

# **Moving toward a Tobacco-Free Nova Scotia**

Comprehensive Tobacco Control Strategy for Nova Scotia

**April 2011**



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## Comprehensive Tobacco Control Strategy for Nova Scotia

### Acknowledgements

The recommendations brought forward in this Strategy are the result of collaboration between many individuals and organizations. The Nova Scotia Department of Health and Wellness gratefully acknowledges and thanks the following for the energy, passion and dedication they have brought forward in the many phases involved in renewing the Comprehensive Tobacco Control Strategy.

Acadia University	Nova Scotia Dental Association
Addiction Services	Nova Scotia Department of Community Services
Annapolis Valley Health	Nova Scotia Department of Education
Assembly of Nova Scotia Mi'kmaq Chiefs	Nova Scotia Department of Finance
Canadian Cancer Society, Nova Scotia Division	Nova Scotia Department of Justice
Cancer Care Nova Scotia	Nova Scotia Office of Aboriginal Affairs
Capital Health	Phoenix House
Cape Breton Health Authority	Pictou County Health Authority
Clean Nova Scotia	Public Health Services
Colchester-East Hants Health Authority	Service Nova Scotia and Municipal Relations
Community Health Boards	Smoke-Free Kings
Cumberland Health Authority	Smoke-Free Nova Scotia
Doctors Nova Scotia	South Shore Health
Family Resource Centres	South-West Health
GPI Atlantic	Tobacco Free Lunenburg Queens
Guysborough Antigonish Strait Health Authority	Tobacco-Free Sport and Recreation Initiative
Halifax Regional School Board	The Lung Association of Nova Scotia
Health Canada	Tri County Women's Centre
Heart and Stroke Foundation of Nova Scotia	Youth Project (previously the Lesbian, Gay, Bisexual Youth Project)
Heartwood	
IWK Health Centre	

## Executive Summary

Each year the tobacco industry spends millions of dollars in Nova Scotia to entice new and existing customers to sustain its business. The consequence of this activity is deadly: more than 1,700 Nova Scotians die each year due to diseases attributable to tobacco use. This has a devastating impact on families and communities, the economy and the social well-being of the province.

We are closer than ever to achieving a tobacco-free Nova Scotia but we are not there yet. The Comprehensive Tobacco Control Strategy is a call to action for all those concerned about tobacco use in Nova Scotia and builds on the progress that Nova Scotia has made over the past decade. The Strategy outlines the key actions and directions Nova Scotia will need to take over the next five years to further reduce tobacco use, improving the lives of Nova Scotians.

The Comprehensive Tobacco Control Strategy is a key step towards building healthy communities across Nova Scotia. Healthy communities are safe, sustainable, prosperous places to grow, live, work, play and age. To achieve the goals of this strategy, tobacco control must be part of a broader, comprehensive effort to build and improve the social, economic, and physical environments and resources within communities. Through this approach we enable all people to develop to their maximum potential and participate actively in their communities.

The Strategy's immediate goal is to reduce disease and death related to tobacco use. To succeed, Nova Scotia will need to:

- **Prevent tobacco use.**
- **Help those who are using tobacco to stop.**
- **Protect Nova Scotians from the harms of the tobacco industry, smoking, and second-hand smoke.**
- **Substantially reduce tobacco-related health disparities between populations in Nova Scotia.**

The Strategy has five key strategic directions that will help us meet our goal and objectives. It is under these strategic directions where the essential actions are outlined:

- **Integration and Building Collective Responsibility**
- **Capacity and Community Action**
- **Surveillance, Research, and Evaluation**
- **Healthy Public Policy**
- **Public Awareness and Social Marketing**

What will guide our actions in the coming years? The Comprehensive Tobacco Control Strategy will take a population health approach to improve the health of Nova Scotians. In addition to its overall focus on reducing tobacco use, the Strategy will strive to support the social norms necessary to move the province toward a tobacco-free society.

## Section A: **The Context of Tobacco Use**

### **Why? The Impact of Tobacco Use**

**E**ach year the tobacco industry spends millions of dollars in Nova Scotia to entice new and existing customers to sustain its business. In 2007, according to the federal government the combined funding of the companies to tobacco vendors was \$3.1 million, which exceeded the amount of funding the Government of Nova Scotia invested in treatment and prevention measures of \$2.4 million.

Understanding the problem is the first step in developing a strategic approach to improve the health and safety of the population.

#### **Health Impacts**

The consequence of the tobacco industry's marketing is deadly: GPI Atlantic estimated that more than 1,700 Nova Scotians die each year due to diseases attributable to tobacco use. The resulting death and disease has a devastating impact on families and communities, the economy and the social well-being of the province. Tobacco use continues to be a significant threat to the health of people everywhere.

#### **Economic Impacts**

Tobacco use continues to have a devastating impact on Nova Scotia's socioeconomic sustainability: Every tobacco user in Nova Scotia costs an average of \$5,859 per year. The total estimated cost of tobacco use in Nova Scotia in 2005 was almost \$950 million. The direct health care cost is approximately \$170 million with an additional \$760 million of indirect cost attributable to productivity losses and premature death. The combined direct and indirect costs represent the economic burden to both the public sector and private sector through productivity losses. One-quarter of indirect costs are due to absenteeism, decreased productivity, and the cost of providing tobacco use facilities. Of the \$950 million cost of tobacco use to society, it is estimated only \$213.1 million will be recovered by the Government of Nova Scotia in the 2011-12 fiscal year tobacco taxes.

#### **Human Impacts**

Eliminating tobacco use is an important investment in human capital. Tobacco use takes an immeasurable toll on individuals, family, friends, workplaces, schools, and communities.

The most basic capabilities in human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living, and to be able to participate in the life of the community. For people without these, many choices are simply not available, and many opportunities in life remain inaccessible. Preventing tobacco use is essential if we are to have a healthy and sustainable province, and success will require the concerted action of all levels of government, communities, and individuals.

## We've Seen Success

### The 2001 Comprehensive Tobacco Control Strategy

The 2001 Comprehensive Tobacco Control Strategy was a landmark initiative in tobacco use reduction for Nova Scotia. The 2001 Strategy acted as a catalyst to build strong partnerships among governments, health organizations, community groups, and business. The initial work of the 2001 Strategy set the stage for a diversity of options to continue moving forward. It provided a clear, evidence-based approach to decreasing tobacco use, enabling Nova Scotia to become a leader in the area of tobacco control.

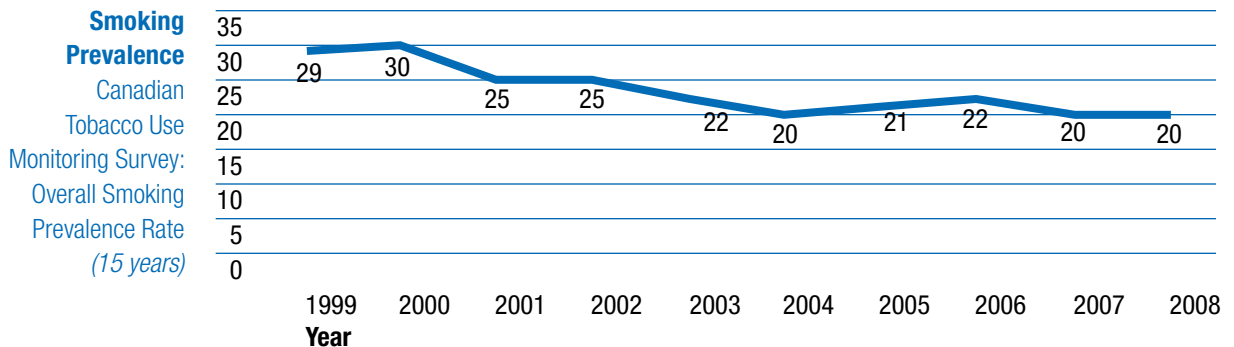
The 2001 Strategy included seven strategic directions to create the broad social environments necessary to reduce tobacco use, including:

- 1 Taxation;
- 2 Policy and legislation;
- 3 Youth smoking prevention;
- 4 Media and public awareness;
- 5 Treatment and cessation;
- 6 Community-based programs; and
- 7 Evaluation, monitoring and surveillance.

The Strategy recognized that Nova Scotia needed to increase the public's concern of the consequences of tobacco use, adopt legislation and policies that protect people from second-hand smoke and the tobacco industry, and provide financial resources for health authorities and communities to develop and implement community-based programs.

The 2001 Strategy has been effective in decreasing provincial tobacco use rates by 10 percentage points from 2000 to 2008 to a provincial rate of 20%. The implementation of the 2001 Tobacco Control Strategy has also led to the following changes:

- The overall rate of smoking declined from 30% in 2000 to 20% in 2008.
- A 50% decrease in the rate of smokers aged 15–19 years between 1999 and 2007 from 30% to 13%.
- The rate of tobacco use in young adults aged 20–24 years fell from 37% to 29% from 1999 to 2007.
- Thirty (30%) of children under 17 years of age were regularly exposed to second-hand tobacco smoke in their homes in 2000 compared to 10% in 2007.
- By 2006 all workplaces were protected from second-hand tobacco smoke.



## Section B: A Renewed Call to Action – Framework for Tobacco Control

### Renewing Our Commitment

**W**hile the 2001 Comprehensive Tobacco Control Strategy provided a strong foundation with visible results, there remain significant challenges ahead. One such challenge is the plateauing tobacco use rates which have been hovering between 20-22% from 2004 to 2008. The unchanging rate indicates the need for more innovation to enable further tobacco use reduction. This innovation is provided in the Comprehensive Tobacco Control Strategy.

#### Renewed Purpose

The Department of Health and Wellness continues to provide provincial leadership and facilitate coordination of the Nova Scotia strategy.

The renewed purpose of the Comprehensive Tobacco Control Strategy is to build on current initiatives through innovation and apply a more comprehensive population health approach to tobacco control efforts in Nova Scotia. This Comprehensive strategy aims to reinforce the continued need for a tobacco reduction strategy and strives to engage multiple stakeholders in identifying and implementing actions supportive of improving community health through tobacco reduction. The multi-stakeholder approach further bolsters the message that everyone has a role to play in creating a healthier community in Nova Scotia. The following outlines the vision, goal, objectives, priority areas, strategic directions, and interconnected elements of the framework for tobacco control.

#### Vision *Healthy communities across Nova Scotia*

A healthy community is a safe, sustainable, prosperous place to grow, live, work, play and age. Tobacco control must be an essential part of a broader, comprehensive effort to build and improve the social, economic, and physical environments and resources within communities. Through this approach we enable all people to develop to their maximum potential and participate actively in social, economic, cultural, and political life. We must build our capacity across government and communities to create and maintain the relationships, networks, infrastructure, systems, and practices that collectively improve quality of life for all Nova Scotians, now and in the future.

#### Goal

To reduce disease and death related to tobacco use.

#### Objectives

Long-term success in reducing disease and death related to tobacco use requires the Comprehensive Tobacco Control Strategy to:

- Prevent tobacco use.**
- Help those who are using tobacco to stop.**
- Protect Nova Scotians from the harms of the tobacco industry, smoking, and second-hand smoke.**
- Substantially reduce tobacco-related health disparities between populations in Nova Scotia.**

#### Performance Measures and Targets

- Decrease tobacco use rates in Nova Scotians' 15-19 years to 10% by 2015-2016**
- Decrease tobacco use rates in Nova Scotians' 20-24 years to 20% by 2015-2016**
- Decrease tobacco use rates in Nova Scotians' 25 years and older to 15% by 2015-2016**
- Decrease exposure to second-hand smoke in homes to 5% by 2015-2016**
- Decrease exposure to second-hand smoke in public places to 5% by 2015-2016**

## What Principles Will Guide Our Actions?

The Comprehensive Tobacco Control priorities are guided by the population health approach and as such will consider the following in planning and resource allocation:

1. **Focus on the broad factors that influence health and overall quality of life.**
2. **Address health disparities across the population and subpopulations.**
3. **Build collective responsibility.**

### 1. Focus on the broad factors that influence health and overall quality of life

A healthy community is a safe, sustainable, prosperous place to grow, live, work, play and age. Tobacco control must be an essential part of a broader, comprehensive effort to build and improve the social, economic, and physical environments and resources within communities.

The renewal of Nova Scotia's tobacco control strategy provides an opportunity to embrace what has been known for a very long time: that the choices people (individual, community and population) make are shaped by the choices they have. Efforts to reduce tobacco use and improve health cannot be isolated from work to improve the physical, economic, and social environment of a community. The comprehensive strategy will continue to focus on community engagement and policy and legislation change as key tools to creating healthy and tobacco-free communities.

### 2. Address health disparities across the population and subpopulations

Health disparities are differences in health status across a population. Major health disparities exist within subgroups in Canada and Nova Scotia most notably within low-income populations, female-led households with children, aboriginal communities, and those who are part of groups that experience discrimination or other social exclusion. Health disparities are not attributes of an individual, but of the socioeconomic environments in which people live.

The Canadian populations at risk of tobacco use coincides with marginalized and socioeconomically disadvantaged groups. It follows that these populations often bear a greater burden of the effects of tobacco use. The Comprehensive Tobacco Control Strategy strives to identify and address the underlying factors and conditions associated with tobacco use and build our understanding and knowledge of at risk populations and how tobacco use plays a detrimental role in their health and well-being.



### **3. Build collective responsibility**

Reducing tobacco use is complex and collective thinking and action will be critical to success. While the Comprehensive Strategy provides direction for tobacco reduction, lasting success requires a high level of collaboration to address underlying factors influencing tobacco use.

Many partners have participated in the development of the Comprehensive Tobacco Control Strategy. Further progress at both the planning and operational levels requires continued collaboration among original partners and new players within and outside traditional tobacco control boundaries - individuals, families, communities, business, non-governmental organizations and all levels of government. A key strength of the Comprehensive Strategy is the invitation to all stakeholders, even if tobacco control is not the primary focus, to contribute to tobacco use reduction initiatives.

## **Strategic Directions : How Are We Going to Target Tobacco Use?**

The strategic directions and related actions are based on collaboration with health stakeholders, current trends and best practices, and future directions and priorities of the public health system and provincial government. The actions listed under each strategic direction are recommendations, not meant to be exhaustive or prescriptive, to guide stakeholders' activities to support the strategy's implementation. Strategic directions are interrelated and actions often intersect. The actions in the Comprehensive Tobacco Control Strategy are intended to be implemented at multiple socio-political levels. The strategic directions outline the specific actions to be taken over the next five years to realize the vision of the Comprehensive Tobacco Control Strategy. The strategic directions include:

- 1. Integration and Building Collective Responsibility**
- 2. Capacity and Community Action**
- 3. Surveillance, Research, and Evaluation**
- 4. Healthy Public Policy**
- 5. Public Awareness and Social Marketing**

### **1. Integration and Building Collective Responsibility**

Achieving the vision of this strategy requires inter-sectoral and intergovernmental collaboration to affect the sociopolitical, economic, and physical determinants of community well-being. It also requires current stakeholders to be receptive to solutions arising outside of the traditional healthcare domain. Bold leadership and shared responsibility must be cultivated at all levels to respectfully and with integrity transform the systems that support community health.

### *The Federal, Provincial and Territorial Governments*

The federal, provincial and territorial governments work together to reduce use. The 1999 document, *New Directions for Tobacco Control in Canada – A National Strategy* provided governments with the guidance to adopt smoke-free environments and develop programs that would have a positive impact on reducing tobacco use. Without the firm support and cooperation of other provincial and territorial governments and the federal government, it would be difficult for Nova Scotia to continue to make progress.

### *Mi'kmaq*

The Department of Health and Wellness will work with First Nations leadership to build collaborative tobacco use prevention efforts in Mi'kmaq communities in an effective, best practices and culturally competent manner.

### *Municipalities*

Nova Scotia municipalities have led the way in establishing smoke-free places, a cornerstone of the tobacco reduction strategy. This local action demonstrates innovation in applying legislation and reinforces the role of local government in making viable, community-specific decisions. The momentum of communities across the province in tobacco control has inspired the provincial government to deepen and strengthen its tobacco control strategy.

In the future, municipalities will continue to play both direct and indirect roles in reducing tobacco use. Municipalities inform other levels of government on their involvement in and response to community-based initiatives.

### *Framework Convention on Tobacco Control*

Canada has ratified the World Health Organization's first international health treaty, the Framework Convention on Tobacco Control (FCTC), fully supported by Nova Scotia. This treaty is a comprehensive, collaborative approach to global tobacco reduction.

### **Actions for Nova Scotia include:**

#### *Integration*

- 1.1 Nova Scotia's government departments and agencies will continue to work in a coordinated and collaborative way to reduce tobacco use in the province.
- 1.2 Integrate and collaborate tobacco control efforts of Addiction Services and Public Health Services at the provincial and district levels.
- 1.3 Establish and/or maintain strong partnerships with community partners concerned with tobacco use and overall health to ensure that they:
  - identify the linkages and shared outcomes (e.g. mutual goals that cannot be achieved alone) between strategies or initiatives.
  - support and capitalize on opportunities to work with multisector partners on health promotion, surveillance, advocacy, and research initiatives.

#### *Inter-Governmental Relations*

- 1.4 Respecting government's unique and valuable relationship with its First Nations partners, the Department of Health and Wellness will use a mutually agreeable process by which First Nations can benefit from the commitments outlined in this strategy, as well as other initiatives that are appropriate and effective for First Nations communities.
- 1.5 Support municipalities with their efforts to reduce tobacco use.
- 1.6 Support and work with the international community to assist other countries with its expertise and experience in reducing tobacco use.

## **2. Capacity and Community Action**

It is at the community level that the tobacco control strategy principles will manifest. The community is the foundation of a successful Comprehensive Tobacco Control Strategy as it is the immediate and constant environment with which individuals interact. Sufficient resources and coordination are essential for community-based initiatives to be effective: It is essential to build capacity, enabling communities to generate the resources and initiate action to prevent and address tobacco-related issues.

### **Actions for Nova Scotia include:**

#### *Enhancing community-based action on tobacco use*

2.1 Working with the District Health Authorities, Nova Scotia will ensure that communities have the appropriate infrastructure, sufficient resources and capacity to plan, deliver, and sustain initiatives to prevent tobacco use, protect citizens from exposure to tobacco products, expose tobacco industry practices, and support individuals to stop smoking, thereby reducing higher rates of tobacco use in subpopulations that experience the greatest vulnerabilities and the population as a whole.

#### *Addressing health disparities*

2.2 Identify and respond to the capacity needs of provincial and local collaborators to develop effective ways of reducing tobacco-related health disparities for population subgroups.

2.3 Research and address the impact of tobacco use in communities, particularly among subpopulations that experience the greatest harms.

2.4 Government recognizes that the rates of tobacco use among people living with serious and recurrent mental illness are significantly higher than the general population. This subpopulation requires a tailored response to tobacco reduction, one that recognizes the unique needs and challenges these individuals face in reducing their tobacco use. The needs of this population will be addressed by working in collaboration with District Health Authorities, healthcare providers and associated agencies and organizations.

#### *Engaging youth and young adults*

2.5 Support the meaningful involvement of youth (including identifying and responding to barriers to participation) in the development, implementation, and evaluation of all aspects of local-level Comprehensive Tobacco Control Strategy activities and consultation processes.

#### *Helping people to stop using tobacco*

2.6 Expand the range of effective, comprehensive treatment options for tobacco users under a new provincial stop smoking service that will complement the comprehensive community-based counseling programs (including the provision of pharmacological aids) now offered by the District Health Authorities. The provincial stop smoking service will include a toll-free line, the provision of pharmacological aids, new initiatives to increase relapse prevention and focused approaches towards at-risk populations.

2.7 Continue to support the District Health Authorities' comprehensive counseling programs.

2.8 Research and explore increased access to counseling programs that are offered in family resource centres, transition houses, and mental health clinics.

- 2.9 Ensure that health professionals are aware of the best practices of tobacco cessation counseling, the provincial stop smoking program and District Health Authority programs.
- 2.10 Enhance the capacity of primary health caregivers to offer brief interventions to tobacco users.
- 2.11 Support District Health Authorities in their efforts to enhance the capacity of tertiary care settings to address tobacco use by patients, building on pilot projects now under way in the Cape Breton and Capital Health districts.
- 2.12 Support District Health Authorities in their efforts to provide more opportunities for knowledge exchange and develop and monitor best practices and standards for nicotine treatment.
- 2.13 Assess and identify which populations are experiencing higher rates of tobacco use, and work with them to provide a range of treatment options that best addresses their needs.
- 2.14 Identify and respond to barriers that diverse populations experience accessing treatment programs.
- 2.15 Provide culturally competent nicotine treatment programs and improve these approaches as necessary.
- 2.16 Support District Health Authorities to integrate effective programming to assist with the reduction of tobacco use during pregnancy.

### 3. Surveillance, Research and Evaluation

There is much to learn about the mechanisms and contexts through which social determinants influence health and tobacco use specifically. While some of the factors that enable tobacco use – such as low tobacco prices, advertising, product composition and access – are being addressed, enhancing our understanding of the interrelated factors, experiences, and conditions

that come together in people’s lives to influence their decision to use tobacco products will enrich future efforts. Nova Scotia is committed to initiating and participating in research to better understand the root causes of tobacco initiation and continued use. The Comprehensive Tobacco Control Strategy is committed to fostering an ongoing evidence-based approach by ensuring surveillance, research and evaluation activities.

#### Actions for Nova Scotia include:

- 3.1 Broaden tobacco control progress measures to include social indicators (e.g., income, homelessness, and literacy), social determinants of health, and health status inequity, as well as their relationship to tobacco use.
- 3.2 Document the province’s collective experiences and learnings about tobacco control and make this information available to other jurisdictions.
- 3.3 Increase our understanding about initiation and use of tobacco among subgroups of the population.
- 3.4 Evaluate existing and new tobacco control policies in order to better understand the impact of these policies on tobacco use in subpopulations and the population as a whole in the province.
- 3.5 Propose solutions that will improve the health status and well-being of affected tobacco using populations.
- 3.6 Ensure that tobacco-free school policy programs reflect the most up-to-date and culturally competent approaches to youth tobacco use prevention and early intervention.
- 3.7 Ensure processes are in place to reliably capture data across the province.

#### **4. Healthy Public Policy**

Tobacco control legislation has played a primary role in reducing tobacco use and creating healthier communities. All levels of government have initiated efforts to protect Nova Scotians from second-hand tobacco smoke and the tobacco industry's product promotion. There are three pieces of provincial legislation that play a key part in reducing tobacco use and protecting the public: The Smoke-free Places Act, the Tobacco Access Act and the Tobacco Damages and Health-care Costs Recovery Act. The federal Tobacco Act also plays a key role in preventing and protecting against tobacco use. Municipalities have played and continue to play a significant role in protecting public places from second hand tobacco smoke.

An important part of healthy public policy is taking collective action to identify and respond to the influence of the regulated and unregulated tobacco industry on the institutions and social norms in Nova Scotia. Nova Scotia will continue to counter efforts to stall, defer or dilute effective public health measures focused on preventing, stopping and protecting against tobacco use. Challenges continue to evolve as the tobacco industry responds to legislated advertising and pricing restrictions. Equally, the sale and distribution of contraband tobacco presents unique challenges to public safety and the ability of communities to prevent and stop tobacco use. Health Canada research also points to the continuing high sales to children and youth in Nova Scotia that are in violation of provincial law and needs to be addressed. Legislation and policy development, guided by the Strategy, are keys to long-term efforts to continue tobacco reduction.

#### **Actions for Nova Scotia include:**

##### *Taking action against the tobacco industry*

- 4.1 Explore taking legal action against tobacco manufacturers for its unlawful activities leading to increased tobacco use. The aims of such litigation might be:
  - a) to recover costs associated with the past harms promulgated by the tobacco industry on the population of Nova Scotia,
  - b) to understand the scope of the industry's misconduct in the past and in the present, and
  - c) to support new public health tobacco control measures to prevent tobacco manufacturers from being able to attract new users and retain existing smokers.

##### *Limiting the ability of the tobacco industry to attract new and existing customers*

- 4.2 Working with the federal government and other provinces and territories, explore the feasibility of enacting legislation that will require tobacco manufacturers to standardize tobacco packaging, place a toll-free quitline number and provincial health and other appropriate warnings on tobacco packages in addition to the federal's government required warnings.
- 4.3 Working with the federal government and other provinces and territories, investigate the evidence and feasibility of mandating the placement of provincial health warnings on cigarettes sold and distributed in the province.
- 4.4 Explore potential actions to recover the costs of implementing the Strategy from the tobacco industry.

*Addressing contraband tobacco*

- 4.5 Support law enforcement agencies and Nova Scotia Crime Stoppers in the fight against the distribution of contraband tobacco products.
- 4.6 Support the efforts of Service Nova Scotia and Municipal Relations, the Departments of Finance, Justice and Health and Wellness in the development and implementation of strategies to address the distribution of contraband tobacco products and the emergence of discount tobacco products.
- 4.7 Continue to urge the federal government, other provinces and territories to work together to adopt effective measures that will prevent and reduce the manufacture and supply of contraband tobacco.

*Reduce access to tobacco and improve sales to minors' compliance rates*

- 4.8 Monitor tax rates for tobacco products and increase taxes where appropriate.
- 4.9 Work with other provincial governments in the region to ensure tobacco prices are used as a deterrent.
- 4.10 Identify and implement actions to a) increase tobacco vendors' sales to minors' compliance rates, and b) actions to decrease access to tobacco products in the province.
- 4.11 Adopt legislation to ensure that tobacco vendors who are caught selling to minors face automatic penalties.
- 4.12 Explore the feasibility of requiring all retail outlets selling tobacco to dedicate a percentage of space to nicotine replacement therapy and cessation resources.

*Mechanisms to protect Nova Scotians from tobacco use and second-hand tobacco smoke*

- 4.13 Amend the Smoke-free Places Act to prohibit smoking on District Health Authority property.
- 4.14 Increase capacity to support smoke-free workplace policies, including exploring the feasibility of on-site treatment options offered by District Health Authorities, especially within these sectors: sales and service industries, business, finance and administration, and trades and transportation services.
- 4.15 Amend the Smoke-free Places Act to prohibit the use of all tobacco products on school grounds.
- 4.16 Work towards increasing tobacco free areas, including:
  - some government-owned multi-unit dwellings;
  - provincially owned parks and beaches;
  - post-secondary and college dormitories and outdoor spaces;
  - playgrounds and community recreation sites;
  - events on government property;
  - sport, recreation events and venues.
- 4.17 Enact amendments to the Smoke-free Places Act, where appropriate, to enforce tobacco-free environments in newly identified spaces.
- 4.18 Encourage landlords and condominium corporations to voluntarily provide smoke-free housing options to Nova Scotians.

*Public disclosure*

- 4.19 Implement the World Health Organization Framework Convention on Tobacco Control (FCTC) Article 5.3 guidelines to prevent tobacco industry interference in the setting and implementing of tobacco control policies, beginning with public disclosure of all contacts made by the tobacco industry to influence decisions by the provincial government.

## 5. Public Awareness and Social Marketing

Effective social marketing and public awareness campaigns create synergy among all tobacco control program and policy elements. To ensure maximal effectiveness of upcoming social marketing, community stakeholders must be actively and meaningfully engaged.

### Actions for Nova Scotia include:

#### *Protection from second-hand tobacco smoke*

- 5.1 Working with community organizations to increase awareness of the options to protect against the dangers of second-hand smoke as the foundation for tobacco-free homes, cars, and multi-unit dwellings.

#### *Tobacco use prevention*

- 5.2 Develop social marketing campaigns for youth and young adults aimed at tobacco use prevention and treatment.
- 5.3 Monitor tobacco industry influences and facilitate public discussion and debate among partners, decision makers, and other stakeholders at the community and provincial levels.
- 5.4 Provide continued training and education opportunities regarding media literacy and tobacco industry de-normalization. Potential audiences include media personnel, community leaders, youth, teachers, and tobacco control community members.
- 5.5 Establish and support interventions that promote media literacy and tobacco industry de-normalization.
- 5.6 Ensure communities are engaged in the planning and implementation of a multi-level social marketing campaign
- 5.7 Ensure adequate and sustainable funding is available at the community level to support provincial social marketing campaigns.

#### *Helping tobacco users to stop*

- 5.8 Support District Health Authorities in communicating with health professionals on the availability of tobacco treatment options.
- 5.9 Design and conduct a public awareness campaign aimed at tobacco users and their families, focusing on treatment and cessation products and services.

# Moving toward a Tobacco-Free Nova Scotia

Comprehensive Tobacco Control Strategy for Nova Scotia