

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

Canada

Information on national contact responsible for preparation of the report:

Title

Mr

Family name
Saunders

First name
Nicolas

Full name of institution
Policy Analyst, Tobacco Control Directorate, Health Canada

Mailing address

Mailing address 1	150 Tunneys Pasture
Mailing address 2	Locator 0301A
Post code	K1A-0K9
Post box	
City	Ottawa, Ontario

Country

Canada

E-mail
nicolas.saunders@canada.ca

Alternative email address

Telephone number
613-415-7912

Fax number
613-946-6460

Signature of government official submitting the report:

Title

Ms

Family name
Beaton

First name
Dana

Full name of institution
Acting Director General, Tobacco Control Directorate, Health Canada

Mailing address

Mailing address 1 150 Tunneys Pasture
Mailing address 2 Locator 0301A
Post code
Post box KIA-0K9
City Ottawa, Ontario

Country
Canada

E-mail
dana.beaton@canada.ca

Alternative email address

Telephone number
613-941-9826

Fax number
613-946-6460

Web page
<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	16.7	
FEMALE	13.5	
TOTAL (males and females)	15.1	

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	11.9	14.9
FEMALE	9.7	12.1
TOTAL (males and females)	10.8	13.7

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	4.8
FEMALE	3.8
TOTAL (males and females)	4.3

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	29.7
FEMALE	21.9
TOTAL (males and females)	25.7

Never smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	53.7
FEMALE	64.6
TOTAL (males and females)	59.2

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B11:

2017

Please indicate the source of the data used to answer question B11:

Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017 English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html> French - <https://www.canada.ca/fr/sante-canada/services/enquete-canadienne-tabac-alcool-et-drogues/sommaire-2017.html> English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html>

Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.

Current smoker	Current smoker: includes daily smokers and occasional smokers. Determined from the response to the question "At the present time do you smoke cigarettes every day, occasionally, or not at all?"
Daily smoker	Daily smoker: refers to those who respond "Every day" to the question "At the present time do you smoke cigarettes every day, occasionally or not at all?"
Occasional smoker	Occasional smoker: refers to those who respond "Occasionally" to the question "At the present time do you smoke cigarettes every day, occasionally or not at all?"
Former smoker	Former smoker: was not smoking at the time of the interview, however, answered "YES" to the question "Have you smoked at least 100 cigarettes in your life?"
Never smoker	Never smoker: was not smoking at the time of the interview and answered "NO" to the question "Have you smoked at least 100 cigarettes in your life?"

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

The prevalence of current cigarette smoking in 2017 was 15% (4.6 million smokers), an increase from 13% (3.9 million smokers) in 2015. A higher percentage of males (17% or 2.5 million) than females (13% or 2.1 million) were current smokers. Eleven percent (11% or 3.3 million) of Canadians reported smoking daily and 4% (1.3 million) reported smoking occasionally. Daily smokers smoked an average of 13.7 cigarettes per day, unchanged from 2015 (13.8). ↓Note that this number should be rounded down.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	25	34	20
MALES - current smokers ¹	35	44	16
MALES - current smokers ¹	45	54	25
MALES - current smokers ¹	55	64	17
MALES - current smokers ¹	65	100	8
FEMALES - current smokers ¹	25	34	17
FEMALES - current smokers ¹	35	44	19
FEMALES - current smokers ¹	45	54	15
FEMALES - current smokers ¹	55	64	14
FEMALES - current smokers ¹	65	100	8
TOTAL (males and females) - current smokers ¹	25	34	18
TOTAL (males and females) - current smokers ¹	35	44	18
TOTAL (males and females) - current smokers ¹	45	54	20
TOTAL (males and females) - current smokers ¹	55	64	15
TOTAL (males and females) - current smokers ¹	65	100	8

Please indicate the smoking tobacco products included in calculating prevalence for question B12:
Cigarettes

Please indicate the year of the data used to answer question B12:
2017

Please indicate the source of the data used to answer question B12:
Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017 English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html> French - <https://www.canada.ca/fr/sante-canada/services/enquete-canadienne-tabac-alcool-et-drogues/sommaire-2017.html> English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html>

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

The prevalence of current cigarette smoking increased significantly for adults aged 45-54 (from 13.0% in 2015 to 19.9% in 2017), males aged 45-54 (from 14.4% in 2015 to 24.7% in 2017), females aged 25-34 (from 9.8% in 2015 to 17.2% in 2017), and females aged 35-44 (from 11.1% in 2015 to 18.7% in 2017). ↓ Note that this number should be rounded down. * Moderate sampling variability, interpret with caution.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18-64 years; see B132)

Males

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	1.5

Females

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	

TOTAL (males and females)

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	0.7

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:
Chewing tobacco, pinch,
snuff. Results for females are unreleasable due to high sample variability.

Please indicate the age range to which the data used to answer question B13 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B13:
2017

Please indicate the source of the data used to answer question B13:
Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017 English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html> French- <https://www.canada.ca/fr/sante-canada/services/enquete-canadienne-tabac-alcool-et-drogues/sommaire-2017.html> English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html>

Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.

Current user	"Current user": used chewing tobacco, pinch, snuff in the past 30 days
Daily user	
Occasional user	
Former user	
Never user	

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

In 2017, the prevalence of past-30-day smokeless tobacco use was 1% (225,000) for Canadians aged 15 years and older, unchanged from 2015. Results for females are unreleasable due to high sampling variability. †Note that this number should be rounded up.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ²	15	24	3
TOTAL (males and females) - current smokers ²	15	24	2

Please indicate the smokeless tobacco products included in the answer to question B14:

Chewing tobacco, pinch,
snuff.

Please indicate the year of the data used to answer question B14:

2017

Please indicate the source of the data used to answer question B14:

Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017 English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html> French- <https://www.canada.ca/fr/sante-canada/services/enquete-canadienne-tabac-alcool-et-drogues/sommaire-2017.html> English - <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html>

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Overall use of smokeless tobacco remains very low, and is unchanged from the previous report. †Note that this number should be rounded up. * Moderate sampling variability, interpret with caution.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group (s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

n/a

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

n/a

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	Grades 7-9	2.6	0.8	1.1
BOYS - Current users ⁴	Grades 10-12	11.0	4.3	4.2
BOYS - Current users ⁴	All grades 7-12	6.8	2.5	2.6
GIRLS - Current users ⁴	Grades 7-9	2.3	0.5	0.9
GIRLS - Current users ⁴	Grades 10-12	7.1	0.6	2.4
GIRLS - Current users ⁴	All grades 7-12	4.7	0.5	1.6
TOTAL (boys and girls) - Current users ⁴	Grades 7-9	2.5	0.6	1.0
TOTAL (boys and girls) - Current users ⁴	Grades 10-12	9.1	2.5	3.3
TOTAL (boys and girls) - Current users ⁴	All grades 7-12	5.7	1.5	2.1

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking tobacco product

includes past-30-day use of cigarettes, cigarillos or little cigars, cigars, waterpipe tobacco or herbal, and heated tobacco products. E-cigarettes are excluded. Smokeless tobacco products include chewing tobacco, pinch, snuff or snus.

Please indicate the year of the data used to answer question B16:

2017

Please indicate the source of the data used to answer question B16:

Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) 2018-19 English - <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html>
 French - French - <https://www.canada.ca/fr/sante-canada/services/enquete-canadienne-tabac-alcool-et-drogues-eleves/2018-2019-sommaire.html>

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

For current smoking/tobacco use, current use has been defined as past-30-day use.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

For all grades and both sexes, the prevalence of current tobacco smoking was statistically significantly lower in 2018-2019 than it was in 2016-2017. In 2018-2019, the prevalence of past-30-day smokeless tobacco use increased in females in grades 7 to 9 (from 0.3*% in 2016-2017 to 0.5↓*% in 2018-2019) and in males in grades 10 to 12 (from 0.8% 2016-2017 to 4.3% in 2018-2019). The prevalence of past-30-day smokeless tobacco use decreased in females in grades 10 to 12 (from 5.9% in 2016-2017 to 0.6% in 2018-2019) and males in grades 7-12 (from 3.4% in 2016-2017 to 2.5↑% in 2018-19). The prevalence was unchanged in students in grades 7 to 9 (0.6% in 2016-2017 to 0.6% in 2018-2019), students in grades 10 to 12 (from 3.4% in 2016-2017 to 2.5↓% in 2018-2019), and females in grades 7 to 12 (from 0.5↑% in 2016-2017 to 0.5↑% in 2018-2019). For all grades and both sexes except for females in grades 7 to 9, the prevalence of past-30-day waterpipe use was statistically significantly lower in 2018-2019 than it was in 2016-2017. For females in grades 7 to 9, past-30-day waterpipe use remained unchanged (1.3% in 2016-2017 to 0.9*% in 2018-2019). ↓ Note that this number should be rounded down. ↑ Note that this number should be rounded up.
* Moderate sampling variability, interpret with caution.

Please attach the relevant documentation.

Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
YOUNG PERSONS - Boys	Grades 7-12	1.6*	18.8*	11.8	
YOUNG PERSONS - Girls	Grades 7-12	0.4	16.5↓	10.7	
YOUNG PERSONS - Total (boys and girls)	Grades 7-12	1.0*	17.7	11.3	

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Aged 15+ years - frequency of exposure in the past 30 days: Every day – 6.2% Almost every day – 7.1% At least once a week – 20.8% At least once in the past month – 29.5↓ % Never – 36.4% Aged 0 to 17 years – regularly exposed to ETS at home. Children aged 0-11 – 1.1*% Children aged 12-17 – 2.7% Children aged 0-17 – 1.7% ↓ Note that this number should be rounded down. * Moderate sampling variability, interpret with caution

Please indicate the year of the data used to answer question B21:

2017

Please indicate the source of the data used to answer question B21:

CTADS 2017 Canadian population, aged 15+ years - frequency of exposure in the past 30 days. Canadian children/youth, aged 0 to 17 years – regularly exposed to ETS at home.

Please attach the relevant documentation.

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

45464

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

For 2012 (most recent Canadian data for

total number of deaths attributable to tobacco use: Malignant Neoplasms

21,366 Cardiovascular Diseases 12,710 Respiratory Disease 9,937

Intestinal Disease 159 Perinatal Conditions 41

External Causers (Fire) 41 Tobacco Abuse 25

Diabetes 192 Second-Hand Smoke 993

Total 45,464

Please indicate the year of the data used to answer question B32 and 33:

2012

Please indicate the source of the data used to answer questions B32 and B33:

The Costs of Tobacco Use in Canada, 2012 released in 2017. The full report and all the supporting tables are available on-line. <http://www.conferenceboard.ca/e-library/abstract.aspx?did=9185>

Please submit a copy of the study you refer to:

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

The total costs of tobacco use in Canada were \$16.2 billion, with indirect costs accounting for \$9.5 billion, direct health care costs accounting for \$6.5 billion, and other direct costs responsible for the remainder. In estimating the smoking-specific direct health care costs, the study used a prevalence-based epidemiological approach. Direct costs were obtained from the Economic Burden of Illness in Canada (EBIC). For indirect costs, the report used a human capital approach to estimate lost production as a result of short- and long-term disability and premature mortality.

<http://www.conferenceboard.ca/e-library/abstract.aspx?did=9185>

Please indicate the year of the data used to answer question B42:

2012

Please indicate the source of the data used to answer question B42:

The Costs of Tobacco Use in Canada, 2012 released in 2017. The full report and all the supporting tables are available on-line. <http://www.conferenceboard.ca/e-library/abstract.aspx?did=9185>

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Cigarettes	Sticks, Billions	20.425441075	26.145818075	4.561148000	10.281524646
Smoking tobacco products	Cigars	Sticks, Millions	0.00	336.221502	0.00	336.221502
Smoking tobacco products	Roll-your-own	Kg, Thousands	391.806	498.029	0.00	106.224
Smoking tobacco products	Pipe Tobacco	Kg, Thousands	0.00	25.887	0.00	25.887
Smokeless tobacco products	Smokeless Tobacco (includes: chewing tobacco, pinch, snuff or snus)	Kg, Thousand	1.563	253.156	0.00	251.593

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Cigarettes:

197,155,432 sticks Roll-your-own: 1,101 kilos Cigars: 4,249,001 sticks Smokeless tobacco: 0

Please indicate the year of the data used to answer question B51 and 52:

2018

Please indicate the source of the data used to answer questions B51 and B52:

2018, Health Canada, Section 13 of the Tobacco Reporting Regulations

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2019	Cigarettes	Cartons+Units+kg	11,230.64 + 4,127,728 + 405
Smoking tobacco products	2018	Cigarettes	Cartons+Units+kg	15,013.78 + 1,022,373 + 6
Smoking tobacco products	2018 + 2019	Cigars	Cartons+Units+kg	5,972.93 + 71,931 + 8
Smoking tobacco products	2018 + 2019	Cheroots	Kg	49.28 + 8.84
Smoking tobacco products	2018 + 2019	Pipe tobacco	Kg	3,249.5 + 63,877.15
Smoking tobacco products	2018 + 2019	Manufactured Tobacco	Kg	147,503.8 + 20,887.35
Smoking tobacco products	2018 + 2019	Cigarillos	Kg	119.2 + 429.76
Smokeless tobacco products	2018 + 2019	Snuff	Kg	164.13 + 73.62
Smokeless tobacco products	2018 + 2019	Chewing Tobacco	Kg	1,837.8 + 6,476.82
Smokeless tobacco products	2018 + 2019	Tobacco Extracts	Kg	78.13 + 357.8
Smokeless tobacco products	2018 + 2019	Reconstituted Tobacco	Kg	15,502.7 + 42,826.5
Smokeless tobacco products	2018 + 2019	Tobacco Sticks	Kg	5.19 + 27.85
Smokeless tobacco products	2018 + 2019	Untreated Tobacco Leafs	Kg	55.5 + 27,679.51
Other tobacco products	2018 + 2019	Tobacco Substitutes	Kg	8.04 + 0.76

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

The Canada Border Services

Agency (CBSA) and the Royal Canadian Mounted Police (RCMP) have shared responsibility for the surveillance, monitoring and enforcement of illicit tobacco activity along Canada's border and between ports of entry. The CBSA exercises its responsibilities at all ports of entry across Canada, while the RCMP is responsible for illicit tobacco activity between the ports of entry and domestically.

Please indicate the source of the data used to answer questions in section B6:

Data was provided by CBSA and RCMP. The RCMP data was drawn from the RCMPs Records Management Systems, PROS and SPROS. (excl. BC PRIME and the CBSA data was drawn from the Integrated Customs Enforcement System (ICES).

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✔

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

Statistics Canada does not collect information specifically on the number of workers involved in tobacco-growing. Statistics Canada Census of Agriculture data indicates the number of tobacco farms in Canada in 2016 was 195. All of these farms were in the province of Ontario. This represents an increase of 26% from 2011 to 2016. It should be noted that the number of tobacco farms in 2011 had decreased 25% from the 565 tobacco farms in 2006 and decreased 87% from the 1082 tobacco farms reported in 2001. Tobacco farms represented 0.1% of the 193,492 total farms in Canada in 2016. On January 1, 2015, the Ontario Ministry of Finance began its oversight of the raw leaf tobacco industry. In June 2019 they reported 200 licensed growers of tobacco in Ontario. This represents a decrease of 8.7% from the 219 reported in 2017.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

According to the Ontario Ministry of Agriculture, Food and Rural Affairs, the total value of tobacco production in Ontario in 2017 was \$109,916,000. This represents 0.051% of Canada's GDP of \$CDN 2,141,500 million in 2017. https://www.international.gc.ca/economist-economiste/statistics-statistiques/data-indicators-indicateurs/Annual_Ec_Indicators.aspx?lang=eng

Please indicate the year of the data used to answer questions in section B7:
2019

Please indicate the source of the data used to answer questions in section B7:
Statistics Canada Table 004-0014 Census of Agriculture, farms classified by the North American Industry Classification System (NAICS) 2001, 2006, 2011, 2016 <http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=40014>
Ontario Ministry of Finance 2019 - <http://www.fin.gov.on.ca/en/tax/tt/rawleaf.html> Ontario Ministry of Agriculture, Food and Rural Affairs: Area and Production Estimates by County (2004 -2018) – Tobacco <http://www.omafr.gov.on.ca/english/stats/crops/index.html>

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

64.16

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	Yes

If a more complex structure of taxes (*please explain*):

Tobacco products are taxed by both federal and provincial/territorial governments in Canada. At the federal level, the Excise Act, 2001 imposes an excise duty on tobacco products manufactured in Canada at the time manufacturers package them and on imported tobacco products at the time of importation. Structuring federal excise duty to apply at this early stage in the production and distribution process helps to protect the tobacco tax base. Following packaging or importation, the excise duty is embedded in the price of the product. Provincial/territorial tobacco taxes are consumption taxes that are imposed on the consumers who purchase tobacco products. The provinces/territories secure their tax base by requiring wholesalers to remit an amount equal to the tax when they supply the tobacco product to other dealers. The dealers then recover this amount from their customers when the tobacco products are sold. For tobacco products, the final consumer selling price includes the federal excise duty, provincial tobacco taxes, Goods and Services Tax (GST) / Harmonized Sales Tax (HST) or, where applicable, provincial sales taxes. Federal Excise Duties Federal excise duties are applied on all tobacco products. Provincial/territorial tobacco taxes: Provincial/territorial tobacco tax rates are set by the respective province or territory. The provincial/territorial tobacco tax applies to tobacco products which are destined for sale in that particular jurisdiction. Value Added Tax: The Goods and Services Tax (GST) is levied on an ad valorem basis on most goods and services across Canada at the rate of 5%. Where a province/territory has chosen to harmonize its sales tax with the federal system, a Harmonized Sales Tax (HST) is levied on an ad valorem basis on most goods and services in that jurisdiction. Currently, HST may apply at 13% or 15%. Retail Sales Tax: A province/territory that has not harmonized with the federal value-added tax system may impose a retail sales tax on goods and services sold within its jurisdiction

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax ⁵
Smoking tobacco products	Cigarettes	Federal Excise Duty - Specific tax	\$0.60946	Per 5 cigarettes or fraction of 5 cigarettes contained in any package
Smoking tobacco products	Manufactured tobacco (including fine-cut, roll-your own tobacco) other than cigarettes or sticks	Federal Excise Duty – Specific tax	\$7.61824	Per 50 grams or fraction of 50 grams contained in a package
Smoking tobacco products	All smoking tobacco products (federal and provincial/territorial)	Federal GST or HST (VAT)	5% or 13% to 15% depending on province/territory	Sale price
Smoking tobacco products	Provincial/territorial tobacco tax rates on cigarettes and other manufactured tobacco including fine cut (roll-your-own) tobacco vary by province/territory	Specific tax (VAT)	Provincial/territorial tobacco tax rates range from \$0.149 to \$0.30 per cigarette and from \$0.149 to \$0.455 per gram of manufactured tobacco	Provincial/territorial tobacco tax rates range from \$0.149 to \$0.30 per cigarette and from \$0.149 to \$0.455 per gram of manufactured tobacco
Smoking tobacco products	Cigars	Federal Excise Duty – Specific tax	\$26.52940	Per 1,000 cigars
Smoking tobacco products	Cigars (additional)	Federal – Combination of specific and ad valorem	The greater of \$0.09536 and 88%	Specific tax per cigar and ad valorem computed on the sale price in the case of cigars manufactured in Canada) or on the duty-paid value (in the case of imported cigars)
Smoking tobacco products	Tobacco Stick	Federal Excise Duty – Specific tax	\$0.12189	Per stick
Smokeless tobacco products	Manufactured tobacco other than cigarettes or tobacco sticks (federal)	Federal Excise Duty – Specific tax	\$7.61824	Per 50 grams or fraction of 50 grams contained in a package
Smokeless tobacco products	Provincial/territorial tobacco tax rates on other manufactured tobacco	Specific tax	Provincial/territorial tobacco tax rates range from \$0.149 to \$0.455 per gram of manufactured tobacco	Provincial/territorial tobacco tax rates range from \$0.149 to \$0.455/g of manufactured tobacco
Smokeless tobacco products	All smokeless tobacco products (federal and provincial/territorial)	Federal GST or HST(VAT)	5% or 13% to 15% depending on province/territory	Sales Pprice

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

Federal excise duty rates for tobacco products increased in the past two years. Rates are found in Excise Duty Notice 49, on the CRA website. The aforementioned rates were effective as of April 1, 2019 (Excise Duty Notice 58). At that time, rates were automatically adjusted by 2.2 per cent to account for inflation. Prior to that date, rates were adjusted on February 28, 2018 to account for inflation since 2014 and increased by an additional \$1 per carton of 200 cigarettes (and corresponding increases to rates on other products). During this reporting period, the rate of the federal GST was unchanged. Federal tobacco tax rates are indexed to Canada's Consumer Price Index and will be adjusted on April 1 of every year. Rates are currently set to be automatically adjusted by 1.9 per cent on April 1, 2020. Provincial/territorial tobacco tax rates either increased or stayed the same.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

As at December 31, 2019: Federal/Provincial/Territorial Statutes and Regulations and other information are available on each governments website.

Please attach the relevant documentation.

No comment

File type "pdf"

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Canadian Classic Original	25 units	\$13.95	CAD
Smoking tobacco products	Next Extra Blue	25 units	\$12.50	CAD
Smoking tobacco products	Macdonald Special Full Flavour	25 units	\$12.40	CAD

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	John Player Rich Taste	25 units	\$11.85	CAD
Smoking tobacco products	duMaurier Signature	25 units	\$14.05	CAD
Smoking tobacco products	Pall Mall Blue	25 units	\$12.15	CAD
Smokeless tobacco products	Copenhagen Snuff	34g	\$24.70	CAD
Smokeless tobacco products	Skoal Long Cut Straight	34g	\$29.38	CAD
Smokeless tobacco products	Copenhagen Long Cut	34g	\$28.33	CAD
Other tobacco products	GVA Honey Ts – Filter Natural (cigars)	20 units	\$13.15	CAD
Other tobacco products	Captain Black Blonde (cigars)	8 units	\$15.06	CAD
Other tobacco products	GTS Talon Regular (cigars)	20 units	\$10.75	CAD

Please indicate the year of the data used to answer question B91:
2019

Please indicate the source of the data used to answer question B91:
Health Canada tobacco Reporting Regulations Section 13 (2018 reporting); AC Nielsen tobacco retail sales reports prepared for Health Canada (2019)

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Since 2016 retail prices for cigarettes have increased by 26% on average due to tax increases – both provincially and federally – as well as industry price increases. Prices for smokeless products have on average increased 17% from 2016 to 2019.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

Health Canada, the federal department of Health, is the focal point for tobacco control in Canada and maintains a financed tobacco control unit. Each province and territory also has a respective focal point. Health Canada maintains national coordinating mechanisms with provinces and territories including through the federal/provincial/territorial Tobacco Control Liaison Committee. Health Canada also maintains coordinating mechanisms with non-government organizations, including through a quarterly NGO Forum.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

The Government of Canada addresses the public health issue of tobacco control through Canada's Tobacco Strategy (CTS). Launched in 2018, it replaced the Federal Tobacco Control Strategy (FTCS), which had been in existence since 2001. CTS is the result of extensive consultation and engagement with Canadians across the country, leveraging strengthened authorities granted by the Tobacco and Vaping Products Act (TVPA) and significantly increased ongoing funding for federal action on tobacco announced in 2018. The Tobacco and Vaping Products Act (TVPA) – formerly the Tobacco Act - was enacted on May 23, 2018. Canada's Tobacco Strategy is a comprehensive, integrated and sustained approach to drive down the smoking rate in Canada to less than 5% by 2035 through focused action to help Canadians quit smoking, including groups of Canadians with the highest rates of tobacco use, and to prevent youth and non-tobacco user from nicotine addiction. It also takes a pragmatic and compassionate approach to support Canadians who already use tobacco to reduce the negative consequences of nicotine addiction. CTS priority areas include: • help Canadians quit tobacco; • protect youth and non-tobacco users from nicotine addiction; • work with Indigenous groups to create specific plans for Indigenous people; • strengthen our science, surveillance and partnerships. Through Canada's Tobacco Strategy, the Government of Canada is: • continuing to strengthen legislative and regulatory measures to protect youth and non-smokers and actively enforcing current requirements under the federal Tobacco and Vaping Products Act and regulations; • working with the provinces and territories to modernize smoking cessation services across the country to make it easier, faster and more appealing for smokers to access the support and tools they need in a way that best works for them; • expanding funding for tobacco programs that target groups of Canadians disproportionately affected by smoking; • updating and improving the effectiveness of public education resources, including marketing campaigns to educate youth, young adults and their parents about the harms and risks associated with tobacco and vaping products and nicotine addiction; • exploring and consulting on potential options that could further reduce the appeal and addictiveness of tobacco and vaping products, including the regulation of nicotine content; • studying the health impacts of nicotine products and understanding how Canadians use them to inform decision-making; and • maintaining and supporting work done around the world as a part of the World Health Organization's Framework Convention on Tobacco Control. In collaboration with the provinces and territories, First Nations, and international law enforcement partners, the Government of Canada also continues to combat illicit tobacco, and is undertaking independent research to better understand and assess Canada's evolving contraband tobacco market. In Canada, tobacco control responsibilities are shared by multiple levels of government. In addition to federal initiatives, all provinces and territories (P/Ts) currently have tobacco control legislation in place, some with restrictions beyond those found in the federal TVPA. For example, a number of Canada's provinces and territories have enacted legislation raising the minimum age for furnishing a tobacco or vaping product from 18 to 19 or even 21 years of age. Rules on smoke-free spaces are generally the responsibility of P/T and municipal governments, with the exception of federal workplaces and federally regulated spaces, such as banks and commercial aircraft. All P/Ts also have extensive tobacco control strategies in place. P/T spending on tobacco control is estimated to represent more than half of the total tobacco control expenditure in Canada. The Government of Canada has implemented nearly all of the available measures recognized by the WHO as good practices in tobacco control and continues to expand and explore opportunities for further action to drive down smoking rates. The Government of Canada is also addressing a rapid rise in youth vaping, which threatens Canada's hard-earned gains in tobacco control. Recent federal initiatives to address tobacco and vaping products include: • the launch of a national public education campaign in January 2019 to inform youth of the health risks of vaping; • public consultations launched in April 2019 on potential regulatory measures to reduce youth access and appeal of vaping products, including measures to restrict the concentration and/or delivery of nicotine, prohibit the manufacture and sale of vaping products with certain flavours or flavour ingredients and/or prohibit the promotion of certain flavours; • new Tobacco Products Regulations (Plain and Standardized Appearance) for tobacco packages and products that came into force in November 2019; • new Vaping Products Labeling and Packaging Regulations published in December 2019 that will require that all vaping substances display important health and safety

information as well as health warning messages and child resistant packaging; and • proposed new regulations announced in December 2019 to prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth. The Government of Canada also continues to monitor tobacco and vaping use through the bi-annual Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) and recently launched a new semi-annual Canadian Tobacco and Nicotine Survey (CTNS) to monitor tobacco and vaping product use in Canada. The Government of Canada is also conducting new qualitative surveillance activities, including the launch of a longitudinal Vaper Panel Survey and conducting public opinion research to better understand and improve the effectiveness of federal programs and policies to address the use of tobacco and vaping product use in Canada.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Canadas NGOs play an important role in monitoring implementation of the FCTC in Canada.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

Yes ✓

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

Canada has reviewed the Article 5.3 Guidelines in relation to the Canadian policy, legal and constitutional context and has adopted administrative measures, such as Health Canadas policy of not partnering with the tobacco industry on tobacco control programming. Lobbying at the federal level in Canada is regulated under the Lobbyist Registration Act. It is illegal for corporations of any kind to contribute to political campaigns for electoral purposes. Some provinces also regulate lobbying. Furthermore, the Lobbyist Registration Act introduced a requirement that consultant lobbyists (ie: tobacco related activities) file a return with the Commissioner of Lobbying if they communicate with a designated public office holder under certain conditions. This registry can be searched by anyone through a publicly-accessible website. Health Canada continues to discuss the Article 5.3 Guidelines with its federal partner departments and with relevant departments of provincial/territorial governments who are collaborators in Canada's Tobacco Strategy. Generally, in Canada the primary channels of communication between governments and the tobacco industry are limited to (i) technical discussions in regard to both health and tax-related regulations and (ii) litigation-related responses. In Canada, many aspects of the tobacco industrys health policy, business and promotional activities are matters of public record. In addition, civil society organizations keep close track of tobacco industry activities and maintain web sites, publications etc. for this and related purposes. The tobacco industry must report to government on its research and promotional activities pursuant to Tobacco Reporting Regulations of the Tobacco and Vaping Products Act. Public access to information about the tobacco industry which is reported to the government pursuant to these Regulations is governed by the Canadian Charter of Rights and Freedoms, Access to Information & Privacy Act, and the common law as it relates to confidential business information.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

Canada continues to review the provisions of Article 5.3 of the FCTC in a Canadian context and has taken steps to inform other federal government departments of the commitment. Canada continues to work with sub-national levels of government to ensure that they are aware of Article 5.3. Canadas civil society also engages in monitoring and putting forward policies and recommendations that are useful in both federal and sub-national tobacco control activities. Health Canada recognizes the importance of Article 5.3 and, as such, now requires participants in consultation processes to declare perceived or actual conflicts of interest in making their submissions.

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en> (<https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en>)

In June 2019, to meet

openness and transparency requirements of the Government of Canada, Health

Canada's Tobacco Control Directorate implemented a webpage (see

<https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/meeting-summaries-tobacco-vaping-industry.html>)

containing a public record of meetings related to regulatory consultations and information on science and technology matters. This is in keeping with

Principles 2 and 3 of the Guidelines for implementation of Article 5.3. In

particular, "Parties, when dealing with the tobacco industry or those working to

further its interests, should be accountable and transparent" and that "Parties

should require the tobacco industry and those working to further its interests

to operate and act in a manner that is accountable and transparent".

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Federal excise duty rates were adjusted

on February 28, 2018 to account for inflation since 2014 and increased by an additional \$1 per carton of 200 cigarettes (and corresponding increases to rates

on other products). Starting in 2019, federal excise duty rates are indexed to

Canada's Consumer Price Index and are automatically adjusted accordingly every

year, on April 1.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en> (<https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en>)

Certain guiding principles of Article 6 are certainly part of tobacco tax policy (e.g., 1.3: Effective tobacco taxes are an important source of revenue; 1.5: Tobacco tax systems and administration should be efficient and effective). No new policies since the last report have been undertaken in line with Article 6 specifically. During the reporting period there was an increase in excise taxes and an increase of inflation indexation frequency (in 2018).

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	Yes
other measures (please specify in C223 below)	Yes

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Other measures include municipal bylaws. Canada has comprehensive national and sub-national legislation protecting Canadians from exposure to tobacco smoke. Annex A provides a summary of select federal, provincial, and municipal measures.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

National, sub-national and municipal legislation includes enforcement support. Annex B highlights the various mechanisms and infrastructure support.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

Designated smoking rooms (DSR) are permitted by a few sub-national jurisdictions in very limited circumstances (eg: in some cases on a compassionate basis) where traditional public spaces are deemed to be residential such as palliative care and addiction treatment facilities where residents have permanent or extended residence.)

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

Group living facilities and specified hotel rooms. Extensive regulations exist for ventilation and for resident use only.

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Canada has comprehensive smoke-free legislation in public workplaces, primarily governed through sub-national jurisdictions. Recognizing that over 98% of indoor workplaces in Canada are smoke-free, there do exist, in a limited number of jurisdictions, provisions for tightly regulated designated smoking rooms in indoor workplaces. In the province of Newfoundland and Labrador, there are exemptions for a workplace that is a remote work site, underground mining operations and marine installations, where the employer may provide a DSR. An operator of a facility that provides long-term care or a psychiatric facility or unit may allow smoking in a DSR; however, Regional Health Authority Smoke-free policy prevents DSRs in these locations.

Banning tobacco smoking in public transport

National and sub-national jurisdictions provide for complete smoking bans in public transportation. A number of jurisdictions have implemented smoking bans in private vehicles where children are present. (The majority of jurisdictions identify children as under 16.)

Banning tobacco smoking in indoor public places

Canada has virtually eliminated smoking in all indoor public places with the exception of group living facilities and specified hotel rooms. The number of designated smoking rooms has been drastically reduced.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

There

have been extensive developments in implementing Article 8. Comprehensive smoke-free legislation has been passed in all sub-national jurisdictions and numerous municipalities in Canada have adopted bylaws or policies to prohibit smoking in public places such as patios, play grounds and parks. For example, municipal bylaws have been expanded in certain communities within the province of Saskatchewan.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Infrastructure for enforcement for banning tobacco smoking in public places	Examples from 11 out of 13 provinces and territories in Canada	File type "doc"
Selected sub national measures protecting Canadians from exposure to tobacco smoke	Examples from 10 out of 13 provinces and territories in Canada	File type "doc"

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✔

testing and measuring the emissions of tobacco products?

Yes ✔

regulating the contents of tobacco products?

Yes ✔

regulating the emissions of tobacco products?

No ✘

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

In 2018, Canada amended the Tobacco and Vaping Products Act to prohibit the use of menthol and cloves in all tobacco products. The amendment came into force in November 2018.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

In April 2019, Canada enacted the Plain and Standardized Appearance for Tobacco Packaging and Products that began coming into force in November 2019. The measures include removing distinctive and attractive features from packaging and products and requiring all packages to be of the same drab brown colour. Cigarette packaging will be standardized to a slide-and-shell format, and the appearance of cigarettes and other tobacco products will have a standardized appearance. The cigarette appearance measures will limit cigarettes to only two common sizes in Canada (regular and king size) and standardize the colour of cigarette paper and filters, as well as filter design to reduce their attractiveness to consumers. In 2017, Canada amended the Tobacco Act (now known as the Tobacco and Vaping Products Act) to prohibit the use of menthol in cigarettes, blunt wraps and most cigars. In 2015, Canada amended the Tobacco Act (now known as the Tobacco and Vaping Products Act) to prohibit the use of appealing additives including flavours in additional types of cigars (weighing more than 1.4 g but not more than 6 g and cigars with tipping paper or a wrapper with a straight seam). The amendment was in response to the introduction of new flavoured cigars to the Canadian market. Additives that impart a wine, port, whisky or rum flavours were exempted in certain cigars. On May 31, 2015 Nova Scotia became the first jurisdiction in the world to implement legislation banning the sale of menthol flavoured tobacco as part of a broader flavoured tobacco ban. Most other provinces have since implemented bans on flavoured products. In 2009, Canada amended its Tobacco Act (now known as the Tobacco and Vaping Products Act) to prohibit the use of additives in cigarettes, little cigars and blunt wraps that contribute to make these products more attractive to youth. The prohibited additives are listed in a Schedule annexed to the Act. This list includes most flavouring preparations, spices, seasonings and herbs, sugars and sweeteners, vitamins and mineral nutrients, fruits and vegetables, essential fatty acids, and other additives. Menthol additives were excluded from the original list of prohibited additives. In 2005, Canada enacted the Cigarette Ignition Propensity Regulations, to require all cigarettes manufactured or imported for sale in Canada to reduce their likelihood of igniting upholstered furniture, mattresses and bedding. As per the regulations cigarettes must meet a standard that they must burn their full length no more than 25% of the time when tested using ASTM International method E2187-04; Standard Test Method for Measuring the Ignition Strength of Cigarettes. These regulations were amended in 2016 and now refer to ISO method 12863: Standard test method for assessing the ignition propensity of cigarettes.

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

In March 2019, Canada amended the Tobacco Reporting Regulations, which set out the requirements for the reporting of information on the sales, manufacturing processes, ingredients, constituents, emissions, research and development activities as well as promotional activities undertaken by tobacco manufacturers. The amendments served to update and clarify the requirements in order to make them more relevant to the current environment and to eliminate redundant requirements; updated the official testing methods for the sampling and testing of tobacco products to reflect technological advances. The amendments are expected to enhance the quality and completeness of the information submitted by the tobacco industry. In 2000, Canada enacted the Tobacco Reporting Regulations, which set out requirements for the reporting of information on sales, manufacturing processes, ingredients, toxic constituents, toxic emissions of tobacco products sold in Canada, as well as research activities and promotional activities undertaken by tobacco manufacturers and importers.

Have you utilized the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

In 2018, the Tobacco Act (now known as the Tobacco and Vaping Products Act) was amended so that manufacturers and/or the minister must make public any prescribed information about tobacco products and their emissions available to the public. At this time, no such information has been prescribed. Pre-2011, under the then labelling requirements, the toxic emissions statements had to display numerical values for six toxic emissions: tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide and benzene. As research conducted by Health Canada had shown that the numerical values were not clearly understood by some smokers, and that most of them had little idea what the range of numbers displayed for each chemical meant, the numerical values were replaced post-2011 by four text-based statements that provide clear, concise and easy to understand information about the toxic substances found in tobacco smoke.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✔

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✔

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✔

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

The Tobacco Products Labelling Regulations (Cigarettes and Little Cigars) (TPLR-CLC) came into force in September 2011 and defines new health-related labelling requirements for packages of cigarettes and little cigars intended for retail sale in Canada. The TPLR-CLC requires a health warning on at least 75% of the front and back panels, a qualitative toxic emissions statement on a side panel, and a health information message to be included either on the upper slide-flap, the exterior surface of the slide, or on a leaflet inserted in the package. There are 16 different health warnings which are randomly available at point of sale locations. These will effectively rotate health warnings for cigarettes and little cigars. Pre-2011, under the then labelling requirements, the toxic emissions statements had to display numerical values for six toxic emissions: tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide and benzene. As research conducted by Health Canada had shown that the numerical values were not clearly understood by some smokers, and that most of them had little idea what the range of numbers displayed for each chemical meant, the numerical values were replaced post-2011 by four text-based statements that provide clear, concise and easy to understand information about the toxic substances found in tobacco smoke. In 2018, the Tobacco and Vaping Products Act was given regulation-making powers to require that health warning labels be displayed on tobacco products themselves, e.g. on cigarettes. However, no such requirements has been implemented to date.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Canadas health warnings are displayed in full colour with English on one side of the package and French on the other. Some products with a small market share, such as water-pipe tobacco, are not required to display a health warning, while the health warnings on some cigar and pipe packages may not occupy less than 30% of the main panels on occasions. Cigars sold individually are not required to display health warnings. With respect to C2511, the Government owns the copyright for most, but not all, of the pictures used in the health warnings.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✔

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)

Other priority populations targeted include:

LGBTQ2S, high risk youth subcultures, Francophone Ontarians, low income, pre-post natal women, smokers with mental health illnesses, Indigenous communities, young adults, and populations in remote/rural communities.

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
- nongovernmental organizations not affiliated with the tobacco industry?
- private organizations?
- other (please specify)?

WHO, TFI, CS, PAHO,
Professional Associations

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
- community workers?
- social workers?
- media professionals?
- educators?
- decision-makers?
- administrators?
- other (please specify)

Certified Tobacco Educa-
tors

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

Reporting on activities prescribed in Section C26 presented challenges for Canada. Responsibility for education, communication, training and public awareness is shared between federal, provincial and territorial governments. While a number of activities have national application, there are some that are supported in select sub-national jurisdictions but not in others. Reporting on activities prescribed in Section C26 presented challenges for Canada. Responsibility for education, communication, training and public awareness is shared between federal, provincial and territorial governments. While a number of activities have national application, there are some that are supported in select sub-national jurisdictions but not in others. To accurately report activities under Article 12, Canada has responded in the affirmative in instances where activities take place. Activities that vary between sub-national jurisdictions are described in the following narrative. In response to question C262 of those jurisdictions that responded: 85% reported "Yes" for programs targeting adults and the general population. 77% reported "Yes" for programs targeting children and young people. 38% reported "Yes" for programs targeting men. 42% reported "Yes" for programs targeting women. 50% reported "Yes" for programs targeted at pregnant women. 31% reported "Yes" for targeted programs for ethnic groups. 40% reported "Yes" for programs targeting others. In response to question C263 of those jurisdictions that responded: 69% reported "Yes" for delivering educational & public awareness programs by age 38% reported "Yes" by gender. 25% reported "Yes" based on educational background. 38% reported "Yes" based on cultural background and socio-economic status. In response to question C265 of those who responded: 92% of respondents indicated that they have participation of public agencies in the development and implementation of intersectoral programs and strategies for tobacco control. 55% of respondents indicated that they have participation of private organizations. 85% of respondents indicated that they have participation of non-governmental organizations. In response to question C267 of those who responded: 92% responded yes to health workers. 85% reported "Yes" for community workers. 62% reported "Yes" for social workers. 7% reported "Yes" for media. 77% reported "Yes" for educators. 62% reported "Yes" for decision makers. 54% reported "Yes" for administrators. 75% responded that training was offered to other groups such as students and Certified Tobacco Educators. Of note, in Ontario, Local Public Health Units and Smoke-Free Ontario partners continue to collaborate on a Young Adult Prevention Strategy to include: 1) primary prevention to prevent uptake of tobacco use; and 2) secondary prevention to prevent the escalation of smoking (from social/experimental smokers to become regular daily smokers), referral to cessation services is also included here. Initiatives implemented include smoke-free post-secondary campuses.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en> (<https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en>)

Ontario developed a new Tobacco, Vapour and Smoke Protocol and Guideline for Public Health Units as part of Standards for Public Health Programs and Services updated and released in 2018.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

No

are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?

Yes

applying restrictions on all tobacco advertising, promotion and sponsorship?

No

applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?

Yes

prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

No

requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?

No

restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?

No

requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?

No

restricting tobacco advertising, promotion and sponsorship on:

	radio?
	television?
	print media?
	the domestic Internet?
	the global Internet?
	other media (please specify below)?
Signs in adult only locations and publications provided by mail to a named adult.	Other

restricting tobacco sponsorship of:

international events and activities?
participants therein?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

In 2018, the Tobacco Act (now known as the Tobacco and Vaping Products Act) was amended to provide new regulation-making powers that allowed the Government of Canada to make new regulations requiring plain and standardized packaging for tobacco products. The Tobacco Products Regulations (Plain and Standardized Appearance) were adopted in 2019. The Regulations standardize the appearance of tobacco packages and products. The measures started to come into force on November 9, 2019.

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

The Tobacco Products Regulations (Plain and Standardized Appearance) standardize the appearance of tobacco packages and products through general requirements applicable to all tobacco products, as well as through specific requirements applicable to individual tobacco product types (e.g. tobacco that is rolled in paper or in a wrapper composed of reconstituted tobacco). For instance, all tobacco product packages have to be of the same drab brown colour, bearing only the permitted text displayed in a standard location, font style, colour and size. The size and shape of cigarette packages are also standardized. Tobacco products have to be plain in their appearance, bearing only the permitted text in the prescribed location, font style, colour and size. The colour of most tobacco products is prescribed. Cigarette dimensions and the diameter of little cigars are also standardized. The promotion of tobacco products in Canada is prohibited except as authorized by the Tobacco and Vaping Products Act and its regulations. For example, tobacco products advertising is restricted to information and brand-preference advertising on signs in adult-only locations, such as in nightclubs, and in publications that are provided by mail and addressed to named adults. Furthermore, Canada has legislated a prohibition of lifestyle tobacco products advertising, including a total ban on sponsorship promotion by way of tobacco product-related brand names and manufacturers names. The Promotion of Tobacco Products and Accessories Regulations (Prohibited Terms) came into force on September 22, 2011. They prohibit the use of the terms "light" and "mild", and variations thereof, on various tobacco products, their packaging, promotions, retail displays, as well as on tobacco accessories. These regulations apply to cigarettes, little cigars, cigarette tobacco, kreteks, bidis, tobacco sticks, cigarette papers, cigarette tubes and filters.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✔

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
- programmes specially designed for underage girls and young women?
- programmes specially designed for women?
- programmes specially designed for pregnant women?
- telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?

Awareness programming about the synergistic effects of radon and tobacco smoking was undertaken nationally as well as in some provinces and territories such as the Yukon. Other programming was aimed at construction workers.

Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?

Community centres – Family Resource Centres

Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Other

In terms of • specialist health-care systems, in 2019, the Doctors of British Columbia began a "Surgical Patient Optimization Collaborative" to help deliver a number of "pre-hab" projects across the province of British Columbia. Smoking cessation is one of the 13 identified components of pre-hab activities. <http://sscbc.ca/programs-and-initiatives/transform-care-delivery/surgical-patient-optimization-collaborative-spoc-0> Some Ontario Public Health Units continue to hold cessation clinics to reach smokers in the geographical areas they serve, including priority populations.

Are the services provided in these settings covered by public funding or reimbursement schemes?

- primary health care Partially
- secondary and tertiary health care Partially
- specialist health-care systems (please specify below) Fully
- specialized centres for cessation counselling and treatment of tobacco dependence Partially
- rehabilitation centres Partially
- other (please specify below)

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)

Respiratory Therapists Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?

Respiratory Therapy Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Pharmacies and Health
Centers.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
- bupropion
- varenicline
- other (please specify)

Cytisine Other

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	Partially
varenicline	Partially
other (please specify below)	None

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Demand reduction, in the Canadian context, is a responsibility shared through federal policy and provincial/territorial service delivery. A number of projects have been developed/supported in implementing Article 14. Since the last FCTC report in 2018, Canada's Tobacco Strategy was renewed, bringing an added focus to sub groups of the Canadian population who face higher rates of tobacco use and health inequalities. The Public Health Agency of Canada has provided contribution funding for three projects which have been completed, two projects are still underway, and two additional projects focused on populations with high prevalence of tobacco use have been launched. In response to question C28, Canada experienced difficulty in reporting on variations between the sub-national authorities. The following narratives addresses the variations between jurisdictions. In response to C281, of those jurisdictions that responded, 75% are developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices. In response to C282, of those jurisdictions that responded, 100% of programs promote cessation of tobacco use, including media campaigns emphasizing the importance of quitting. In terms of programs specially tailored: 100% of jurisdictions had some for girls and young women. 42% had some for women. 50% had some for pregnant women. 100% had telephone quitlines. 92% had local events like World No Tobacco Day or National No Smoking Day. In response to C283 on the location of implementation of programs aimed at promoting cessation, of those jurisdictions that responded: 85% were in educational institutions. 100% were in health-care facilities. 77% were in workplaces. 46% were in sporting environments. In response to C284 on the inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use: 83% included services in tobacco control programs, plans and strategies. 75% included services in health programs, plans and strategies. 50% included services in education programs, plans and strategies. In response to C285, 92% of jurisdictions have programs for the diagnosis and treatment of tobacco dependence in the health-care system. In response to C286, of those jurisdictions that responded: 92% provided programs for the diagnosis and treatment of tobacco dependence in primary health care. 83% provided programs for the diagnosis and treatment of tobacco dependence in secondary health care. 54% provided programs for the diagnosis and treatment of tobacco dependence in specialized centers for cessation counseling. 50% responded as having programs in rehabilitation centers. In response to question C287 on reimbursements: 38% reported "full" and 46% reported "partial" coverage in primary health care. 38% reported "full" and 53% reported "partial" in secondary health care programs. In response to specialized health care, 18% reported having "full" coverage, while 36% reported having "partial" coverage and 46% reported not providing funding. In response to specialized centers, 33% reported having "full" coverage, 33% reported "partial" coverage, and 34% reported not providing funding. In response to rehabilitation centers, 9% had "full funding", 36% "partial", and 55% reported not providing funding. In response to question C288 on health professionals involved in programs offering treatment for tobacco dependence and counselling services: 100% reported "Yes" for physicians. 69% reported "Yes" for dentists. 92% reported "Yes" for family doctors. 44% reported "Yes" for practitioners of traditional medicine. 100% reported "Yes" for nurses. 25% reported "Yes" for midwives. 100% reported "Yes" for pharmacists. 85% reported "Yes" for community workers. 73% reported "Yes" for social workers. 43% reported "Yes" for others. In responding to C289 on training curriculum, there was varied response. Education is governed at the sub-national level. Of the sub-national jurisdictions that responded: 58% did not provide training in medical programs. 58% did not provide training in dental programs. 17% did not provide training in nursing programs. 42% did not provide training in pharmacy programs. In responding to question C2811 on providing access to treatment, 92% responded "Yes" with the primary source being a pharmacy. In responding to question C2813 on funding for NRT, the majority of jurisdictions indicated support for at least partial funding of pharmaceutical products legally available for the treatment of tobacco dependence. Specifically: 67% reported partial support for NRT while 25% provide full support. 75% reported partial support for bupropion while 15% provide full support. 77% reported partial support for varenicline while 15% provide full support. Of note, Ontario implemented a Provincial Smoking Cessation Campaign targeted to the 18-44 age

group which ran from December 25, 2017 to February 28, 2018. Local Public Health Units and Smoke-Free Ontario partners also conduct local public education, smoking cessation campaigns and other initiatives. Also, each Canadian province/territory has an agreement with Health Canada for the delivery of the Pan-Canadian Quitline Initiative including the administration of the quitline and web counselling services. Ontario based calls and web services are delivered by the Canadian Cancer Society, Ontario Division, Smokers' Helpline. Smokers' Helpline provides quitline services to residents of Ontario who contact the Smokers Helpline, call the Pan-Canadian toll-free quitline number and/or access web counselling via the cessation web portal displayed on tobacco packaging. Since October 1, 2019, Ontarians have easy access to registered nurses and smoking cessation support through Telehealth Ontario, in combination with wraparound services and health information already offered, including professional medical advice, nutrition counselling and referrals to mental health and addictions support. It should be noted that Cytisine is available in Canada for the treatment of tobacco dependence without a prescription. It was approved by Health Canada in August 2017 as a natural health product. The cost of these products is not covered by public funding or reimbursement.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en> (<https://extranet.who.int/dataform/655321?token=2cx7npfw5u5uewx&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

The Public Health Agency of Canada addresses tobacco cessation and prevention through grants and contribution programming. The Healthy Living and Chronic Disease Prevention-Multi-Sectoral Partnerships program provides expertise in testing and scaling up interventions to prevent and mitigate the common risk factors, including tobacco use, that contribute to chronic diseases such as cancer, diabetes and cardiovascular disease. This program model successfully leverages private and public sector investment and reach to support interventions that address complex social issues involving multiple sectors. Walk or Run to Quit: Walk or Run to Quit is a smoking cessation program developed collaboratively by the Canadian Cancer Society and the Running Room that provides Canadians a unique opportunity to engage in physical activity as a means to quit smoking. The ten week walking or running program provides resources and coaching support to quit smoking and encourages participation in a 5km event at the completion of the program. So far, it has reached 3,500 participants both in-person and on-line. Quit rates for participants who completed the program and who reported not smoking at the end of the program and in the 6 months following were 28% in 2016 and 33% in 2017. In addition, physical activity increased from baseline to end of program for both cohorts and was maintained at 6-month follow up. Participants also noted an increase in physical and mental wellbeing and in the confidence to quit smoking. Build Smoke Free: Under the leadership of the Canadian Cancer Society, this project offers a tailored workplace tobacco cessation support program for employees at construction sites across Canada. Based on best practices from various Canadian workplace-based tobacco programs, it builds on evidence from a pilot that demonstrated a 21% quit rate at six months post-intervention. The project combines a mix of individually customized cessation support from trained staff, the provision of nicotine replacement therapy and other on-site resources, as well as the use of a contest to incentivize quitting. All Together Now!: The All Together Now! project is a community-based participatory initiative, led by the University of Toronto, involving LGBTQ2S+ partners, young adults and other stakeholders who will co-create, implement and evaluate a theory and evidence-informed smoking cessation and prevention approach tailored to LGBTQ2S+ young adults. The aim of this initiative is to develop messaging and tailored social-media based marketing strategies that associate non-smoking with salient social norms to create the desired behaviour changes. It will include messaging featuring personal testimonials from LGBTQ2S+ former smokers, online social support, and linkages to LGBTQ2S+ friendly cessation services. Note that

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes ✓

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✗

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

No ✗

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

The Royal

Canadian Mounted Police (RCMP), the Canada Border Services Agency (CBSA) and provincial law enforcement authorities continue to conduct activities to curtail the trade in illicit tobacco. Over the past two years, CBSA continued to disrupt the supply of illicit tobacco at Canadian Ports of Entry pursuant to section 110 of the Customs Act or subsection 489(2) of the Criminal Code. In support of front-line officers, partners and targeting staff, the CBSA maintains a robust and comprehensive intelligence program. This program continued to monitor the environment, identified new trends, entities and concealment methods and allowed for timely and relevant information to be lawfully shared in support of CBSA and partner enforcement activities. CBSA intelligence and enforcement activities with respect to contraband tobacco further support Canada's Tobacco Strategy, which is a government-wide effort led by Health Canada that seeks to reduce tobacco-related death and disease amongst Canadians. The Alcohol and Tobacco Section of the CBSA Laboratory is also a vital element of the enforcement efforts relating to contraband tobacco. The CBSA Laboratory continues to provide certificates of analysis for court purposes to the federal government. Further to funding received from the initiative to combat contraband tobacco, the CBSA Laboratory enhanced its analytical capabilities in characterizing tobacco products which will help in the fight against contraband tobacco and aid in future tobacco investigations. Under Public Safety Canada, the First Nations Organized Crime Initiative (FNOCI) provides funding to the Akwesasne Mohawk Police Service and the Kahnawake Mohawk Peacekeepers to increase their capacity to combat organized crime in their communities, in cooperation with the RCMP and other law enforcement entities, through specialized training in investigative and policing techniques; as well as to conduct joint operations and for equipment purchases. Public Safety is also conducting an Illicit Tobacco Data and Research Strategy which provides evidence-based information regarding the current state of the illicit tobacco market in Canada. The objective is to improve our understanding of the illicit tobacco market in Canada; enhance partnerships and information sharing between governments; inform Partners' monitoring and compliance activities; and advance the Government of Canada's priorities and objectives on illicit tobacco. The strategies core pillars are research, data and stakeholder engagement in order to provide an accurate Canada-wide picture of the illicit tobacco market. Effective January 1, 2018, Ontario introduced restrictions on the import, possession, sale and delivery of cigarette filter components to tobacco manufacturers registered under the province's Tobacco Tax Act, except for any exemptions prescribed under the regulation. In February 2019, Ontario launched a new Tobacco Enforcement Grants Pilot Program to help offset costs of tobacco investigations undertaken by local law enforcement agencies. Grant recipients can receive up to \$7,000 in funding to conduct a time-limited tobacco investigation within their jurisdiction. The Contraband Tobacco Enforcement Team within the Ontario Provincial Police, which focuses on links between organized crime and unregulated tobacco, hired additional staff in 2018 to double in size. On December 1, 2018 the Northwest Territories (NT) adopted the Manitoba Tobacco Stamp in order to alleviate the possibility of contraband tobacco being sold in retail stores. Prior to December 1, 2018 the NT had the peach stamp (blackstock) so when conducting inspections, it was difficult to determine at first glance whether the tobacco product was legally purchased from a registered Tobacco Wholesaler or if the tobacco product was purchased at a Reserve Store in NT or Alberta "tax off" and resold illegally in retail stores "tax on". Since the tax rates for Manitoba and Northwest Territories are similar and of the distance between the jurisdictions, there would be no incentive for anyone in NT to import contraband tobacco from Manitoba.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

In December 2019, Ontario launched a consultation of to support the review of tobacco tax regulation and enforcement and identify solutions to address unregulated tobacco. In addition to hosting sector-based roundtables with public health stakeholders, industry and retail associations, enforcement agencies, and First Nation communities and organizations, the ministry is inviting stakeholders to submit written submissions. Ontario continues to work with willing First Nation communities and organizations to explore community-based regulation of tobacco on-reserve, including working towards tobacco agreements. To support this, Ontario provides annual capacity and policy development funding.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

No ✗

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
- to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

No ✗

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

In order to protect youth from inducements to use tobacco products and the consequent dependence on them, the Government of Canada is further reducing the attractiveness of tobacco products by limiting the availability of menthol-flavoured tobacco products in Canada. To achieve this objective, the Government of Canada implemented in 2017 an Order Amending the Tobacco Act to prohibit the use of these menthol additives in the manufacture of cigarettes, blunt wraps and most cigars and their sale. This amendment will also mean that the prohibition on the promotion of menthol additives on tobacco product packaging will be applicable.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

In 2018, the Tobacco Act was amended. It is now known as the Tobacco and Vaping Products Act. As part of the amendments, a prohibition on sending or delivering a tobacco product to a young person was added. In response to 3.3.2.1, in Canada, at a national level, the minimum legal age of 18 is set out in the Tobacco and Vaping Products Act. Provinces and territories can choose to enforce an older age. As of December 2019, the minimum age set in the provinces of Ontario, British Columbia., New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador was 19. In response to 3.3.2.2, while national laws do not require that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors, some sub-national laws do require them. In response to 3.3.2.5, while Canada does not have a federal prohibition, one province (Nova Scotia) and two territories (Yukon and Nunavut) have legislation prohibiting candy or sweets that look like tobacco products. Regarding 3.3.2.6, the federal Tobacco and Vaping Products Act bans vending machines in public places except in a bar, tavern or beverage room that have a prescribed security mechanism. Several provinces/territories go further. Manitoba, Ontario, Quebec, Nova Scotia, Prince Edward Island, the Northwest Territories and Nunavut ban the sale of tobacco products through vending machines.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	No
tobacco workers?	No
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Tobacco Transition Program: • In 2009, Agriculture and Agri-Food Canada introduced the Tobacco Transition Program, a one-year program aimed at removing the outdated tobacco quota system in the province of Ontario. • This program is now completed and the quota system has been removed. Current Grant and Contribution Programming: • There are no tobacco-specific federal-only grant and contribution programs administered by Agriculture and Agri-Food Canada. Moreover, there are no cost-shared tobacco-specific programs being delivered by provinces and territories under Canada's current national agriculture policy framework (Canadian Agricultural Partnership), under which the federal-provincial-territorial governments share the costs of a wide range of agricultural programs. • As agricultural producers, tobacco producers are eligible to receive funding from a number of Agriculture and Agri-Food Canada's programs, according to each program's eligibility criteria. The list of such programs can be found on Agriculture and Agri-Food Canada's web site at: <https://www5.agr.gc.ca/eng/programs-and-services/?id=1362151577626>

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Health Canada's Pest Management Regulatory Agency regulates pesticides for all agricultural crops, including tobacco. In doing so, it takes health and the environment into consideration. While the Tobacco and Vaping Products Act does not provide environmental measures with respect to manufacturing, Canada has extensive national and sub-national legislation and regulations that provide for the protection of the environment, labour standards, and measures that protect the health of persons in relation to the environment.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

Yes

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Yes

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

Yes

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

• In April 2012,

JTI-Macdonald Corp. (JTI) and Imperial Tobacco Canada Ltd. (ITC) each launched constitutional challenges to the Tobacco Products Labelling Regulations (Cigarettes and Little Cigars). They asserted that the increase in size of health warning messages from 50 percent to 75 percent of the packages of tobacco products violates the corporations' right to freedom of expression under the Canadian Charter of Rights and Freedoms. No court dates have yet been scheduled.

• All Canadian provinces and territories except Yukon have passed legislation to enable the pursuit of health care cost recovery actions against tobacco companies. All ten provinces have now launched actions seeking to recover health care costs from tobacco companies. Canada was named as a third party in three of these actions (i.e., British Columbia, New Brunswick and Ontario). The third party claims against Canada have been struck in the BC case (Supreme Court of Canada decision of 2011) and the New Brunswick case (New Brunswick Court of Queen's Bench decision of 2012) while in the Ontario Health Care Cost recovery, the three tobacco companies (JTI, ITC and RHB) discontinued their third party claims against Canada on June 19, 2014, August 28, 2014 and September 24, 2014, respectively. • In the Blais and Létourneau class actions, on November 12, 2012 the Quebec Court of Appeal struck out the defendants (JTI -MacDonald Corp, Imperial Tobacco Canada Ltd and Rothmans, Benson & Hedges ('tobacco companies')) actions in warranty against Canada. As a result, Canada is no longer a party to the actions that were brought against the tobacco companies on behalf of approximately one million Quebecers suffering from tobacco-related diseases or addicted to nicotine. On June 9, 2015 the Honourable Justice Brian Riordan rendered his final judgement and granted the plaintiffs' claims in part and awarded damages totaling over \$15 billion. On October 27, 2015, the Court of Appeal granted the plaintiffs' motions for security pending the appeal of the June 9, 2015 decision of Justice Riordan. ITC and RBH were ordered to furnish just under \$1 billion in security. The Court of Appeal rendered its decision on the tobacco companies' appeal. On May 1, 2019, Quebec Court of Appeal upheld the ruling against companies in the Blais Létourneau class actions. • In May of 2019, Canada's three largest tobacco companies sought protection under the Companies' Creditors Arrangement Act (CCAA) to avoid having to pay court-ordered compensation to Quebec smokers in the Blais-Letourneau class-action. In addition to the Blais-Letourneau judgement, the companies are facing an estimated \$500 billion in lawsuits from 10 provincial governments (who want to recover the costs of treating tobacco-related diseases), as well as an unquantified sum from other class actions. As of March 2020, the companies have secured protection against all creditors and have all litigation against them suspended until September 2020. The purpose of the CCAA protection period is to allow for the negotiation of a settlement between the companies and all of its creditors. The tobacco industry has also brought multiple challenges to provincial legislation that prohibits the sale of menthol tobacco products. No court decisions have been released yet.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
- tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
- identification of alternative livelihoods?
- Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social, economic and health indicators related to tobacco consumption?
- exposure to tobacco smoke?
- Other

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Regular measurements of the prevalence of tobacco use by the Canadian population are obtained by the Canadian Tobacco and Nicotine Survey which is the current general population survey for those aged 15 years and older, and for school-aged children in grades 7-12, the Canadian Student Tobacco, Alcohol and Drugs Survey. The Canadian Tobacco and Nicotine Survey was developed to provide data on tobacco and vaping product use by Canadians aged 15 years and older. It serves as a temporary replacement for the Canadian Tobacco, Alcohol and Drugs Survey, which was last implemented in 2017. The Canadian Student Tobacco, Alcohol and Drugs Survey provides timely and accurate monitoring of the tobacco use in school aged children (grades 7-12). The Survey contributes an essential input to the development of sound and effective tobacco control policies and programs. Canadian Tobacco and Nicotine Survey (CTNS) 2019. Canadian Tobacco Use Monitoring Survey (CTUMS) 1999-2012; Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2013, 2015, 2017. Youth Smoking Survey (YSS) 1994, 2002, 2004-05, 2006-07, 2008-09, 2010-2011, 2012-2013; Canadian Student Tobacco, Alcohol and Drugs Surveys (CSTADS) 2014-15, 2016-17, 2018-19.

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

The Canadian Student Tobacco, Alcohol and Drugs Survey is a biennial survey. The next release (2020-21 data) is expected to be in Spring/Summer of 2022. The Canadian Tobacco and Nicotine Survey is planned to be repeated twice during 2020.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

NGOs play a role providing information on the practices of the tobacco industry in Canada. Physicians for a Smoke-free Canada maintains a website on litigation involving tobacco companies at (<http://www.smoke-free.ca/litigation/>). In terms of providing access to tobacco-related laws, regulations and jurisprudence, the Canadian Legal Information Institute (CanLII) is a non-profit organization created and funded by the Federation of Law Societies of Canada on behalf of its 14 member societies. CanLII is a member of the Free Access to Law Movement, which includes the primary stakeholders involved in free, open publication of law throughout the world (<https://www.canlii.org/en/>).

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Canada included information on FCTC implementation in its 2018 Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs) - see paragraph 1 of page 34 at https://sustainabledevelopment.un.org/content/documents/20312Canada_ENGLISH_18122_Canadas_Voluntary_National_Rev

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	No

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided No
Assistance received No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No
Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No
Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

The specifics

of which institutions received funding for the projects mentioned in the previous question and which countries were the focus of the research can be found by visiting the IDRC website.

- <https://www.idrc.ca/en/project/measuring-tobacco-attributable-costs-and-illicit-trade-effects-optimal-tobacco-tax-scenarios>
- <https://www.idrc.ca/en/project/economics-waterpipe-tobacco-smoking-eastern-mediterranean>
- Strengthening the evidence for advancing tobacco control policy in Mexico, Colombia, and India
- <https://www.idrc.ca/en/project/making-tobacco-taxation-work-vietnam>
- <https://www.idrc.ca/en/project/economics-tobacco-control-nigeria-fostering-effective-tobacco-control-policy-implementation>
- <https://www.idrc.ca/en/project/tobacco-tax-reforms-health-and-economic-development-sub-saharan-africa>
- <https://www.idrc.ca/en/project/improving-implementation-tobacco-taxation-southeast-asia>

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

Complimenting Canada's domestic engagement in tobacco control activities and health policy, Canada's International Development Research Center (IDRC) provides funding to support low- and middle-income country (LMIC) researchers to develop the local evidence needed to inform the adoption and effective implementation of tobacco control policies. During the period from 1 January 2018 to 31 December 2019, IDRC allocated 4.2 million CAD to various research projects aiming to better understand and contribute to the economic rationale for tobacco control in LMICs. This investment included a financial contribution from Cancer Research UK (CRUK) under the Economics of Tobacco Control initiative. For further information, please visit

<https://www.idrc.ca/en/initiative/economics-tobacco-control-research-initiative>

List of IDRC-CRUK funded projects for the reported period: – Measuring tobacco-attributable costs and illicit trade effects for optimal tobacco tax scenarios in 8 Latin America countries – The Economics of Waterpipe Tobacco Smoking in the Eastern Mediterranean – Strengthening the evidence for advancing tobacco control policy in Mexico, Colombia, and India – Making Tobacco Taxation Work in Vietnam – The Economics of Tobacco Control in Nigeria: Fostering an Effective Tobacco Control Policy Implementation in Nigeria – Tobacco tax reforms for health and economic development in Sub-Saharan Africa – Improving the implementation of tobacco taxation in Southeast Asia

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

Yes ✓

Please provide details in the space below.

On October 31st, the 337th session of the International Labour Organization's Governing Body endorsed the ILO strategy to address decent work deficits in the tobacco sector. This decision allows the ILO's Director General (DG) to draw on regular budget to make up for any funding shortages from donors, which will ensure that the ILO does not accept funding from the tobacco industry (the last of these arrangements ended in 2018). Canada supported this decision.

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Canada's Tobacco Strategy is a comprehensive, integrated and sustained approach to drive down the smoking rate in Canada to less than 5% by 2035 through focused action to help Canadians quit smoking, including groups of Canadians with the highest rates of tobacco use, and to prevent youth and non-tobacco users from nicotine addiction. It also takes a pragmatic and compassionate approach to support Canadians who already use tobacco to reduce the negative consequences of nicotine addiction. Priority areas align with the FCTC but on a national level, in many ways. These include: • helping Canadians quit tobacco; • protecting young people and non-tobacco users; • work with Indigenous groups to create specific plans for Indigenous people; and • strengthen our science, surveillance and partnerships. Through Canada's Tobacco Strategy, the Government of Canada is: • continuing to strengthen legislative and regulatory measures to protect youth and non-smokers and actively enforcing current requirements under the federal Tobacco and Vaping Products Act and regulations; • working with the provinces and territories to modernize smoking cessation services across the country to make it easier, faster and more appealing for smokers to access the support and tools they need in a way that best works for them; • expanding funding for tobacco programs that target groups of Canadians disproportionately affected by smoking; • updating and improving the effectiveness of public education resources, including marketing campaigns to educate youth, young adults and their parents about the harms and risks associated with tobacco and vaping products and nicotine addiction; • exploring and consulting on potential options that could further reduce the appeal and addictiveness of tobacco and vaping products, including the regulation of nicotine content; • studying the health impacts of nicotine products and understanding how Canadians use them to inform decision-making; and • maintaining and supporting work done around the world as a part of the World Health Organization's Framework Convention on Tobacco Control. In collaboration with the provinces and territories, First Nations, and international law enforcement partners, the Government of Canada also continues to combat illicit tobacco, and is undertaking independent research to better understand and assess Canada's evolving contraband tobacco market. In Canada, tobacco control responsibilities are shared by multiple levels of government. In addition to federal initiatives, all provinces and territories (P/Ts) currently have tobacco control legislation in place, some with restrictions beyond those found in the federal Tobacco and Vaping Products Act. For example, a number of Canada's provinces and territories have enacted legislation raising the minimum age for furnishing a tobacco or vaping product from 18 to 19 or even 21 years of age. Rules on smoke-free spaces are generally the responsibility of P/T and municipal governments, with the exception of federal workplaces and federally regulated spaces, such as banks and commercial aircraft. All P/Ts also have extensive tobacco control strategies in place. P/T spending on tobacco control is estimated to represent more than half of the total tobacco control expenditure in Canada. The Government of Canada has implemented nearly all of the available measures recognized by the WHO as good practices in tobacco control and continues to expand and explore opportunities for further action to drive down smoking rates.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No ✘

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

There are specific

health labelling requirements for chewing tobacco, oral snuff and nasal snuff.

The Tobacco and Vaping Products Act (TVPA) became law on May 23, 2018. While

continuing to regulate tobacco products, the TVPA also applies to vaping

products (note that vaping products include ENDS and ENNDS). It aims to protect

youth from nicotine addiction and from incentive to use tobacco and vaping

products. Key elements of the TVPA related to vaping products include:

- not allowing vaping products to be sold or given to anyone under 18 years of age

- not allowing the sale of vaping products that appeal to youth in how they look

- or work
- giving the federal Government the ability to make rules about:

industry reporting, manufacturing standards, product and package labelling (for

example, health warnings) • banning the use of certain ingredients

References:

Tobacco and Vaping Products Act -

<https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/federal-laws/tobacco-act.html>

Food and Drugs Act - <http://laws-lois.justice.gc.ca/eng/acts/f-27/> Canada

Consumer Product Safety Act - <http://laws-lois.justice.gc.ca/eng/acts/C-1.68/>

Federal regulations related to tobacco legislation -

<https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/federal-regulations.html>

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

The fields in

the online data collection tool for prevalence related questions - see B12 -

only allow for whole numbers. Others, like B11, make allowance for tenths of a

percent but no symbols such as asterixs to draw the reader's attention to notes

about accuracy etc. Can the capture fields for the numbers be updated to allow

for tenths of a percentage point and other symbols? A one tenth percentage point

in Canada's population amounts to tens of thousands of individuals. Question

B61 has insufficient rows for each category. Additional rows should be added to

prevent having to merge annual data. Question B81 is too limiting in that we

have a value for 2018 and a different value for 2019. Given this limitation, we

gave the 2019 value.
