of tobacco control outlined in the *Nunavut Tobacco Reduction Framework for Action*. Legislation is a key component of an effective tobacco control program. Strong and well-enforced legislation has a demonstrated impact on youth uptake of smoking and can be a powerful motivation to quit for those who already smoke.

### **BACKGROUND INFORMATION ON THE NUNAVUT TOBACCO CONTROL ACT**

Bill 33, the *Tobacco Control Act* was passed by the Government of Nunavut in November 2003, and the Act came into force in February 2004. The main purposes of the *Tobacco Control Act* are:

- To reduce access to tobacco products, especially to young people, through restrictions on the display and sale of tobacco products; and
- To promote and protect the health of Nunavummiut by ensuring that public places and workplaces are smoke free.

In 2007, regulations to support the *Tobacco Control Act* came into effect.

A requirement of the *Tobacco Control Act* is the preparation of an annual report on the operation of the Act:

*Annual report of Chief Medical Health Officer*

**23. (1)** *The Chief Medical Health Officer shall prepare an annual report on the operation of this Act and submit it to the Minister in accordance with Part IX of the Financial Administration Act.*

*Legislative Assembly*

**(2)** *Every report submitted under subsection (1) shall be laid before the Legislative Assembly at the earliest possible time after it is received by the Minister.*

This report covers the period of January 1st, 2011 to March 31, 2012.

### **STATUS OF TOBACCO CONTROL ACT OPERATIONS**

To date, the GN has relied on the public's voluntary compliance with the *Tobacco Control Act* as there have not been the operational funds or human resources necessary to actively enforce the Act. The lack of monitoring and enforcement has been an ongoing concern to the Chief Medical Officer of Health (CMOH), an issue that has been noted in this annual report since 2007. The *Nunavut Tobacco Reduction Framework for Action 2011-2016* includes a detailed plan to enhance regulatory enforcement of the *Tobacco Control Act*. The long-term plan includes adding enforcement of the *Tobacco Control Act* to the regulatory responsibilities of the Environmental Health division and augmenting staffing and operational funds to account for the additional travel and workload involved in coordinating education about and enforcement of the Act. The CMOH fully supports this strategy for enforcement and the business case put forward for the full implementation of the *Nunavut Tobacco Reduction Framework for Action*.

Stricter enforcement would ensure that retailers comply with the Act and prevent tobacco from ending up in the hands of children and youth. Should progressive regulatory measures, similar to

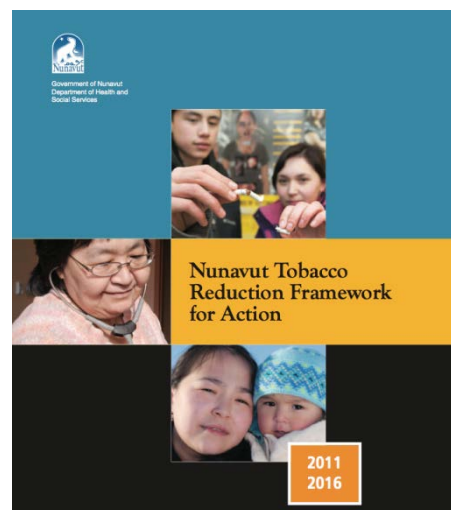
those in other Canadian jurisdictions, be adopted by the GN, enhanced regulatory enforcement will be particularly necessary. The greatest regulatory obstacle to the reduction of tobacco use in Nunavut is the lack of dedicated funding for enforcement. The ability to utilize the GN's Environmental Health Program to enforce current regulations will enable efforts to develop further regulatory measures, such as smoke-free school grounds. Good enforcement monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies.

### **STRATEGIC DIRECTIONS TO REDUCE TOBACCO USE IN NUNAVUT**

In 2007, the Department of Health and Social Services (DHSS) released *Developing Healthy Communities: A Public Health Strategy for Nunavut*, which is a 5-year community focused plan to improve the health of Nunavummiut by building knowledge, capacity and accountability at the community level to promote overall health and wellness. One of the Strategy's two priority areas of focus is addiction reduction, with particular emphasis on tobacco reduction.

A complementary strategic document, the *Nunavut Tobacco Reduction Framework for Action*, was approved by the Executive Council and tabled in the fall of 2011. The framework contains six key areas for action that are the pillars of a comprehensive tobacco control program. One of the priority action areas outlined in the framework is the development of an enforcement program for the *Tobacco Control Act* and its regulations. Support for the *Nunavut Tobacco Reduction Framework for Action* will be essential to ensuring appropriate funding and infrastructure are made available to the Department of Health and Social Services (HSS) to fulfill the ongoing obligations of the *Tobacco Control Act*.

Proper enforcement of the *Tobacco Control Act* will require a significant investment by the GN. However, new funding has been identified with which to carry out this work. In February 2012, Bill 35 - *An Act to Amend the Nunavut Tobacco Control Act* – was passed in the Nunavut Legislature. This Bill increased territorial tobacco taxes which, at current consumption rates, is expected to generate up to \$3,000,000 annually in additional revenue for the GN. An appropriate portion of these additional territorial tax revenues will be dedicated to tobacco control initiatives. An Implementation Plan has been developed for the *Nunavut Tobacco Reduction Framework for Action* and this plan outlines the specific costs associated with enhanced staffing and travel for the HSS Environmental Health division to monitor and enforce the *Tobacco Control Act* in addition to their other enforcement duties.



The Government of Nunavut's Tobacco Reduction Framework for Action was approved in 2011.

### **SUPPORTING TOBACCO REDUCTION ACTIVITIES**

As outlined in the introduction, legislation is one of six areas for action outlined in the *Nunavut Tobacco Reduction Framework for Action*. Alongside enforcing the *Tobacco Control Act*, there are several departmental projects and activities supporting the goals of the Act. Some of these actions, particularly in the area of "Increasing Community Awareness" were initiated in 2011

using one-time federal funds. For a full summary of future planned interventions, see **Appendix A**.

### **RECOMMENDATION**

Previous CMOH reports on the *Tobacco Control Act* have recommended that HSS develop a Nunavut Tobacco Reduction Strategy and in it address the ongoing challenges of enforcing the *Tobacco Control Act* with a plan for strengthening enforcement measures. HSS has completed this strategic development work and now has a plan of action, endorsed by this government.

Thanks to the vision and leadership demonstrated through the passing of Bill 35 – *An Act to Amend the Tobacco Control Act*, there now exists a path forward for funding much needed tobacco control interventions. The *Nunavut Tobacco Reduction Framework for Action Implementation Plan* and business case are essential components to reducing tobacco use in the territory. It is recommended that these initiatives be fully supported by the GN so that the important work of establishing a monitoring and enforcement program for the *Tobacco Control Act* can begin.

### **CONCLUSION**

While other Canadian jurisdictions have seen steady reductions in tobacco use, tobacco use remains a critical public health issue in Nunavut. Rates of tobacco use remain unacceptably high. To effectively address this serious problem, the *Nunavut Tobacco Reduction Framework for Action* was developed.

Monitoring and enforcing our territorial tobacco legislation will send a powerful message to Nunavummiut that tobacco has no place here and that the GN is taking the issue of tobacco use seriously. Funding for the implementation plan can initially come from the revenue generated by recent territorial tax increases on tobacco products. Best practices from other jurisdictions that have successfully reduced tobacco use indicate that enforcement of the *Tobacco Control Act* will lead to significant savings for the healthcare system and economy overall.

More importantly, it will aid Nunavummiut in adding years of healthy living to their lives. Investment in tobacco control is both wise and forward-thinking, particularly through enforcement of the *Tobacco Control Act*. With effective tobacco control policies and programs, and an appropriate level of investment, there is no doubt that we can substantially reduce smoking rates in Nunavut.

Appendix A – Areas for Action

**Nunavut Tobacco Reduction Framework for Action**

<b>Areas for Action</b>	<b>Priority Actions</b>	<b>Target Audiences</b>	<b>Key Measurable Outcomes</b>
<b>Increase Community Awareness</b>	Design and implement a mass media campaign which denormalizes tobacco products and their use. Support community-based health promotion initiatives.	Youth Pregnant Women and their partners Parents and Elders Groups with higher tobacco use Community Health Committees	Increased awareness among target audiences of the risks associated with tobacco use and the benefits of quitting.
<b>Target Youth and Schools</b>	In collaboration with the Department of Education, develop education resources for use in schools. Engage and mentor youth leaders in tobacco reduction. Provide interactive learning opportunities on tobacco in schools In collaboration with the Department of Education, work towards making Nunavut school grounds smoke free.	Children Teachers and school communities Youth within and outside the school system Recreation coordinators, coaches and youth leaders	Increase in the number of schools who use tobacco education resources in their classrooms. Increase in the number of youth who participate in tobacco-specific leadership training and interactive learning opportunities.
<b>Strengthen Cessation Activities</b>	Provide training to healthcare providers to support tobacco cessation at the community level. Increase community awareness of smoking cessation supports. Enhance cessation programming. Improve access to smoking cessation pharmacotherapy in Nunavut communities	Healthcare providers Community Health Committees General Public, particularly groups with higher tobacco use	Increased number of healthcare providers who have been trained in smoking cessation best practices. Increased number of Nunavummiut who have participated in cessation programming. Increased number of Nunavummiut who are prescribed nicotine replacement therapy by healthcare professionals in Nunavut.
<b>Monitor and Adjust Taxation</b>	With the Department of Finance as the lead determine appropriate taxation rates on tobacco products that support the tobacco reduction framework for action. Monitor the impact of taxation rates on tobacco sales in Nunavut, as well as in other jurisdictions, in order to ensure sound decision-making.	Groups with higher tobacco use	If adjustments are made to tobacco taxation rates, the impact on sales will be measured.
<b>Enhance Regulatory Enforcement</b>	Build capacity in the public health workforce to enforce existing tobacco legislation and regulations. Educate and ensure compliance with federal and territorial tobacco legislation at the retailer level. In collaboration with the Workers Compensation and Safety Commission, educate employers on smoking regulations in workplaces. Review regulations to strengthen smoke-free policies in Government of Nunavut workplaces.	Schools and spaces with children Workplaces Retail outlets Hamlets and Municipalities Community health Committees	Increased number of public health officials who are enforcing tobacco regulations. Increased number of bulletins and communiqués to retail outlets and workplaces regarding tobacco regulations. Increased number of regular inspections of tobacco retail outlets.
<b>Research, Monitor and Evaluate</b>	Build research and monitoring capacity, including developing tools for baseline data collection on smoking patterns and consumption rates. Evaluate components of the tobacco reduction framework for action.	Children and Youth Pregnant Women and their partners Communities	Increased number of Nunavut-specific tobacco research initiatives. Develop a baseline data collection tool for tobacco surveillance purposes. Develop an interim evaluation of the tobacco reduction framework in 2013 with a final evaluation in 2016.

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- <sup>i</sup> World Health Organization (May 2012). Tobacco Fact Sheet Number 339. Retrieved online August 6, 2012 from <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.
- <sup>ii</sup> World Health Organization (May 2012). Tobacco Fact Sheet Number 339. Retrieved online August 6, 2012 from <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.
- <sup>iii</sup> Statistics Canada (June 2012). Smokers, by sex, provinces and territories. Retrieved online August 6, 2012 from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health74b-eng.htm>.
- <sup>iv</sup> Statistics Canada (2006). *Aboriginal Peoples Survey, 2006: Table 5-5 Smoking status, Inuit adults aged 15 and over by sex and age group, Nunavut, 2006*. Retrieved online June 24, 2010 from <http://www.statcan.gc.ca/pub/89-637-x/2008002/tab/tab5-5-eng.htm>
- Environics Research Group Limited (2004, April). *2004 Baseline Survey Amongst First Nations (On Reserve) and Inuit*. Environics Research Group Limited. Retrieved online June 24, 2010 from [http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/camp/shs\\_label-eng.php](http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/camp/shs_label-eng.php)
- <sup>v</sup> McDonald, J.T. & Trenholm, R. (2010). Cancer-related health behaviours and health service users among Inuit and other residents of Canada's north. *Social Science & Medicine* 70: 1396-1403.
- <sup>vi</sup> Department of Health and Social Services (no date). The Anaana Project: Inuit Prenatal Health Survey, Qikiqtani Region, Nunavut, 2005-2007. Iqaluit: Government of Nunavut.