CAMPAIGN FOR A SMOKE-FREE ALBERTA

Improving the Alberta Tobacco Reduction Strategy

June 2017

The Issue

The Alberta Tobacco Reduction Strategy (ATRS) was initially launched in 2002 with a $12 million annual budget and it was based on a 10-year implementation plan that came to an end in 2012. The ATRS was renewed in 2012 with a revised 10-year plan and new performance targets but no specified budget. At present, Alberta Health Services is spending only $1.00 per capita or $4 million annually on the tobacco reduction strategy.[1] Five years after its renewal, the ATRS is woefully underfunded, remains largely unimplemented and is unlikely to meets its targets.

Funding

The development of the renewed ATRS involved extensive consultations among a variety of key stakeholders including several government ministries, health charities, health professions and public health academics and researches. The strategy has been widely applauded as an ambitious and comprehensive evidence-based plan to reduce tobacco use in Alberta. However the implementation of this ambitious strategy has been impaired by a lack of funding, reporting, monitoring and evaluation. No additional specified funding was provided for the implementation of the strategy with the exception of a short-term prevention project that was terminated in 2014. An investment of up to five dollars per capita ($20 million) was proposed in the development of the ATRS but no additional sustained funding has materialized since 2012.

Management

Since 2008, no annual progress or evaluation reports regarding the ATRS have been made publicly available. As well, since 2008, the ATRS budget has been slashed from $4 per capita to only $1 per capita in 2014/2015.[2]

Alberta Health Services has been primarily responsible for the implementation of the strategy since the formation of the organization in 2009. Prior to 2009, the Alberta Alcohol and Drug Abuse Commission was primarily responsible for implementation and the Alberta Cancer Board was also actively engaged. Both organizations were dissolved in 2009 and core tobacco reduction staff were consolidated into the Tobacco Reduction Program within the Population, Public and Indigenous Health division of Alberta Health Services.

Current tobacco reduction efforts within Alberta Health Services appear to be focused largely on the provision and promotion of smoking cessation programs and services under the *Alberta Quits* brand including a provincial helpline, website and community stop-smoking programs. Limited resources appear to be applied to tobacco use prevention and protection and these are applied primarily through a somewhat sporadic and unpredictable granting program. A new school-based prevention education program for students in grades 4 to 6 was launched in 2016.

Alberta Health has primary responsibility and oversight for the ATRS as conveyed in the strategy document. However there does not appear to be a direct line of reporting between the Tobacco Reduction Program at Alberta Health Services and the Addiction and Mental Health division of Alberta Health which is ultimately responsible for implementation of the ATRS. The lack of a direct line of reporting may be impairing the implementation of the strategy. A new provincial steering committee consisting of various government departments and agencies is now helping to guide implementation albeit without any additional resources.

Progress

The ATRS was designed to be implemented in three phases with three major components including cessation, prevention and protection. Phase one was to be fully implemented by 2015. However most of the actions outlined in

1. Alberta Health Services. Letter from Dr. Verna Yiu to Campaign for a Smoke-Free Alberta regarding budget of the Alberta Tobacco Reduction Strategy. January 6, 2017.
2. Alberta Health Services. Letter from Dr. Verna Yiu to Campaign for a Smoke-Free Alberta regarding budget of the Alberta Tobacco Reduction Strategy. January 6, 2017.

phase one and subsequent phases have not been completed. Progress has been made on the delivery of cessation programs and on the passage and implementation of new legislation to prohibit flavoured tobacco products and to protect youth from secondhand smoke in vehicles. Progress has also been made through the tobacco reduction granting program especially on projects that align well with ATRS implementation. However limited resources have been applied to tobacco use prevention programs and to tobacco protection and enforcement in comparison to tobacco cessation resources. Best practice indicates that adequate and proportional resources need to be allocated to all components of a comprehensive strategy in order to achieve success in tobacco reduction.[3] For example, policies to protect Albertans from exposure to secondhand smoke as well as programming to prevent tobacco product sales to minors have not been implemented, and there is no sustained provincial mass media campaign, youth engagement prevention program or tobacco retail enforcement program. All of these policies and initiatives are identified as phase one activities of the ATRS and they are all evidence-based interventions that are supported by published peer-reviewed research and yet remain unimplemented.

Impact of funding cuts

Funding for tobacco reduction programs is directly correlated with a reduction in smoking rates. Evidence reveals that funding cuts result in a slowing down or reversal of the progress achieved in tobacco reduction and control.[4] At both national and provincial levels, funding for tobacco reduction does not align with best practice funding levels and the current funds are not protected from other budgetary pressures.[5,6,7] The U.S. Institute of Medicine (IOM) and the Centres for Disease Control and Prevention recommend US$15 to US$20 per capita as a funding target for each U.S. state. To meet these guidelines the annual tobacco control budget for Alberta should be approximately 48 to 60 million dollars.[8] Due to the erosion of funding since 2008, the ATRS is woefully underfunded and remains largely unimplemented. While the funding for tobacco reduction has substantially eroded, tobacco tax revenues have substantially increased from $633 million in 2003 to over $1 billion in 2017/2018.[9]

Public support for investing in tobacco reduction

An online survey of 1,005 Albertans conducted by Leger Research in January 2017 revealed that 75 percent of respondents wanted the Alberta government to reinvest *one-third* of tobacco tax revenue in effective strategies to help smokers quit and to keep youth from starting to use tobacco. The survey also revealed that two-thirds of respondents (68%) support a cigarette tax increase of at least $1.50 per 20 pack. A tobacco tax increase of this size would generate over $100 million annually.

Policy Recommendations

CSFA is recommending the following recommendations that are designed to improve the ATRS:

1) Allocate a portion of new tobacco tax revenue (at least $20 million) to fully implement the ATRS;
2) Implement a sustainable revenue model requiring major tobacco companies to purchase a *manufacturers' license* to sell tobacco in Alberta and apply the proceeds toward the ATRS by collecting at least $20 million in license fees annually; and
3) Fully implement the ATRS with adequate funding allocated to prevention, protection, enforcement, monitoring and evaluation.

3. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — 2014.*Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
4. The Ontario Toabcco Research Unit. *Effects of funding cuts to tobacco control programs*. 2008.
5. McDonald PW, Viehbeck S, Robinson SJ, et al. *Building research capacity for evidence-informed tobacco control in Canada: a case description.* Tob Induc Dis 2009;5:12. doi:10.1186/1617-9625-5-12
6. Endgame Summit Steering Committee and Action Groups. The Tobacco Endgame for Canada. Kingston, ON: 2016.
7. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — 2014.*Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
8. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007. http://www.cdc.gov/tobacco/stateandcommunity/best_practices/
9. Alberta Finance. 2nd quarter fiscal update *2016-2017.* http://finance.alberta.ca/publications/budget/quarterly/2016/2016-17-2nd-Quarter-Fiscal-Update.pdf