A TOBACCO ENDGAME FOR CANADA

2016 SUMMIT

September 30 - October 1 2016

Queen's University

Kingston ON

SUMMARY REPORT

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A TOBACCO ENDGAME FOR CANADA - 2016 SUMMIT

Executive Summary – "*Less than 5 by '35*"

Great strides have been made in commercial tobacco control in Canada and globally over the past few decades through implementation of measures, including those endorsed by the international Framework Convention for Tobacco Control [FCTC]. Nevertheless, smoking prevalence remains substantial and the overall burden of tobacco-related illness and death from cancer, respiratory and cardiovascular diseases continues to be devastating. Canadians lose an estimated 515,607 person years of life every year as a result of premature mortality from tobacco. It is clear: Tobacco products continue to be, by a wide margin, the number one single preventable cause of death and disease in Canada, and will be for the foreseeable future.

The idea of a "Tobacco Endgame", focused on commercial tobacco, is based on the perspective that "control" of tobacco will never be enough to deal with the epidemic of tobacco related diseases and that the focus must be shifted to develop strategies to reach a *future that is free of commercial tobacco*.

In Canada, a group of experts organized into "Action Groups" drawn from the cancer control, health policy, law, tobacco control, academic research, medical, economics, mental health and addiction, and professional backgrounds as well as non-government organizations (NGOs) worked over the last year to discuss and document potential Endgame measures for Canada. On September 30 and October 1 2016, these individuals, together with additional Canadian and international guests convened at Queen's University for the first Summit on the creation of a commercial Tobacco Endgame for Canada.

The goal of the Summit was to reach agreement on the **need for an Endgame**– defined as achieving less than 5% tobacco prevalence by 2035 – and to review, discuss and debate over 40 proposals for Endgame measures that Action Groups had developed and disseminated in the form of a pre-Summit Background Paper. Presentations based on these ideas were made and discussants provided context following which plenary and/or round table discussions with feedback took place. Early in the meeting it was emphasized that the focus of this work is commercial tobacco, not sacred ceremonial tobacco used by Indigenous Peoples.

Key themes in which Endgame measures were described included: the economics of smoking, aligning tobacco supply with public health goals, transforming access to cessation, preventing a new generation of smokers, substantial scale-up of measures that work, litigation, product regulation and e-cigarettes. Discussion was focused on those measures most likely to be transformative and essential to arriving at the Endgame goal.

The report that follows provides a more detailed summary of the need for an Endgame initiative in Canada, the ideas brought forward at the Summit and the key points from the discussion.

The Summit concluded with agreement that an Endgame for commercial tobacco is needed – and that the "less than 5 by '35" goal is supported. It was clear from the discussion at the Summit that getting there will require *transformative and disruptive ideas*. To be successful, the Endgame strategy must contain measures that result in prevention of new smokers and a dramatic increase in effective cessation. Decisions on *which* of the many transformative ideas presented at the Summit are most suitable for inclusion in a Canadian Tobacco Endgame Strategy will require more consultation and discussion by numerous government and non-government organizations, the public and consultation with Indigenous Peoples.

To guide the next steps and to ensure the work of the Summit drives the Endgame idea forward, a ***Tobacco Endgame Cabinet*** will be established whose proposed roles will include: *communication* and *advocacy* for the Endgame initiative, ensuring *accountability* of those in leadership to pursue Endgame measures, *engagement* with relevant federal government and FPT structures and *reporting to the public* on progress.

The End begins now.

Introduction

Great strides have been made in tobacco control in Canada and globally over the past few decades through implementation of measures, including those endorsed by the international Framework Convention for Tobacco Control [FCTC].[1]

Nevertheless, smoking prevalence in Canada remains substantial – 18.1% of Canadians over 12 years of age, representing 5.4 million Canadians).[2] The overall burden of tobacco related illness and death from cancer, respiratory and cardiovascular diseases continues to be devastating. In 2002, 37,000 Canadians died from tobacco associated illnesses. Canadians lose an estimated 515,607 person years of life every year as a result of premature mortality from tobacco smoking.[3]

In response to this, in 2015, a Steering Committee began to plan a national Summit to be hosted by Queen's University on the topic of the creation of an Endgame strategy for commercial tobacco for Canada. The Steering Committee reviewed international trends and concluded that a feasible, though challenging, ***Endgame goal for Canada would be to achieve a prevalence of less than 5% commercial tobacco use by 2035***. In order to ensure the Summit included clear ideas and options for measures that collectively might arrive at this goal, the Steering Committee invited a broader range of stakeholders to form "Action Groups" that were tasked to discuss and document the potential Endgame measures within assigned topic areas that could be brought to the Summit (see Appendix I). The resulting work formed the basis of a pre-circulated Background Paper made available to all Summit attendees for review prior to the Summit [http://f2fe.com/sites/tobaccosummit2016/pdf/EndgameSummit-Backgroundpaper-Aug%2030%202016.pdf]

On September 30 and October 1 2016, 84 individuals (Appendix II) from across Canada with a variety of backgrounds as well as invited guests form the United States and the United Kingdom convened in a Summit at Queen's University, Kingston ON. They discussed the concept of an Endgame for Commercial Tobacco in Canada, reviewed the recommendations and options found in the Background Paper and considered the next steps to move the "*less than 5 by '35*" goal ahead. This report summarizes the topics and discussion at the Summit.

Opening Remarks

The Summit opened with welcome remarks from **Dr. Richard Reznick**, Dean Faculty of Health Sciences at Queen's University and from **Ms. Carol-Anne Maracle**, a traditional knowledge keeper of the Haudenosaunee on whose ancestral lands Queen's is located. Ms. Maracle provided a welcome and reflected on "the words before all else" of her people, which are said at meetings or ceremonies to bring minds together as one. She also outlined the use of sacred tobacco within her culture - which provides a direct connection to the creator. She emphasized that sacred tobacco has nothing to do with commercial tobacco and asked attendees to be mindful of this and sensitive to it in the discussions about Endgame.

Session 1 - Setting the Stage for Endgame Discussions

Following the opening remarks, Summit conveners **Dr. Elizabeth Eisenhauer** and **Dr. Rob Schwartz** presented the history behind the Endgame initiative and the data showing the clear need to expand measures on tobacco "control" beyond those incremental measures currently planned or implemented.

ITC Data – Smoker's Views on Endgame Measures

Dr. Geoff Fong (*University of Waterloo*) opened the scientific session with a review of the International Tobacco Control (ITC) Policy Evaluation project which he leads. He pointed out that the impact of policies on tobacco control and reduction in tobacco associated deaths is dependent on two main variables: the *magnitude* of the effect and its *implementation time*. This underscores the need to identify not only policies of probable high impact – but also to implement them quickly. This latter has been the target of the tobacco industry where delaying implementation as long as possible is the approach – thus diluting the potential impact of policies aimed at reducing smoking prevalence. He identified the Framework Convention on Tobacco Control as the greatest disease prevention initiative in public health history – now 180

1 World Health Organization. Report on implementation of the Framework Convention on Tobacco Control. 2014.
2 Statistics Canada. Canadian Community Health Survey, 2014. Cansim Table 105-0501.
3 Popova S, Patra J, Rehm J. Avoidable portion of tobacco-attributable acute care hospital days and its cost due to implementation of different intervention strategies in Canada. International Journal of Environmental Research and Public Health, 2009.

countries across the globe are Parties to the treaty. Canada's progress in reducing commercial tobacco use over the last decades is well known – but he underscored that despite this, tobacco associated deaths of 37,000-46,500 per year (depending on calculation methodology) are seen which means there is still much to do.

Dr. Fong reviewed the impact of numerous tobacco control policies within Canada since 2002 as assessed by ITC surveys. He noted the most powerful intervention for reducing tobacco use is known to be been taxation/price. But paradoxically, he also noted the change in price over between 2002 and 2011 in Canada was in the wrong direction - a fall by 4% on average – likely to be counterproductive in tobacco control.

He also reviewed the 2016 Smoker's Survey in which respondents were asked to provide their level of support for various measures which are often cited as part of Endgame strategies. Key findings were:

Measures	**Specific Measures**	**% smokers that support/ strongly support**
Retail	Law banning use of promotional marketing of all cigarettes/tobacco	70
	Raise legal age to 21	80
	Restrict places cigarettes sold	57
Product	Reduce nicotine in cigarettes	81
	Ban all additives	58
Phase out to ban	Completely ban cigarettes/tobacco within 10 years if assistance provided to quit	51

Following Dr. Fong's presentation on key findings of the 2016 Smoker's Survey, related findings from a 2004 survey sponsored by Physicians for a Smoke-Free Canada were presented. In response to the question, "*Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree that governments should develop new ways to phase out smoking within 25 years?",* 85% of Canadians either strongly agreed (60%) or somewhat agreed (25%).

International Perspectives

Dr. Anna Gilmore (*University of Bath, UK*) and **Dr. Ruth Malone** (*UCSF, San Francisco USA*) provided an important international perspective to the Summit.

In her presentation "*A Tobacco Endgame: Pie in the Sky or Essential Vision?*" Dr. Malone offered the argument that Endgame discussion was an essential conversation to embark upon. The tobacco industry represents an aggressive and organized opponent to public health. To eradicate this industrially produced epidemic of tobacco associated illness and death, initiatives designed to permanently change the structural, political and social dynamics behind the epidemic are required. The Endgame will require actions that are new, disruptive and radical to change the trajectory. She offered that the retail sector was one where new approaches could have an impact of this magnitude – and that the primary focus should be on cigarettes as the most common form of combustible tobacco sales. She also reviewed other ideas such as product regulation, Tobacco Free generation, mass media and she noted the opportunity that cannabis regulation may offer a window for stricter regulation of tobacco– a far more dangerous product. She also noted that she believes the tobacco industry knows an endgame is coming – and combustible cigarettes will one day be gone. But they will work to delay as long as possible that future.

Dr. Anna Gilmore, in her presentation "*Challenges to Realising an Endgame: Dealing with the Tobacco Industry"* highlighted that Canada, with its history of leadership in tobacco control, is particularly well-placed to be a leader in Endgame strategy development. She also emphatically stated that an Endgame is now needed and that we must assume that "business as usual" routes to getting there will not be enough. However, she pointed out that there is a false dichotomy between "business as usual" (i.e., FCTC policy interventions) and Endgame strategies, stressing that both are needed. The tobacco industry itself, and its influence on policy, must be addressed. She provided multiple examples of tobacco industry interference in delaying or challenging measures intended to reduce tobacco use. Their tactics, enabled by investment of massive resources, include using legal challenges, promulgating fear about new policies, harnessing regulatory infrastructure to promote or challenge evidence based policy development (generating fraudulent evidence to counter genuine evidence), and to utilize third parties with obscured links to tobacco to promote inaccurate evidence. The main point and cautionary note of Dr. Gilmore's presentation was to heighten the awareness about the complex, well-

funded and pervasive machine of the Tobacco Industry that will be deployed to fight against Endgame measure and the need to maximize industry transparency and accountability.

Session 2- Canada's Endgame Discussion - Options for Endgame Measures for Canada

Session 2 of the Summit focused on reports of the Action Groups and their discussion by Summit attendees. The Background paper provides details of the context, rationale and potential Endgame measures within thematic areas. This summary will highlight options and/or recommendations from that paper as well as some key points raised in the plenary and round table discussions.

The Economics of Smoking – Dispelling the myths that may stand in the way of an Endgame (Dr. Bill Evans – Moderator Chair)

Dr. Michael Chaiton (*University of Toronto*) and **Dr. Emmanuel Guindon** (*McMaster University*) provided the background and work of the Economics /Business Case Action Group in this presentation. They described a recent study showing the annual financial burden of tobacco in Canada is about $18.7 billion in direct plus indirect costs (with over $6 billion in direct health care costs) and also reviewed the international literature with respect to the economics of "Endgame". Dr. Guindon presented modeling work using Ontario data regarding what would happen to taxation revenues from tobacco (which were approximately $1.5 billion in 2015) if "less than 5 by '35" were achieved, under three scenarios:

Two "unrealistic" scenarios:

- Scenario 1. 'less than 5 by 35' achieved solely through non-tax interventions (excise taxes assumed to keep up with inflation):
    - Tax revenue, 2035: $163 million
    - Tax revenue, total 2016 - 2035: $12,600 million
    - Tax revenue, annual average, 2016 - 2035: $630 million
- Scenario 2. 'less than 5 by 35' achieved solely through excise tax increases (assuming an underlying annual downward trend in smoking prevalence and consumption of 2.5%). Note that such a scenario requires that taxes increase annually by more than 20% (costing more than $80/pack by 2035):
    - Tax revenue, 2035: $5,000 million
    - Tax revenue, total 2016 - 2035: $ 68,900 million
    - Tax revenue, annual average, 2016 - 2035: $3,400 million

And a more "realistic" though ambitious scenario:

- Scenario 3. 'less than 5 by 35' achieved through non-tax interventions and excise tax increases that raise prices by 5% in real terms, annually:
    - Tax revenue, 2035: $673 million
    - Tax revenue, total 2016 - 2035: $24,261 million
    - Tax revenue, annual average, 2016 - 2035: $1,213 million

Dr. Frank Chaloupka (*University of Illinois at Chicago*) provided a commentary on the presentation. He highlighted once more that taxation was the "single most effective intervention" in reducing tobacco use. About a 10% increase in price leads to a 2% decrement in prevalence. Children/youth are particularly susceptible to price changes. Indeed, his recent data show that not only do these effects not "wear out" as prices rise – the impact becomes even greater – a finding described as "increasing elasticity". Taxation of course also provides increased revenues to government, some of which could be applied to tobacco prevention/cessation programs. Dr. Chaloupka also emphasized that an argument presented by the tobacco industry, that increased taxation would bring devastation to the economy, is simply not borne out by evidence; in fact it is the other way around - spending increases on many other goods/services. Another myth worth dispelling is that somehow tobacco control policies increase illicit trade – again evidence does not bear this out. Indeed international data suggest that countries with the lowest taxes and prices have the greatest issues with illicit trade. He concluded by stating the Tobacco Endgame will not harm the economy, it will be good for the economy. And taxation is part of that.

Plenary Comments and Feedback:

- Data from France show a rapid reduction in lung cancer rates following tax increases – within 5 years, rather than the 20+ years normally cited – as well as almost immediate reductions in heart problems and pregnancy complications
- Panelists debated the merits of imposing a minimum price vs. raising taxes. Increasing minimum price creates a scenario where the revenue goes to the industry, rather than government (which is what taxation does), Nonetheless Dr. Chaloupka pointed out there is some evidence from the US that minimum price policies work to drive up prices at the low end of the market producing the largest reduction in prevalence among smokers with low SES. Increasing minimum price as well as a tax increase results in a price increase that affects all smokers.
- It was noted that there are limited data on whether regular small increases in taxation are more effective than intermittent large ones – and maybe a mixture is ideal.
- There was also discussion about dedicated taxes vs. taxes that go into general revenues; although Canadian governments have been reluctant to earmark taxes, dedicated taxes may make the political case for increasing taxes easier.
- Some offered the view that taxation/price increases, perhaps large ones, will be a necessary part of an Endgame strategy. But must be supplemented with additional Endgame measures.

Building on Success – Scaling UP interventions that work (Ms. Lorraine Fry - Moderator Chair)

Mr. Michael Perley (*Ontario Campaign for Action on Tobacco*) presented the rationale and proposed Endgame measures arising from this section of the Background paper – based on discussions and outputs from both the Regulation/Law and the Cessation/Prevention Action Groups. Measures discussed in the session were based on those already known to be of value in tobacco control – where significant "scale up" should be undertaken as part of Canada's Endgame strategy. Generally these fell into 4 categories: 1) Tax and price measures (as per the discussion by the Economics Action Group), 2) Bans on advertising and promotion of tobacco products, 3) broadening bans on smoking in additional settings and 4) anti-contraband measures. Specifically, the options identified for substantial scale up were:

- Increase tobacco taxes substantially
- Curtail price-based marketing incentives (multi-tier pricing)
- Implement plain and standardized packaging
- Enhance package health warnings
- Implement a full ban on tobacco advertising and promotion, including at retail
- Require movies that depict smoking to have an 18A classification, or equivalent
- Ban smoking in additional places, and ensure smoking restrictions apply to herbal water pipe products and to any product that is smoked
- Implement additional measures to reduce contraband
- Implement an annual tobacco manufacturer license fee to recover the annual cost of federal/provincial/territorial government tobacco control strategies
- Require tobacco manufacturers to pay an annual registration fee for each product

Dr. Brian Emerson (*BC Ministry of Health*) offered commentary. He noted that as we scale up, we need to have some idea of our baseline in order to measure both the degree of "scaling up" and its impact. An "Endgame Report Card" will thus become important. He also noted it will be important to actively pursue evaluation (and remarked that the Evaluation Action Group had not yet met). Finally he indicated that a very important challenge is that the tobacco control community lacks the resources (human and financial) to conduct a sustained campaign, emphasizing that the first thing that must be "scaled up" is the tobacco control community itself. (The need for adequate funding for the tobacco control community was reiterated several times at the Summit.)

Comments/Feedback from Round Table discussions.

- Taxation/Price: it was noted that for some individuals, no matter how high the price, they will pay for tobacco over other necessities because of the severity of addiction. It is also important to ensure the equity lens is in place as the strategy develops.

- It was emphasized by one speaker that revenue from tobacco taxation could be used towards control/Endgame measures – this could substantially address the need for enhanced funding to support Endgame strategy development and implementation.
- Several noted that it was important to bolster the tobacco advocacy/control community in Canada within governments and NGOs to ensure that all are re-focused on the importance of addressing tobacco – the most important preventable cause of morbidity and premature death in Canada.
- Mass Media Campaigns: Several emphasized the importance of mass media campaigns to any comprehensive Endgame strategy
- "Scaling up" might appear to be only incremental change – we need to consider: *which* of those items, if scaled up, would be ***transformative***? One group suggested focusing on the subset of actions that would produce immediately noticeable impact (e.g. taxation). It was highlighted that more knowledge generation/exchange will be important to optimize implementation. Policy alone is insufficient.

No Smoker Left Behind – Transforming Access to Tobacco Cessation (Dr. Robert Reid - Moderator Chair)

Dr. Andrew Pipe (*University of Ottawa Heart Institute*) presented the rationale and proposed Cessation Endgame measures coming from the Cessation/Prevention Action Group. He made the point that prevention alone would never achieve the "less than 5 by 35" goal – and approaches to ensure widespread access to novel and evidence-based cessation programs would need to be part of an Endgame Strategy. He focused on the health care system and its providers as having the biggest role to play – ensuring that screening and cessation program access are part of Required Organizational Practices for health organization accreditation, and that professional education of health providers includes mandatory training were key points. Overall, measures recommended for inclusion in an Endgame strategy were:

Short term

- Federal and provincial ministries of health, through the Tobacco Control Liaison Committee or other mechanism, should collaborate in the development of a roadmap to expand and adequately fund community, workplace and clinical smoking cessation programs to Endgame scale.
- Each ministry of health should create a smoking cessation accountability framework for its healthcare system and related transfer payment agencies as part of the cessation program framework.
- Pan-Canadian research funding agencies together with the Federal Tobacco Control Liaison Committee should collaborate in the development of a research road map as well as a strategy for the funding required to support the required research in support of the Endgame

Medium term

- Implementation of the expanded cessation programs will begin alongside the accountability framework
- In collaboration with the ministry of health, ministries of labour and social services should integrate smoking cessation supports within their service delivery systems.
- Organizations which train, regulate, accredit or fund health care professionals or institutions should be required to report on the measures they have taken to respect the right of smokers to receive effective cessation support.
- The federal minister of health should provide bi-annual reports to Parliament on the status of smoking cessation across Canada.

Dr. David Mowat (*Canadian Partnership Against Cancer*) offered comments. He agreed that cessation is an essential component of the Endgame – and that, like every other intervention, what we need is a sufficient dose and an approach to reach everybody. He noted that the structural dynamics that must be overcome are the *current policies and practices in the healthcare system* that obstruct us from reaching the desired end state of dramatically enhanced cessation efforts and success. He outlined numerous barriers to this that need to be overcome by appropriate leaders/champions: for example removing restrictions on the number of visits that a smoker can make for cessation/counselling, broadening who can prescribe NRT, increasing drug plan coverage of cessation medications etc.

Discussion/Feedback Comments from Round Table discussions.

- Strong support from the discussion for enhancing mass media for cessation, for including implementation of cessation programs in healthcare institution accreditation standards
- Education must begin at undergraduate curriculum for health professionals – many graduate without any knowledge about how to manage this "treatable" risk factor.

- Investments must be made by healthcare institutions in this area – these should be prioritized. Evidence suggests such programs actually save healthcare dollars by increasing cessation success.
- Important to this discussion is also *framing cessation AS prevention* – similar to treating other risk factors for chronic disease (hypertension, hyperlipidemia).
- A well-integrated and effective cessation system, by helping smokers quit, also plays a role in reducing health disparities.

Aligning Tobacco Supply with Public Health Goals (Mr. Les Hagen– Moderator Chair)

Dr. Rob Schwartz (*University of Toronto*) introduced this important topic, deliberated by the Regulation and Law Action group. He noted at the outset – that restrictions on "free commerce" to protect public health is not new in the field of tobacco control, and that this was the core principle built upon in the discussions and ideas brought forward by this Action Group. Suggested Endgame measures articulated fell into 4 main groupings (full details in Background Paper):

1) *Limit retail tobacco availability (this includes:* Higher cost retail licensing, zoning, tobacco-only stores)
2) *Align industry behaviour to public health goals (this includes:* performance-based regulations – such as holding companies responsible for achieving annual targets for reductions in smoking prevalence, with financial incentives and penalties to motivate compliance; mandating a regulated market model or non-profit enterprise with public health mandate; changing conditions to advantage "clean nicotine" over tobacco products)
3) *Limit the supply of tobacco products available for sale (this includes:* Sinking Lid, Cap and Trade, Moratorium on new tobacco products)
4) "*Other*" (capping tobacco wholesale prices, introducing a tobacco-supplier profits surtax, requiring a permit to purchase tobacco products).

He argued that while evidence "proving" these will affect tobacco use rates is limited, extrapolation from the regulation of alcohol suggests many of the retail reform measures will have *substantial* impact and are "implementable". The Background paper provided some specific options for Endgame measures that would achieve closer alignment of tobacco supply with public health goals:

Governments, civil society organizations and individuals with responsibilities for public health should:

- Adopt in principle that tobacco supply must be aligned with public health goals.
- Identify, develop and implement supply-side tobacco control measures suitable for a Canadian Endgame for tobacco use with potential measures for consideration including:
  - Limiting retail availability through high cost retail licensing, zoning or potentially tobacco only-stores;
  - Changing tobacco supply through: performance-based regulations, a regulated market model, non-profit enterprise with public health mandate;
  - Limiting tobacco supply through: sinking lid, cap and trade, moratorium on new tobacco products,
- Conduct policy audits and ensure that all laws, regulations, policies and programs, are aligned with the public health goal of eliminating tobacco use.

In addition:

- Approaches should be studied to control tobacco wholesale prices

Dr. John Garcia (*University of Waterloo*) offered some comments. He felt the initiatives suggested in the Background Paper were a very good place to start but acknowledged that this will be a battle. He noted that those striving for an Endgame must be prepared for an "intense engagement" with the tobacco industry. He called for courage, and urgency, in moving ahead. Moving towards an Endgame needs to be framed within the context of seeking social justice as part of a civil society. Non-government organizations and government organizations will need to come together to enable a successful outcome. He expressed concern that Canada's leadership in tobacco control was threatened. He indicated that there may be opportunities to harness discussions around regulation of other substances (e.g. marijuana) to re-focus tobacco policy efforts.

Discussion/Feedback Comments from Round Table discussions.

- Small "incremental" changes in the retail side will not be enough for the impact needed to achieve Endgame – need bold steps to make the point that Canada is serious about change and about moving to elimination of combustibles.
- Some argued we need more information, legal and otherwise, about where the pressure on changing the regulatory framework is likely to be most effective.
- New regulatory environment for cannabis could create opportunities for alignment to exert tougher controls on tobacco and should be harnessed.
- In terms of retail supply, there are opportunities to consider making cessation aids more available, less expensive than tobacco products. Others felt reducing retail density, and even tobacco only stores, was feasible and likely to be effective. And there must be measures in place to end industry incentives to retailers for tobacco sales
- Some cautioned against too many complex proposals around retail availability/supply since it will be challenging to implement and monitor.
- Overall there was strong support for the *principle* that supply must be aligned with public health goals – not industry profits. And that some of these ideas are ready to implement in the short term. No one stated that any of these proposals should be rejected.
- More than one speaker suggested that a political drive to ban/phase out combustible tobacco sales after a certain date might be a key message to retain – and that getting there would require many actions with collaboration across many sectors and government departments (Health, Justice, Finance)

Product Regulation and E Cigarettes (Dr. Alain Poirier– Moderator Chair)

Mr. Rob Cunningham (*Canadian Cancer Society*) began this session by describing the proposed Endgame measures debated by the Product Action Group. The content, flavours, appearance, addictiveness and size of combustible tobacco products were all examined and recommendations on each were described. It was recognized that one of the more controversial items discussed was nicotine content. Without nicotine, tobacco would never have become the health issue it is, but he cautioned that removing nicotine would have similar consequences to a ban on the sale of tobacco products. Research is underway about whether a gradual regulated decrease in nicotine dose would have a big impact on cessation success.

A Summary of the recommendations is shown here:

Canada should adopt product regulation standards to reduce tobacco use:

- Implement a well-financed surveillance and research initiative paid for by companies through a license fee on tobacco manufacturers
- Ban all flavours including menthol in any quantity (not just "characterizing" quantities) in **all** tobacco products
- Ban all additives except those that are specifically allowed, with the tobacco industry to justify any permitted additives; ban some additives currently permitted for cigarettes
- Standardize the appearance of cigarettes by specifying width and length dimensions, by standardizing the appearance of cigarette filters and paper, and by requiring a health warning on cigarette filter overwraps.

In addition:

- Approaches should be studied to prevent tobacco products from being made more addictive, and to provide for tobacco products to be less addictive, including by reducing nicotine content
- A measure should be studied regarding a ban on ventilation holes in filters or a ban on filters altogether
- Approaches should be studied to reduce the palatability of tobacco products

Dr. Dave Hammond (*University of Waterloo*) then discussed e-cigarettes, highlighting how these products have huge industrial marketing force building behind them but considerable debate about what we do/don't know about their safety and utility, and this has hampered moving ahead with regulation or recommendations. It is generally agreed that e-cigarettes, while they have some harm associated with them, are less harmful than combustible tobacco – though the degree of (lesser) harm is not perfectly quantified. It is not known where they will fall between cigarettes and NRT in terms of safety. Furthermore, he pointed out there is little to no reduction in risk from *dual* use of cigarettes and e-

cigarettes. So their lesser harm is related to their being a *complete* substitute for cigarettes. E-cigarettes may assist in cessation – and how well they do may improve as the technology evolves. But at the moment it is unclear if e-cigarettes are better, worse, or the same as other forms of NRT in terms of efficacy. One aspect of their potential as a cessation aid is that people may actually want to use them – as opposed to other forms of NRT delivery which may be less appealing to some. This greater appeal may translate into higher utilization rates of e-cigarettes over other NRTs and higher overall quit rates.

At the same time it is important to acknowledge that e-cigarettes require regulation to minimize any excess risk of the products and to curb their use by non-smokers including youth.

He concluded by stating that it is important to focus on the e-cigarette product and other "reduced risk" products coming soon to market and how, if appropriate regulation to minimize risk is in place, they can help cessation efforts. So the regulatory framework needs work sooner, not later.

Ms. Melodie Tilson (*Non-Smoker's Rights Association*) provided brief comments on both presentations. She cautioned that an Endgame for tobacco is not simply about ending the sale and use of combustible cigarettes, particularly in light of the tobacco industry's development of a continuum of non-combustible products, from e-cigarettes to heat-not-burn cigarettes, that the industry claims offer substantially "reduced risk". She urged caution when claims about safety and efficacy of new products, including e-cigarettes, are based on industry research – we know that has been highly misleading in the past. That should make us nervous since we know that "public health" is not the main driver of this industry. But it should be ours.

Discussion/Feedback Comments from Round Table discussions.

General comments:

- It was pointed out that "regulatory capacity" – to evaluate, respond and develop regulations for new products – needs to increase to keep up with the speed of change.
- Once again the issue of using licensing and manufacturing fees was raised as potential sources of revenue to support Endgame development, implementation and regulatory capacity.

E-cigarette comments;

- It is important to focus on Endgame and how ideas about changing product, or introducing new products that aid in cessation, may help get there. Good data, from non-industry sources, are really going to be important to help understand the potential of some of these product changes (e.g. reducing nicotine) or substitutes (e cigarettes)
- Reducing the number of new smokers (prevention) may be the greatest impact of the proposed recommendations regarding changes to the product itself. At the same time, expansion of the e-cigarette market may be driving in the opposite direction. Banning access to e-cigarettes by non-smokers or by those below a certain age may be required.
- Risk of e-cigarettes – important to remember that risk of harm from e-cigarettes is measured with reference to combustible cigarettes, not placebo (as would be done with medicinal products) – so absolute risk not quantified yet.
- Many felt the research was sufficient to permit Summit to come up with recommendations around e-cigarettes. A general principle could be: regulation of e-cigarettes should favour them being part of the solution, and not create new problems.

Tobacco Product comments:

- Several tables commented that most of the recommendations around product were sound – but one raised a new one: sell tobacco (leaf) only in bulk and no longer sell manufactured cigarettes. This would feed into the discussion about the regulated market model and would represent a "transformative" opportunity to move towards Endgame.
- There was controversy around the issue of reducing nicotine in tobacco – some feared this would increase smoking to obtain similar "doses" of the drug (nicotine), others argued that results of ongoing research will shed light on whether that is the case.

Prevent a New Generation of Smokers
(Dr. Heather Bryant – Moderator Chair)

Dr. Brent Friesen (*Alberta Health Services*) reviewed the recommendations about prevention focused Endgame initiatives. It was pointed out that many of the interventions/ideas from several other Action Groups are also aimed at preventing new smokers, so the items in this section of the Paper do not represent the entirety of actions that will reduce or eliminate new smokers. Most individuals who become addicted smokers initiate the practice during their "pediatric" years. So stopping this – reducing it to zero – is something we must strive for as part of the Endgame. The specific ideas highlighted included: raising legal age to purchase tobacco (21 – then 25 years). This has been shown to have an impact in the cities/jurisdictions that have implemented it and it could be done "tomorrow". Another proposal was that of the "Tobacco-Free Generation". This would make tobacco sales illegal to individuals born after a designated birth year (2000 was suggested in the Background paper). He also highlighted some measures that might deter new smokers (youth possession laws), for which there is not yet much evidence of effectiveness. Finally – he presented the idea of holding tobacco manufacturers accountable for youth smoking through penalties based on youth smoking rates. The intent behind this proposal would be to recover current (and future) tobacco company profits from sales to youth.

A summary of prevention-specific options are shown in this Table:

> The following could be included in an Endgame for Tobacco in Canada.
> - A pan-Canadian change to minimum age for legal purchase of tobacco products to age 21.
> - Consideration of further age-based restrictions on sale, such as a minimum age of 25 or a maximum birth year of 2000.
> - Improvements in accountability and deterrence for smoking onset.

Ms. Judith Purcell (*Cancer Care Nova Scotia*) provided comments on this presentation. She emphasized that it was difficult to isolate recommendations for prevention, cessation from product, regulation and litigation so she acknowledged that enhanced prevention will come from more than the ideas presented in this session. She highlighted that the Background Paper included the recognition that specific populations, as well as First Nations, Inuit and Metis people, will need tailored approaches – and the youth within those populations will be key to address in terms of prevention. She underscored it will be necessary to engage youth as the Endgame moves ahead. She raised the fact there was an opportunity with anticipated federal cannabis legislation/regulation to align those with regulation for tobacco products specifically around age restrictions – hopefully at least 21. She noted that the "tobacco free generation" idea had appeal, but it would present political and practical challenges to implement. The idea of making tobacco companies financially accountable to youth smoking rates is one she supported. She closed by noting that public health practitioners have a great deal to contribute to this topic given their public policy and advocacy knowledge.

Discussion/Feedback Comments from Round Table discussions.

- Some felt that youth possession laws would not provide much impact - however youth *engagement* in developing tactics and strategies that may be effective in prevention (or cessation) is encouraged.
- The upcoming legalization of marijuana presents an opportunity to align an elevated legal age of sale for marijuana with that for tobacco.

Litigation and the Endgame
(Francis Thompson – Moderator Chair)

M. André Lespérance (*Trudel, Johnson and Lespérance*) spoke to the deliberations of the Litigation Action Group which was asked to examine the role that litigation could play in an endgame strategy. He devoted some of this talk to providing a case study of the recent class action lawsuit against Tobacco Companies in Quebec, which was a story that began in 1998. The key questions that were the focus of the suit were 1) Did the tobacco industry conspire to lie? 2) Did the conspiracy cause smoking initiation or continuation? and 3) Can collective recovery of compensatory damages be granted?

M. Lespérance chronicled the many years of motions, pretrial and trial process. In May 2016, Justice Brian Riordan rendered his judgment in which he awarded more than $6 billion in compensatory damages, plus interest, payable in stages, over $100 million in punitive damages, and the provisional execution of $1 billion (currently the total of all these amounts is in excess of $15 billion). Some of his crucial conclusions were: [475] "*On the basis of the preceding and, in*

particular, the clear and uncontested role of the CTMC in advancing the Companies' unanimous positions trivializing or denying the risks and dangers of smoking, we hold that the Companies indeed did conspire to maintain a common front in order to impede users of their products from learning of the inherent dangers of such use. A solidary condemnation in compensatory damages is appropriate" and [239] "*By choosing not to inform either the public health authorities or the public directly of what they knew, the Companies chose profits over the health of their customers. Whatever else can be said about that choice, it is clear that it represent a fault of the most egregious nature and one that must be considered in the context of punitive damages*".

This story was 18 years in the making and is not yet over as appeals are in progress. Multiple such judgements would surely have a devastating effect on commercial tobacco companies but the time, effort, cost and uncertainty suggest it should not be the primary/sole way in which tobacco elimination is achieved.

Nevertheless, a few key recommendations were made to maximize health benefits of tobacco litigation, here transcribed from the Background Paper:

- Provincial governments should bring health care cost recovery lawsuits to trial.
- There should be transparency in any settlement negotiations, such that public health voices are actively included.
- Health care cost recovery lawsuits must have effective public health outcomes, including investing part of proceeds in tobacco control.
- Governments should not agree to litigation outcomes that would see tobacco industry payments directly or indirectly tied to continued tobacco industry sales.
- Tobacco control laws should include enforcement mechanisms which allow injunctions to be sought by private citizens or civil society organizations.
- Funding should be available to help provide access to courts for those seeking injunctions in support of tobacco control.
- Efforts should be made to explore legal mechanisms to advance tobacco control including mechanisms to catalyze government action.
- Governments and nongovernment organizations should be ready to identify action measures should the outcomes of the Quebec class actions provide opportunities for significant change.

Plenary Comments and Feedback

- Since recent experience with Medical Aid in Dying suggests that Supreme Court judgments can yield new legislation it was questioned: is it possible if the appeal of the Quebec judgment goes to the Supreme Court, that a judgment there might require some legislative or regulatory change to make commercial tobacco illegal? This was discussed but seen by M. Lespérance as an unlikely outcome.
- It was pointed out that, collectively, provincial governments are seeking $110 billion in damages from tobacco companies in a series of additional lawsuits and will be emboldened by the Quebec outcome. Damages of that magnitude might indeed lead to dramatic changes or disappearance of players in the industry.

Session 3 – Reflections, Next Steps and Closing Remarks

Steps to Moving Forward (Panel and Plenary discussions)

Following the formal presentation of the ideas and recommendations emerging from the Action group work in Session 2, a Panel was assembled of individuals from a variety of professional and non-government organizations to discuss how their organization might contribute to the development of an Endgame strategy in Canada going forward or how others should have input into the development of the strategy. In particular, one of the panel members was asked to speak on the most appropriate approach to respectful engagement with Indigenous Peoples in Canada as strategy development is undertaken.

Highlights of Panel comments follow:

***Dr. Laurent Marcoux**, President-Elect of the Canadian Medical Association* and a tobacco control proponent provided some background on the 60+ year history of CMA's involvement in tobacco control. CMA has recently taken action on flavoured tobacco and he indicated he agrees the time has come to move to the next level beyond tobacco control towards an Endgame. And that CMA would be at that table.

***Ms. Melanie Champagne** from the Canadian Cancer Society* reminded Summit attendees that for many years Tobacco Control has been the top priority for advocacy for the CCS – she noted the Society's substantial experience in mobilizing the public, meeting with politicians and policy makers, working with the media and utilizing their 100,000 volunteers. The CCS is very supportive of the Endgame initiative and wants to work with others in seeing it come to life. She noted the importance of all stakeholders to push the same message and to work together, not in parallel, to be able to achieve "less than 5 by '35".

***Ms. Mary Lewis**, Vice-President of Research Advocacy and Health Promotion for the Heart and Stroke Foundation* described the long history of the HSF in tobacco control since it, along with hypertension, are the most important risk factors for heart disease and stroke. The Heart and Stroke Foundation is very committed to seeing the Endgame come to life. She noted in so doing we need to be sure that a Canadian Endgame strategy must be developed with an understanding of the need for equity and engagement of Indigenous Peoples.

***Mr. Terry Dean**, Senior VP of Federation Development and Partnerships from the Lung Association*, offered comments from their perspective. The Lung Association's history goes back more than the century to the days of tuberculosis and it has evolved considerably since then so that tobacco control has become a key issue. This commitment now extends to seeing the Endgame come to life and be successful. He noted that, while there were representatives from many professions and areas of expertise at the Summit, the respiratory medicine community is absent and would be a source of influence and action.

***Dr. Richard Stanwick**, Chief Medical Health Officer, Island Health BC*, provided a perspective as a public health practitioner. He pointed out there is important strength in movements of social good and public health that come from the grassroots and climb upwards – and mostly we have discussed the opposite: how those in government or positions of leadership can influence from the top down. Ultimately, much of what has been discussed as Endgame ideas will need implementation at the local level. Public Health practitioners are a key ingredient of this work and must be included as engaged partners in the development of an Endgame strategy.

***Ms. Wendy Johnson**, National Director of Indigenous Health, Heart and Stroke Foundation* provided the closing comments for the panel and focused her remarks on considering the development of a (commercial) Tobacco Endgame from the perspective of Indigenous people of Canada. And more specifically how the relationship between First Nations, Inuit and Metis people and Canadians could and should affect the development of an Endgame strategy. She highlighted that there are more than 600 First Nations – all different – and whose situations will accordingly vary tremendously. She also returned to the concept Carol Anne Maracle raised in the opening part of the Summit – there are important differences between *ceremonial or sacred tobacco use* – and *commercial tobacco use*. She cautioned that to move forward with Endgame type measures for Tobacco control we must not be blind to the social determinants of various behaviours. Thus efforts to deal with the root causes of those behaviours must be considered as well as population health policy.

Her key messages were that, 1) going forward, engagement of Indigenous people in the development of an Endgame for commercial tobacco begins with us educating ourselves to understand the unique relationship Canada has with the original peoples of this land. 2) Appropriate protocols regarding consultation must be followed at the front end of strategy development, 3) Wellness should be examined holistically with an approach including the social and economic determinants of health. These principles will inform respectful engagement with Indigenous peoples in the development of an Endgame strategy.

Collectively the panel highlighted that there is certainly an commitment to work together to move the Endgame forward, but in so doing the process(es) much be inclusive of numerous partners, must include a plan for the respectful and appropriate consultation with Indigenous peoples, must look multiple levels (and departments) of government (Health, Justice, Finance for example) as well as NGOs and professional organizations and public health practitioners.

Discussion and Conclusions

Discussion in the final session highlighted the fact that while the Summit, and the Background Paper, offered numerous options and recommendations for Endgame-worthy measures, we are still some ways from identifying those that are most critical or those "without which" the "less than 5 by '35" goal will not be achievable. Furthermore – the Summit had not considered how such a strategy would be implemented – and by whom.

Clearly one hoped-for outcome of the Summit is that the commitment to an Endgame by many organizations will have an impact on the planning of the next Federal Tobacco Control Strategy. Representatives from Health Canada were at the Summit and offered some comments about the timeline and schedule for its development. Ms. Suzy McDonald, Director General of the Tobacco Control Directorate, noted that a consultation process is just beginning - 25 meetings have been held to date and nation to nation discussions are scheduled with AFN, ITK and others. Following this a Forum of stakeholders will be convened to talk broadly about ideas before a final strategy comes forward. She noted the Minister is looking for a **bold** strategy. But she also pointed out that the final decision makers are our elected officials and, as was pointed out by former Member of Parliament Peter Milliken, a key part of ensuring the Endgame language and ideas indeed move ahead is to engage with the decision makers.

In his final remarks Dr. Andrew Pipe called on attendees to demonstrate significant leadership—noting that we are all prepared to "collaborate" but questioning whether we are prepared to divert the agendas of our organizations to focus on trying to achieve "victory" in the battle against commercial tobacco. He described the creation of an Endgame for Tobacco as an opportunity for Canada, to demonstrate significant, substantial and enduring leadership in eliminating the most important modifiable risk factor for illness and death of our time.

A Tobacco Endgame – The Time is Now

The Summit concluded with agreement that an Endgame for commercial Tobacco is needed – and that the "less than 5 by '35" goal is supported. As the vigorous discussion over the course of the Summit suggested, to get there will require *transformative and disruptive ideas*. To be successful, the Endgame strategy must contain measures that result in prevention of new smokers and a dramatic increase in effective cessation. Decisions on *which* of the many transformative ideas presented at the Summit are most suitable for inclusion in a Canadian Tobacco Endgame Strategy will require more consultation and discussion by numerous government and non-government organizations, the public and consultation with Indigenous Peoples.

To guide the next steps and to ensure the work of the Summit drives the Endgame idea forward, a ***Tobacco Endgame Cabinet*** will be established whose proposed roles will include: *communication* and *advocacy* for the Endgame initiative, ensuring *accountability* of those in leadership to pursue Endgame measures, *engagement* with relevant federal government and FPT structures and *reporting to the public* on progress. At the Summit six organizations had already committed to become Cabinet members: Canadian Cancer Society, Canadian Medical Association, Heart and Stroke Foundation, Lung Association, Non-Smokers' Rights Association and Physicians for a Smoke-Free Canada. The Cabinet will hold its first meeting before the calendar year-end and its progress, as well as the report of the Summit itself, will be broadly shared with attendees and beyond.

The End begins now.

Acknowledgements

The Steering Committee gratefully acknowledges the support of Queen's University and the numerous supporters listed in Appendix III whose generosity made the Summit and the work leading up to it possible.

We are thankful to the organizational skills of Face2Face Event Management in coordinating the Summit event.

Appendix I: Action Groups and their Topics
(see Appendix II for Members)

Action Group	Questions to address
Economics/Business case	What are the short and long term impacts on the Canadian economy of achieving an Endgame (e.g. reduced taxation revenue but increased health and longevity of workforce increases income tax revenue)
Regulation and Law	What are the potential changes to regulation around tobacco that could substantially limit its availability and use?
Cessation and Prevention	What are options available to substantially enhance cessation efforts and to prevent tobacco uptake by non-smokers?
Product	What changes to commercial tobacco can be made to substantially reduce its addictiveness/appeal and are appropriate to implement in the Canadian context?
Litigation	What are the opportunities to maximize the impact of litigation on the tobacco industry?
Engagement of "Actors" (political and otherwise)	Who will need to be engaged before and after Summit and how if the Endgame implementation is to be successful?
Communication and Public/Professional Engagement	What strategy will be needed to create the public and professional engagement before and after the Summit to ensure the Endgame is implemented?
Evaluation and Research	What types of questions and funding opportunities will need to be in place to evaluate the work and success of the Endgame?

Appendix II: Summit Attendees and Contributors

Summit Attendees					
Name		**Affiliation**	**City**	**Steering Cttee**	**Action Group**
Adams	Owen	Canadian Medical Association	Ottawa ON		
Arango	Manuel	Heart and Stroke Foundation	Ottawa ON		
Arruda	Horacio	Ministère de la Santé et des Services sociaux, Gouvernement du Québec	Quebec QC		
Baskerville	Bruce	University of Waterloo	Waterloo ON		
Bell	Mike	South East Regional Cancer Program	Kingston ON		
Best	Frankie	Government of Nunavut, Department of Health	Iqualuit NU		
Boomer	Jack	Clean Air Coalition of BC	Victoria BC		
Bryant	Heather	Canadian Partnership Against Cancer	Toronto ON		
Callard	Cynthia	Physicians for a Smoke Free Canada	Ottawa ON	X	Litigation
Canitz	Shelley	Government of British Columbia	Victoria BC		
Chaiton	Michael	Ontario Tobacco Research Unit	Toronto ON	X	Economics
Chaloupka	Frank	University of Illinois at Chicago	Chicago IL USA		
Champagne	Melanie	Canadian Cancer Society, Quebec Division	Montreal QC		Communication
Chauvin	James	Canadian Public Health Association	Gatineau QC		Communication
Collishaw	Neil	Physicians for a Smoke-Free Canada	Ottawa ON	X	Regulation/Law
Cunningham	Rob	Canadian Cancer Society	Ottawa ON	X	Product Regulation/Law Litigation
Dean	Terry	Canadian Lung Association	Ottawa ON		Communication
Doucas	Flory	Coalition québecoise pour le contrôle du tabac	Montreal QC		Product
Dunbar	Lorie	Health Canada	Ottawa ON		
Eisenhauer	Elizabeth	Queen's University	Kingston ON	X	Engagement Evaluation Cessation/ Prevention
Emerson	Brian	BC Ministry of Health	Victoria BC		
Evans	Bill	McMaster University	Hamilton ON		Economics
Fong	Geoff	University of Waterloo and Ontario Institute for Cancer Research	Waterloo ON	X	Product
Friesen	Brent	Alberta Health Services	Calgary AB		Cessation/ Prevention
Fry	Lorraine	Non-Smokers' Rights Association Smoking & Health Action Foundation	Toronto ON		Engagement
Garcia	John	School of Public Health University of Waterloo	Waterloo ON		Engagement
Gauvreau	Cindy	Canadian Partnership Against Cancer	Toronto ON		Economics
Geller	Hilary	Health Canada	Ottawa ON		
Gibson	Murray	Manitoba Tobacco Reduction Alliance	Winnipeg MB		
Gilmore	Anna	University of Bath	Bath UK		
Gotay	Carolyn	U of British Columbia	Vancouver BC		Cessation/ Prevention
Guindon	Emmanuel	McMaster University	Hamilton ON		Economics
Hagen	Les	Action on Smoking & Health	Edmonton AB		Regulation/Law
Hammond	David	University of Waterloo	Waterloo ON		Regulation/Law
Henderson	Amy	Canadian Lung Association	St. John's NL		
Johnson	Wendy	Heart and Stroke Foundation	Toronto ON		

Summit Attendees					
Name		**Affiliation**	**City**	**Steering Cttee**	**Action Group**
Joyal	Martin	Health Canada	Ottawa ON		
Keen	Deb	Canadian Partnership Against Cancer	Toronto ON		
Keller-Olaman	Sue	Public Health Ontario	Hamilton ON		
Kewayosh	Alethea	Cancer Care Ontario	Toronto ON		
Khoury	Lara	McGill University	Montreal QC		Litigation
King	Brian	Office on Smoking and Health, CDC	Atlanta GA USA		
Lespérence	Andre	Trudel, Johnston & Lespérance	Montreal QC		Litigation
Lewis	Mary	Heart and Stroke Foundation	Toronto ON		Communication
Mahood	Gar	Campaign for Justice on Tobacco Fraud	Toronto ON		Litigation
Malone	Ruth	University of California	San Francisco CA USA		
Maracle	Carole Anne	Traditional Knowledge Keeper, Haudenosaunee Wolf Clan	Deseronto ON		
Marcoux	Laurent	Canadian Medical Association	Ottawa ON		
McDonald	Suzy	Health Canada	Ottawa ON		
McMullin	Krista	Smoke Free Nova Scotia	Brookfield NS		
Milliken	Peter	School of Policy Studies, Queen's University	Elginburg ON	X	Litigation
Montreuil	Annie	Institut national de sante publique du Quebec	Montreal QC		
Moore	Kieran	Kingston, Frontenac Lennox and Addington Public Health	Kingston ON		
Mowat	David	Canadian Partnership Against Cancer	Toronto ON		
Mueller	Daina	Ministry of Health and Long Term Care	Toronto ON		
Pasiechnik	Donna	Canadian Cancer Society	Regina SK		
Pentland	Christine	Student, Queen's University	Kingston ON		
Perley	Michael	Ontario Campaign for Action on Tobacco	Toronto ON		Regulation/Law
Peter	Alice	Cancer Care Ontario	Toronto ON	X	
Pipe	Andrew	University of Ottawa Heart Institute	Ottawa ON	X (Co-Chair)	Cessation/ Prevention Engagement Product
Poirier	Alain	Institut national de santé publique du Québec	Montreal QC		Communication
Purcell	Judy	Cancer Care Nova Scotia	Halifax NS		Engagement
Rathjen	Heidi	Coalition québecoise pour le contrôle du tabac	Montreal QC	X	Engagement Regulation/Law
Reid	Robert	University of Ottawa Heart Institute	Ottawa ON		
Reznick	Richard	Queen's University	Kingston ON	X	
Schwartz	Robert	University of Toronto	Toronto ON	X (Co-Chair)	Cessation/ Prevention Regulation/Law Evaluation
Selby	Peter	University of Toronto and CAMH	Toronto ON	X	Cessation/ Prevention Product
Shahab	Saqib	Government of Saskatchewan	Regina SK		
Shelley	Jacob	Western University, Faculty of Law	London ON		Litigation
Simpson	Chris	Queen's University	Kingston ON	X	Engagement Communication

Summit Attendees					
Name		**Affiliation**	**City**	**Steering Cttee**	**Action Group**
Smith	Patricia	Northern Ontario School of Medicine	Thunder Bay ON		Cessation/ Prevention
Sritharan	Lathika	Global Strategy Lab & Institute of Population and Public Health	Ottawa ON		
Stanwick	Richard	Island Health	Victoria BC		
Sullivan	Terry	University of Toronto	Toronto ON	X	Communication
Thompson	Francis	Framework Convention Alliance	Ottawa ON		
Tilson	Melodie	Non-Smokers' Rights Association	Ottawa ON		
Tremblay	Michele	Institut national de santé publique du Québec	Laval QC		
Turcotte	Fernand	Université Laval	Montreal QC		Evaluation
Van der Pluijm	Nina	New Brunswick Health	Fredericton NB		
Veilleux	Marie-Christine	Ministère de la Santé et des Services sociaux, Gouvernement du Québec	Quebec QC		
Webb	Angeline	Canadian Cancer Society AB/NWT Division	Edmonton AB		
Williams	Christine	Ontario Institute for Cancer Research	Toronto ON		
Zhang	Maggie	Student, Queen's University	Kingston ON		

Summit Contributors – unable to attend					
Name		**Affiliation**	**City**	**Steering Cttee**	**Action Group**
Castonguay	André	Laval University	Quebec QC		Product
James	Lesley	Heart and Stroke Foundation	Ottawa ON		(Panel member)
Kerner	Jon	Consultant, Cancer Control and Knowledge Mobilization	Bethesda MD USA	X	Engagement Evaluation
Longo	Chris	McMaster University	Hamilton ON		Economics
O'Connor	Richard	Roswell Park Cancer Institute	Buffalo NY USA		Product
Rehm	Jürgen	Centre for Addiction and Mental Health	Toronto ON		Economics
Strang	Robert	Chief Pubic Health Officer, Nova Scotia	Halifax NS		Regulation/Law
Tonita	Jon	Saskatchewan Cancer Agency	Regina SK		Engagement

Appendix III: Summit Supporters