



Structure and Governance of Tobacco Control Activities in Québec, 2010

Submitted by:

Natalie Kishchuk Research and Evaluation Inc.
26 Oriole Drive
Kirkland (Québec) H9H 3X3
(514) 694-8995
nkishchuk@sympatico.ca

August 23, 2010

Production of this report has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

1. Introduction

In collaboration with a number of partners, the Canadian Public Health Association is conducting an initiative aiming to set the stage for a next generation of public health action on tobacco in Canada. This “Next Stage” initiative includes consultations through surveys with tobacco control personnel and officials in each of the provinces and territories. In Québec, this process was managed through the Association pour la santé publique du Québec (ASPO) (Québec Public Health Association) and consisted of telephone interviews with representatives of key organizations. This document presents the results of these interviews.

Representatives of the following organizations were interviewed, between June 14 and July 9 2010:

- Ministère de la Santé et des Services sociaux (MSSS), Unité de lutte au tabagisme (Québec Ministry of Health and Social Services, Tobacco Control Unit)
- Institut national de santé publique du Québec (INSPQ), Habitudes de vie (Québec Public Health Institute, Tobacco Programs Unit)
- Coalition québécoise pour le contrôle du tabac (COCT) (Québec Coalition for Tobacco Control)
- Conseil québécois sur le tabac et la santé (CQTS) (Québec Council on Tobacco and Health)

Interviewees were sent the questions prior to the interviews, which lasted between 40 and 60 minutes.

2. Findings

Interview findings are summarized below according to the main themes of the interview guide, based on a first-level qualitative analysis (main convergences among respondents) and free translation of French interviews.

2.1 Governance structure

2.1.1 Organizations involved

Governance and coordination of tobacco control activities are centered on the Plan québécois de lutte contre le tabagisme (PQLT) 2006-2011¹, developed in consultation with stakeholders. This plan will shortly be replaced by a successor plan (2011-2015), for which consultations are underway. The PQLT is led by the MSSS, but engages partners in three main sectors, each of which plays a distinct role as well as a role as partner and collaborator. The main sectors are:

¹ <http://www.msss.gouv.qc.ca/sujets/santepub/tabac/index.php?aid=10>. It was preceded by a 2001-2005 Plan.

Public sector

Ministry of Health and Social Services, Tobacco Control Unit: this unit has responsibility for:

- Drafting legislation, regulations and government-wide tobacco-related policy including the PQLT.
- Implementing and enforcing tobacco laws through inspection systems and the handling of complaints and infractions. The unit employs the province's tobacco inspectors directly, although they are located in all regions of the province. They are assigned to different types of settings and clienteles with varying level of priority. This unit also carries out investigations related to contraband tobacco.
- Maintaining liaison with other government departments who have stakes in tobacco issues, including Justice, Public Security, Revenue, Finance, and Municipal and Regional Affairs, as well as various levels of police forces.
- Supporting tobacco-related actions of the province's public health units or Directions de santé publique.

The unit is staffed by about 60 people, including the inspectors.

Directions de santé publique (DSP) are units of each of the province's 18 Regional Health Authorities:

- Each region's DSP works with and supports the front-line health and social service centres in the health districts of its region (CSSS; these were created in 2004 amalgamating the acute and chronic care institutions and the Centres locaux de services communautaires or CLSCs, and conferring a population health responsibility). The number of CSSS in a health region ranges from 1 to 12.
- Each DSP has an identified "répondant tabac" (Program Officer for tobacco), who is responsible for liaison with the provincial government, the CSSS in his or her region, and the other local and provincial partners.
- In addition to the PQLT, the DSPs are responsible for implementing the province's Public Health Action Plan in their regions; these plans (2003-2012, 2008 update)² have province wide and regional smoking prevalence objectives.

Centres de santé et de services sociaux (CSSS): are responsible for health district-level delivery of many key components of the tobacco control strategy, including:

- Prevention activities delivered mainly through the schools system with a focus on high schools;
- Offer of cessation supports through individual or group cessation counseling in the Centre d'abandon du tabagisme (CAT) of which there are about 150 in the province. These are in principle linked to the mandatory (in the sense that all CSSS are required to implement it) public health program 0-5-30 (zero smoking, five fruits and vegetables; 30 minutes of exercise

² Gouvernement du Québec, *Programme national de santé publique 2003-2012*, http://www.rsss12.gouv.qc.ca/documents/Programme_nationale_sante_pub.pdf.

- Collaboration with local agencies and coalitions to support tobacco-related policies.

Institut national de santé publique: receiving its mandates from the Ministry of Health, The INSPQ carries out tobacco surveillance and evaluation activities for the province, prepares briefs and expert statements to support legislative and regulatory actions. It has also developed and implemented an initiative to enhance tobacco counseling skills among medical and allied health practitioners, working closely with several professional orders. It should be noted that the INSPQ is active in all areas of public health, i.e., is not equivalent to Ontario's Tobacco Control Research Unit. (Some surveillance is also carried out by the Institut de statistique du Québec.)

Federal government: Health Canada and the Public Health Agency are recognized as actors in tobacco control in Québec, through their project-based support of tobacco initiatives.

Non Government Organization (NGO) Sector

In Québec, the NGO sector is engaged in tobacco control in a very structured way. Its presence is considered crucial by all other stakeholders, as it allows actions that would not be appropriate for government agencies: e.g., lobbying for legislative change, criticizing government policy. The NGOs appear to be funded from several sources, including both the provincial and federal governments through various project-based or operational funding mechanisms, as in some cases including memberships and donations.

The main NGO players in Québec's tobacco control sector are:

Coalition québécoise pour le contrôle du tabac: this umbrella group's members include many if not all of the bodies listed below. Its actions concentrate on broad policy and legislative supports at any level of government, including federal, aiming for example to: reduce access and exposure to tobacco products, work against the tobacco industry and the sectors that are supported by the tobacco industry; reform tobacco display, packaging and flavoring laws and laws on smoking in public and private spaces; and reduce the impacts of contraband tobacco activities. Organizations work together under the CQCT umbrella on specific policy or advocacy initiatives, as is appropriate and possible for them.

Conseil québécois sur le tabac et la santé : This NGO develops, supports and carries out prevention and cessation interventions with a focus on youth, and leads the annual non-smoking week campaign, as well as supporting actions of partner organizations and the class action lawsuits against tobacco companies. Its membership is composed of health sector organizations and associations as well as individuals.

Canadian Cancer Society, Québec Division: In the past few years, the CCS-Québec has become increasingly active in public interest activities related to tobacco control; and has been able to put its broad volunteer base to work in tobacco control action.

Non-smokers Rights' Association: has its own membership and carries out advocacy campaigns;

Info-Tabac: a monthly information bulletin on events and items of interest to the tobacco control community. This organization originated in Québec and has recently become national.

Physicians for a Smoke-Free Canada: until recently, this group maintained a Québec chapter.

Also somewhat active in tobacco control in Québec are: the Heart and Stroke Foundation of Québec and the Québec Lung Association.

2.1.2 Coordination and governance

It was clear from the interviews that the organizations involved in tobacco control in Québec have a generally shared understanding of their specific roles and contributions within a comprehensive, society-wide approach to tobacco control. As such, each organization carries out its own strategic planning, priority and program development in light of the overall structure, relying strongly on stakeholder input and approval. However, the only formal coordination mechanism is through a province-wide stakeholder group, organized by the MSSS but without the official status of a "Table" (although a "Table nationale de tabac" did exist prior to the 2004 health reform). This group meets once or twice per year and includes all public sector and NGOs involved in tobacco control. At these sessions, members are invited to share plans and developments and exchange knowledge.

2.2 Programs and policies that are working well and less well in Québec

Those interviewed were quite unanimous in their views of the strengths of Québec tobacco control organization, which is seen as comprehensive, coherent and coordinated. Specific strengths named were:

2.2.1 Programs and policies that are working well

1. The Québec government's global and government-wide approach, including the progressive adoption of very comprehensive anti-smoking legislation, covering all aspects of tobacco sales and use. The original law of 1998 was unanimously adopted by the legislature and has enjoyed consistently strong support. This approach is seen to define the social environment in which the tobacco control organizations work, facilitating shifts in public attitudes and supporting the denormalization process.
2. The integrated approach led by the MSSS's Tobacco Control Unit, which brings together research policy, intervention and enforcement under one roof yet maintaining a distinct focus on tobacco, not submerged in other risk factors. This is seen as a significant advantage over the current federal structure, where both Health Canada and the Public Health Agency have roles in tobacco control.

3. The PQLT itself, developed initially in 1994 is constantly being updated. The Plan provides a rallying point for all those engaged in tobacco allowing harmonization of objectives. The current Plan's global, integrated approach was accompanied by a substantial budget. It has also codified a partnership approach, that allows the MSSS to draw on resources and strategies that bolster the Plan's effectiveness. Also cited as an element of strength was that the Minister is required to report on the Plan's results every five years.
4. Widely accessible, free, comprehensive and evidence-based cessation services, offered in a positive and supportive approach. These services are offered through the Centres d'abandon du tabagisme in each health district, an information line, website and information resources, as well as the delegated prescription provision described earlier.
5. Intensive social marketing activity, through annual population challenges and anti-smoking week, that coupled with the legislative efforts, aim to shift public perceptions and support behavior change.
6. The concerted collaborative approach, engaging different sectors as allies with specific strengths and roles to play in concerted action on multiple fronts. While the involvement of multiple players was generally seen as a strength, it was also noted that at times there have been diverging views about which groups are best positioned to carry out certain roles.

2.2.2 Programs and policies that are working less well

Areas where programs and policies were working less well named by those interviewed included:

1. Prevention efforts are seen as in need of improvement, as it is felt that progress has not been adequate, especially with some vulnerable groups. There has been dissatisfaction with a lack of a strong evidence base for some of the programs in use, as well as a lack of specificity around prevention objectives which is seen as having allowed less than optimal rigor in approaches or programs adopted. There is a perceived need for new approaches and new linkages, for example with other forms of addiction. This has led to the development of a provincial smoking prevention plan, soon to be released.
2. Measures to limit exposure to second-hand smoke are seen as requiring further work, including tobacco use in vehicles, and restrictions on smoking in small apartment buildings and in patios or decks.
3. More attention is needed in surveillance of smoking portrayal in media such as films and social media; along with assessment of, and action on, tobacco companies' financial interests in such actions;
4. Issues in coordination and complementarities of federal and provincial efforts were also identified. While it was acknowledged that efforts are made through the NGO sector in particular to include federal participants in planning and policy direction, it was also clear that there are significant intergovernmental barriers to full mutual participation. This has

5. At a broader level, seen as working less well is political and public support to maintain the fight against tobacco. This was observed as a co-opting of the political agenda for health by the H1N1 epidemic, as well as a lack of apparent political will among current power-holders to advance tobacco control. In this context, concerns were raised about potential cuts in resources to tobacco control, related to a public perception that the war on tobacco has been won and that resources can now be deployed elsewhere.

2.3 Vulnerable populations

Respondents' views on vulnerable populations were quite varied, and several specific vulnerable populations were identified:

- Socio-economically disadvantaged groups, especially youth and young adults. As it is clear that these populations are less receptive to messages that are effective for the general population, more work is needed to develop more appropriate approaches
- Women, especially pregnant women: it was noted that prevention tactics for women could still be improved;
- People with mental illness;
- First Nations communities – there exist few resources and approaches that have been shown to be effective in these communities, in which tobacco use and control are very complex issues.

At the same time, arguments were raised against having too strong a focus only on vulnerable populations, if this will result in less attention to broader, systemic actions. Although a segmented-only (i.e., fragmented) approach is necessary, it was also seen as insufficient. In particular, it was argued that a comprehensive and effective control system also requires jurisdiction-wide, population-level actions on legislation, policy and public awareness, industry surveillance and counter-action. Such actions are seen as key to denormalization and creating the supportive infrastructure for targeted prevention and cessation efforts. As well, it was noted that political action and action on industry are by nature unpredictable, so lack of flexibility in funding mechanisms – notably project-based, population-tagged initiatives -- hampers responsiveness and thus effectiveness.

2.4 Greatest challenges

When asked about the three greatest challenges facing public health in the next phases of the fight against tobacco, responses often echoed those pertaining to areas where programs and policies were working less well. Those mentioned included:

1. A challenge also alluded to above, is a perceived lack of importance attached to tobacco – or, as one interviewee put it, that “obesity is the new tobacco”. With this concern was coupled a perceived challenge in maintaining the resources that have been won over the past years for tobacco. While cuts do not appear to be imminent, there is an increasing sense that the resource base is becoming fragile and vulnerable to re-allocations to other health issues. It was noted that success in reducing smoking in public places has also reduced the visibility of smoking, for example within the school system, contributing to a relaxing of perceived importance. A comparison was made to the recrudescence in HIV infections once public concern diminished with the introduction of antiretrovirals. This is of concern given that the tobacco industry remains highly present and active, and will be ready to exploit any vulnerability in tobacco control action. For these organizations, the solution is to continue to re-affirm the importance of tobacco control.
2. Contraband tobacco was also mentioned as a particularly thorny problem, challenging to address on several levels. First, the phenomenon is difficult to document reliably and not well understood, and the requirements for effective interventions less so. Second, understanding and action on contraband cigarettes requires concerted and coherent actions from a number of federal and provincial stakeholders in the finance, justice, border security and health sectors, as well as more effective approaches for dealing with tobacco in First Nations. At the same time, it was noted that most smokers still use legal tobacco products, and that perceived increases in contraband may serve as a distractions for the ongoing real problem of everyday wide open access to tobacco. In other words, a focus on contraband may lessen pressure on shifting social norms through actions on the control of legally sold tobacco products. It was noted that the contraband issue requires particular vigilance, perspicacity and public health cohesiveness to be dealt with effectively.
3. A challenge resides in the capacity of the tobacco industry to continue to sidestep and outsmart tobacco laws and regulations. For public health, the challenge is to be able to learn to think like industry and anticipate their actions in order to act proactively rather than defensively. The NGO sector is a particularly important contributor to these actions.
4. There is concern about a perception of general lack of trust and support of the voluntary sector on the part of the current federal government, which is also affecting NGO's engaged in tobacco control (although tobacco control may be used as photo opportunities). This perception is partly rooted in increasingly difficult access to information through Access to Information and Privacy (ATIP).
5. The fact that smoking rates have stabilized presents a challenge, in that it appears that current intervention programs are not effective among remaining smokers or among new generations of potential smokers. Better understanding is needed of those 25% of people who continue to smoke as well of uptake among new smokers.

2.5 Knowledge exchange

Overall, few areas of need for improved knowledge exchange or development were identified by these Québec respondents. It was felt that information was readily available through the various

ministries and departments, the INSPQ, and the Cancer Society. Some additional supports of interest are:

- Increased frequency of stakeholder meetings was cited as a desirable means to enhance knowledge exchange;
- A major gap around tobacco exists in professional education in the medical and allied health field. It was suggested that CPHA could have a role to play in working with the relevant faculties and accrediting bodies to further develop the tobacco component in health professionals' education;
- It was also noted that while information is readily accessible, more efforts could be put to ensuring plain language versions were available. In a related vein, while the need to adapt interventions to regional realities was recognized, so was an interest in sharing learnings from such regional adaptations to parts of the country facing similar challenges.