



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to use the interactive features of the reporting instrument, please follow the instructions below. **It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

If you use a version of Microsoft Word of before 2010:

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
 - (i) Under the "Tools" menu, select "Macro".
 - (ii) In the "Macro" menu, select "Security".
 - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

If you use a newer version of Microsoft Word:

1. When receiving the security warning "Some active content has been disabled", click "Enable content".
2. When receiving another security warning "Macros have been disabled", click "Enable content".

I confirm that I read the note and followed the instructions therein

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Canada
1.2	Information on national contact responsible for preparation of the report:	
	Name and title of contact officer	Robert Tripp, Policy Analyst, Controlled Substances and Tobacco Directorate
	Full name of institution	Health Canada
	Mailing address	150 Tunney's Pasture Driveway Locator 0301A Ottawa, Ontario KIA OK9
	Telephone number	613-948-8957
	Fax number	613-946-6460
	E-mail	robert.tripp@hc-sc.gc.ca
1.3	Signature of government official submitting the report:	
	Name and title of officer	Robert Ianiro, Director General, Controlled Substances and Tobacco Directorate
	Full name of institution	Health Canada
	Mailing address	150 Tunney's Pasture Driveway Locator 0301A Ottawa, Ontario KIA OK9
	Telephone number	613-941-1977
	Fax number	613-946-6460
	E-mail	robert.ianiro@hc-sc.gc.ca
	Web page	http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php
1.4	Period of reporting	January 1, 2012 – December 31, 2013
1.5	Date the report was submitted	April , 2014

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
	MALES		
	Current smokers	18.44%	
	Daily smokers	13.21 %	16.79
	Occasional smokers	5.25%	
	Former smokers	31.84%	
	Never smokers	49.72%	
	FEMALES		
	Current smokers	13.90 %	
	Daily smokers	10.54 %	12.69
	Occasional smokers	3.36%	
	Former smokers	24.12 %	
	Never smokers	61.98%	
	TOTAL (males and females)		
	Current smokers	16.14%	
	Daily smokers	11.86%	14.97
	Occasional smokers	4.29%	
	Former smokers	27.93%	
	Never smokers	55.29 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	Age 15+
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	<p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2012</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-eng.php</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-fra.php</p> <p>Please note: CTUMS results published on our web site are rounded to one place after the decimal and are therefore somewhat less precise than the results included in this document.</p>
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<p>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?"</p> <p>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?"</p> <p>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?"</p> <p>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?"</p> <p>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?"</p>
2.1.1.5	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.
	<p>Overall smoking prevalence has declined since 1999. In 2012, the smoking rate has decreased to 16%, the lowest national smoking rate ever recorded. From year to year, the change was not statistically significant.</p>

2.1.2	Smoking prevalence in the adult population (by age groups)		
	<i>(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)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES			
	Current smokers ¹	25-34	26.64%
		35-44	20.72 %
	Add age group	45-54	15.91%
		55-64	20.85 %
		65+	8.38%
FEMALES			
	Current smokers ¹	25-34	16.89%
		35-44	15.07%
	Add age group	45-54	17.47 %
		55-64	10.99%
		65+	9.38 %
TOTAL (males and females)			
	Current smokers ¹	25-34	21.79%
		35-44	17.90 %
	Add age group	45-54	16.69 %
		55-64	15.83%
		65+	8.93 %

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	<p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2012</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-eng.php</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-fra.php</p> <p>Please note: CTUMS results published on our web site are rounded to one place after the decimal and are therefore somewhat less precise than the results included in this document.</p>
2.1.2.3	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.
	Overall, smoking prevalence has generally followed a downward trend across all age groups since 1999 but there were no statistically significant changes from 2010 to 2012.

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	1.07%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	FEMALES	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	TOTAL (males and females)	
	Current users	0.53%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	<p>Chewing tobacco, pinch, snuff.</p> <p>Results for females are unreleasable due to low sample size.</p>
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	Age 15+
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	<p>Canadian Tobacco Use Monitoring Survey (CTUMS) 2012</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-eng.php</p> <p>http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-fra.php</p> <p>Please note: CTUMS results published on our web site are rounded to one place after the decimal and are therefore somewhat less precise than the results included in this document.</p>
2.1.3.4	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": used chewing tobacco, pinch, snuff in the past 30 days
2.1.3.5	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.
	Overall use of smokeless tobacco remains very low - less than 1% of the adult population (age 15+), unchanged from 2011.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group	
	<i>(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)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
MALES		
Current users ²	15-24	3.14%
Add age group	25+	0.66%
		%
		%
		%
FEMALES		
Current users ²		%
Add age group		%
		%
		%
		%
TOTAL (males and females)		
Current users ²	15-24	1.65 %
Add age group	25+	0.32 %
		%
		%
		%

² Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	Chewing tobacco, pinch, snuff. Results for females are unreleasable due to low sample size.
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	Canadian Tobacco Use Monitoring Survey (CTUMS) 2012 http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-eng.php http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2012-fra.php Please note: CTUMS results published on our web site are rounded to one place after the decimal and are therefore somewhat less precise than the results included in this document.
2.1.4.3	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 in both males and females aged 15-24. Since 2008 the prevalence has remained steady since Group Two reporting in this age group (i.e. no statistically significant changes).

2.1.5	Tobacco use by ethnic group(s)					
		Ethnic group(s)	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
			Males	Females	Total (males and females)	
	Current users ³			%	%	%
				%	%	%
		Add ethnic group		%	%	%
				%	%	%
			%	%	%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
	n/a					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
	n/a					

³ Please provide data on either all current users or daily users only, whichever is available.

2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:
	Unavailable

2.1.6	Tobacco use by young persons			
		Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>	
			Smoking tobacco	Smokeless tobacco
			Other tobacco (e.g. water pipe)	
Boys				
	Current users ⁴	Grades 6-9	6.57%	0.96%
	Add youth group	Grades 10-12	25.63 %	4.51%
		All grades 6-12	15.00%	2.53%
			%	%
			%	%
Girls				
	Current users ⁴	Grades 6-9	5.81 %	0.45%
	Add youth group	Grades 10-12	17.35%	0.84%
		All grades 6-12	10.81%	0.62%
			%	%
			%	%
TOTAL (boys and girls)				
	Current users ⁴	Grades 6-9	6.19 %	0.71%
	Add youth group	Grades 10-12	21.64%	2.74 %
		All grades 6-12	12.96%	1.60 %
			%	%
			%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			

⁴ Please provide data on either all current users or daily users only, whichever is available.

2.1.6.2	<p>Please indicate the year and source of the data used to answer question 2.1.6:</p> <p>Youth Smoking Survey (YSS) 2010-11</p> <p>English - http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/index-eng.php</p> <p>French - http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/index-fra.php</p>
2.1.6.3	<p>Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.</p> <p>For all tobacco products, current use has been defined as past 30 day use.</p>
2.1.6.4	<p>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.</p> <p>In Canada, the prevalence rate specific to cigarette smoking has decreased statistically significantly among youth since 1994. The most dramatic changes were seen among the youngest groups. Prevalence of current cigarette smokers in grades 6-9 has significantly decreased. In 1994 the prevalence of current cigarette smokers in grades 6-9 was 8%, dropping to 3% in 2008-09 and to 2% in 2010-11 This is the lowest rate of current cigarette smokers recorded.</p> <p>In grades 6 to 12, the prevalence of male current tobacco smoker (i.e. any smoked tobacco product) (15%) is statistically significantly greater than that of females (11%) (Table 2.1.6).</p> <p>The prevalence of past 30 days smokeless tobacco use remains unchanged in 2010-11 for both males (2.53%) and females (0.62%) (Table 2.1.6).</p> <p>The 2010-11 cycle recorded information on water pipe use (past 30 day use) for the first time.</p> <p>Note: Current cigarette smoker is defined as having smoked 100 cigarettes or more, and smoked in the last 30 days.</p>

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	<p>Do you have any data on exposure to tobacco smoke in your population?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.2.2	<p>If you answered “Yes” to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).</p> <p>All results for Canadian population, age 15+</p> <p>Exposed inside vehicle: 18.4%</p> <p>Exposed inside someones home: 19.8%</p> <p>Exposed on restaurant/bar patio: 28.0%</p> <p>Exposed inside restaurant: 1.8%</p>

	<p>Exposed inside bar/tavern: 2.5%</p> <p>Exposed at bus stop or shelter: 16.4%</p> <p>Exposed at entrance to a building: 51.3%</p> <p>Exposed at workplace: 20.9%</p> <p>Exposed on school property: 8.2%</p> <p>Exposed at other public place: 34.1%</p> <p>Exposed on sidewalk or park: 55.2%</p> <p>Exposed anywhere else: 4.3%</p>
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	CTUMS 2012. Based on exposure in the past 30 days.

2.3	TOBACCO-RELATED MORTALITY																		
2.3.1	<p>Do you have information on tobacco-related mortality in your population?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																		
2.3.2	If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?																		
2.3.3	<p>If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.</p> <p>For 2002 (most recent Canadian data for total number of deaths attributable to tobacco use)</p> <table> <tr> <td>Malignant Neoplasms</td> <td>17,427</td> </tr> <tr> <td>Cardiovascular Diseases</td> <td>10,275</td> </tr> <tr> <td>Respiratory Disease</td> <td>8,282</td> </tr> <tr> <td>Intestinal Disease</td> <td>190</td> </tr> <tr> <td>Perinatal Conditions</td> <td>92</td> </tr> <tr> <td>Injury (Fire)</td> <td>55</td> </tr> <tr> <td>Tobacco Abuse</td> <td>57</td> </tr> <tr> <td>Passive Smoking</td> <td>831</td> </tr> <tr> <td>Total</td> <td>37,209</td> </tr> </table>	Malignant Neoplasms	17,427	Cardiovascular Diseases	10,275	Respiratory Disease	8,282	Intestinal Disease	190	Perinatal Conditions	92	Injury (Fire)	55	Tobacco Abuse	57	Passive Smoking	831	Total	37,209
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Total	37,209																		
2.3.4	<p>Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:</p> <p>The Costs of Substance Abuse in Canada 2002 released in 2006. The full report</p>																		

and all the supporting tables are available on-line.
<http://www.ccsa.ca/Eng/Priorities/Research/CostStudy/Pages/default.aspx>

2.4 TOBACCO-RELATED COSTS	
2.4.1	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	<p>If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).</p> <p>The study of the social costs of substance abuse in Canada in 2002 was conducted within the framework of the revised International Guidelines for Estimating the Costs of Substance Abuse (Single et al., 2001) utilizing a modified prevalence-based human capital approach.</p> <p>The economic costs of tobacco abuse in 2002 were estimated at \$17.0 billion (CAD). The largest cost (approximately \$12.5 billion) was for lost productivity due to illness and premature death. Direct health care costs due to tobacco were estimated at about \$4.4 billion.</p>
2.4.3	<p>Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:</p> <p>The Cost of Substance Abuse in Canada 2002 was released in 2006. The full report and all the supporting tables are available on-line.</p> <p>http://www.ccsa.ca/Eng/Priorities/Research/CostStudy/Pages/default.aspx.</p>

2.5 SUPPLY OF TOBACCO AND TOBACCO PRODUCTS																																														
<i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>																																														
2.5.1	Licit supply of tobacco products																																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Product</th> <th style="width: 15%;">Unit (<i>e.g. pieces, tonnes</i>)</th> <th style="width: 15%;">Domestic production</th> <th style="width: 10%;">Retail sales</th> <th style="width: 10%;">Exports</th> <th style="width: 10%;">Imports</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="vertical-align: top;">Smoking tobacco products</td> <td>Cigarettes</td> <td>Units, billion</td> <td style="text-align: center;">17.53</td> <td style="text-align: center;">21.13</td> <td style="text-align: center;">4.20</td> <td style="text-align: center;">13.80</td> </tr> <tr> <td>Cigars</td> <td>Units, million</td> <td style="text-align: center;">166.40</td> <td style="text-align: center;">376.3</td> <td style="text-align: center;">67.40</td> <td style="text-align: center;">277.3</td> </tr> <tr> <td style="text-align: center;">Add product</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3" style="vertical-align: top;">Smokeless tobacco products</td> <td>Smokeless</td> <td>Kg, thousand</td> <td style="text-align: center;">00.0</td> <td style="text-align: center;">332.7</td> <td style="text-align: center;">00.0</td> <td style="text-align: center;">332.75</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Add product</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Product	Unit (<i>e.g. pieces, tonnes</i>)	Domestic production	Retail sales	Exports	Imports	Smoking tobacco products	Cigarettes	Units, billion	17.53	21.13	4.20	13.80	Cigars	Units, million	166.40	376.3	67.40	277.3	Add product						Smokeless tobacco products	Smokeless	Kg, thousand	00.0	332.7	00.0	332.75							Add product					
	Product	Unit (<i>e.g. pieces, tonnes</i>)	Domestic production	Retail sales	Exports	Imports																																								
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Smokeless tobacco products	Smokeless	Kg, thousand	00.0	332.7	00.0	332.75																																								
	Add product																																													

	Other tobacco products	Fine-cut	Kg, thousand	682.20	960.9	00.0	287.7
	Add product	Pipe Tobacco	Kg, thousand	26.20	50.1	00.0	23.90
	Tobacco	Leaves					
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.						
	N/A for 2012						
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:						
	2012 data submitted by tobacco companies to Health Canada under the Tobacco Reporting Regulations.						

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>				
2.6.1		Year	Product	Unit (<i>e.g. millions of pieces</i>)	Quantity seized
	Smoking tobacco products	2012	Cigarettes	Carton (200)	376,093
	Add row	2012	Little Cigar	Units	358,540
		2012	Cigars	Kg	154
		2012	Fine-cut	Kg	177.302
		2012	Water Pipe	Kg	6,374
	Smokeless tobacco products	2012	Snuff	Kg	59
	Add row	2012	Chewing Tobacco	Kg	2,348
		2012			
	Other tobacco products	2012	Raw Leaf	Kg	3.18
	Add row				
2.6.2	Do you have any information on the percentage of illicit tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do illicit tobacco products constitute? %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?				
2.6.5	<p>Please provide any further information on illicit tobacco products.</p> <p>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.</p> <p>Clear plastic bags containing 200 cigarettes are one of the most popular and prevalent illicit products in Canada. They account for a significant proportion of seizures made by law enforcement. It should be noted that these cigarettes originate from different manufacturing facilities, ranging from small organized</p>				

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>
	crime groups, to fully equipped industrial plants.
2.6.6	Please indicate the source of the data used to answer questions in section 2.6: Data was provided by CBSA and RCMP.

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender. Information on the number of workers involved in tobacco-growing is not available, however, 2378 people were employed in tobacco manufacturing in 2012. Data indicates that the number of tobacco farms continues to decrease as there were 565 tobacco farms in 2006 and only 141 in 2011.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7: The share of the value of tobacco leaf production in the national gross domestic product is not available, however, tobacco manufacturing represented 0.06% of Canada's national gross domestic product in 2010. 2012 Survey of Employment, Payrolls and Hours, Statistics Canada 2011 Census of Agriculture, Statistics Canada CANSIM Table 379-0029, Statistics Canada

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>
2.8.1	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%
2.8.2	How are the excise taxes levied (what types of taxes are levied)? <ul style="list-style-type: none"> • Specific tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Ad valorem tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Combination of specific and ad valorem taxes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • More complex structure (<i>please explain:</i> Please see information provided under section 2.8.7, including information on Canada’s Goods and Services Tax (GST) and Harmonized Sales Tax (HST))

2.8.3	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 <input type="button" value="Add product"/>	Federal Excise Duty - cigarettes	Specific tax	\$0.425	5 cigarettes or fraction thereof contained in any package
		Federal Excise Duty – Other manufactured tobacco including fine-cut (roll-your-own) tobacco	Specific tax	\$5.3125	Per 50 grams or fraction of 50 grams contained in the smallest consumer package
		Provincial/territorial tobacco tax rates on cigarettes and other manufactured tobacco including fine cut (roll-your-own) tobacco vary by province or territory	Specific tax		Provincial/territorial tobacco tax rates range from \$0.1235 to \$0.29 per cigarette and from \$0.1235 to \$0.32 per gram of manufactured tobacco
Federal GST (5%) or HST (13% to 15%) depending on the province or territory		VAT		Sales price	

⁵ The “base of the tax” should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer’s price, 30% of the retail price. In this case the “base” is the manufacturer’s price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

	Smokeless tobacco products	Smokeless Tobacco Products – Federal Excise Duty	Specific tax	\$5.3125	Per 50 grams or fraction of 50 grams contained in the smallest consumer package
	Add product	Provincial/territorial tax rates for smokeless tobacco products vary by province or territory	Specific tax		Provincial/territorial tobacco tax rates for smokeless tobacco range from \$0.1235 to \$0.32 per gram of manufactured tobacco
		Federal GST (5%) or HST (13% to 15%) depending on the province or territory	VAT		Sales Price
	Other tobacco products				
	Add product				
2.8.4	<p>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.</p> <p>Federal excise duty rates are unchanged since March 2013 when the rates for tobacco products other than cigarettes and tobacco sticks were increased. During this reporting period, the rate of GST was unchanged. Provincial/territorial tobacco tax rates either increased or stayed the same.</p> <p>Canada is proposing to adjust the excise duty on cigarettes and other tobacco products in 2014 to account for inflation since 2002. Rates are proposed to increase from \$0.425 per 5 cigarettes to \$0.52575 per 5 cigarettes. This will result in an increase of \$4.03 per carton of 200 cigarettes. Rates on duty free tobacco products are also proposed for increase. Tax rates will be increased every five years – indexed to Canada’s Consumer Price Index, starting in 2019.</p>				
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				

	<i>(In reference to Article 26)</i>
2.8.6	If you answered “Yes” to question 2.8.5, please provide details in the space below.
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> <p>AS AT DECEMBER 13, 2013: Federal/Provincial/Territorial Statutes and Regulations and other information are available on each government's website.</p> <p>Tobacco products are taxed by both federal and provincial/territorial governments in Canada. At the federal level, the <i>Excise Act, 2001</i> 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.</p> <p>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.</p> <p>For tobacco products, the final consumer selling price includes the federal excise duty, provincial tobacco taxes, GST or HST and, where applicable, provincial and territorial sales taxes.</p> <p><i>Federal Excise Duties</i></p> <p>Federal excise duties are applied on all tobacco products.</p> <p><i>Provincial/Territorial Tobacco Tax</i></p> <p>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.</p> <p><i>Value Added Tax</i></p> <p>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%, 14% or 15%.</p> <p><i>Retail Sales Tax</i></p> <p>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</p>

	jurisdiction.
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2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>
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2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
Domestic	Canadian Classic				King Size 25	\$9.88
	McDonald Special Full Flavour				King Size 25	\$8.53
	Studio Full Flavour				King Size 25	\$8.30
				Canadian Classic Rolls	100g	\$33.89
				Honey T Filters	20 pack	\$9.99
Imported	duMaurier Signature				King Size 25	\$11.08
	Players Rich Flavour				Regular Size 25	\$10.67
	John Player Standard Blue				King Size 25	\$8.56

			Copenhagen Snuff		34g	\$21.44
			Copenhagen Long Cut		34g	\$21.44
			Skoal Long Cut Straight		34g	\$22.28
				Peter Jackson Red	100g	\$39.54
				Captain Black Gold	8 pack	\$10.72
2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.					
	Cigarette retail prices come from AC Nielsen's Cigarette Retail File for the Province of Ontario, Dec. 2012. Smokeless and Cigar retail prices come from M Comerford & Son Ltd in Ottawa, Dec. 2013. Fine-cut retail prices come from a Giant Tiger store in Ottawa, December 2013. All retail prices are inclusive of HST (i.e. federal and provincial sales taxes).					
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.					
	January 9, 2014: 1.00 Canadian Dollar = 0.93 U.S. Dollar					
2.9.4	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.					
	In Canada, the average retail price of cigarettes has been either stable or rising slightly, depending on the province or territory of sale within Canada.					

3. LEGISLATION, REGULATION AND POLICIES

3.1	<i>Article</i>	GENERAL OBLIGATIONS <i>(with reference to Article 5)</i>		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2		If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3		If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed <ul style="list-style-type: none"> • a focal point for tobacco control • a tobacco control unit • a national coordinating mechanism for tobacco control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5	If you answered “Yes” to any of the questions under 3.1.1.4, 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).			

	<p>Canada's Federal Tobacco Control Strategy (FTCS) is led by Health Canada in partnership with Public Safety Canada, the Royal Canadian Mounted Police (RCMP), Canada Revenue Agency, Canada Border Services Agency, the Public Health Agency of Canada, and the Public Prosecution Service of Canada.</p> <p>Health Canada is responsible for administering and enforcing the <i>Tobacco Act</i>. This Act regulates the manufacture, sale, labelling and promotion of tobacco products. Health Canada also undertakes and promotes initiatives that reduce or prevent the negative health impacts associated with smoking. The FTCS is championed by the Controlled Substances and Tobacco Directorate (CSTD) of the Healthy Environments and Consumer and Safety Branch within Health Canada.</p> <p>The FTCS provides funding to support the intelligence work of the Canadian Revenue Agency, Canada Border Services Agency and the Royal Canadian Mounted Police to address contraband and to ensure compliance with Canada's tobacco tax laws. Health Canada's demand reduction activities such as prevention and cessation initiatives complement the contraband control activities of these partners.</p> <p>Canada places a strong emphasis on collaboration between the federal, provincial, territorial and municipal governments, as well as non-governmental organizations, tobacco control researchers, academics, and community organizations.</p>
3.1.1.6	<p>Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.</p>

Canada continues to make substantial progress in tobacco control. Smoking prevalence has decreased to an all-time low of 16%, down from 22% in 2001. The most significant reduction in smoking rates is among youth, aged 15-19 from 28% in 1999 to 11% in 2012.

The Federal Tobacco Control Strategy (FTCS) was introduced in 2001 as a 10-year, comprehensive, sustained and integrated Strategy to achieve significant reductions in disease and death due to tobacco use. The Government of Canada has renewed the policy authority of the FTCS for five years (2012-2017).

Since 2001, the role of the provincial and territorial governments in tobacco control has grown. All provinces and territories have major legislation and/or comprehensive tobacco strategies in place, and provincial/territorial investment in tobacco control has more than doubled. Health Canada focuses its anti-smoking efforts in core areas of federal responsibility to preserve the gains that have been realised and to continue downward trends in smoking prevalence.

Key elements of the renewed FTCS include:

- support to provincial and territorial cessation counselling services to support increased call volume and web counselling as a result of the display of the pan-Canadian quitline number and cessation web address on cigarette and little cigar packages;
- support for a targeted number of on-reserve First Nations and Inuit communities to strengthen and implement tobacco control measures;
- launching a marketing, awareness and outreach campaign focussed on cessation for young adult smokers;
- continuing to verify compliance with the *Tobacco Act*, including labelling and minimum packaging requirements.;
- contributing to international efforts to reduce tobacco use;
- coordinating efforts with provinces, territories and other partners and stakeholders;
- identifying and disseminating promising practices and lessons learned from previous funded projects to inform the tobacco control activities of partners;
- supporting a biennial survey that will continue to track tobacco use in Canada, as well as the use of other substances, by merging the Canadian Tobacco Use Monitoring Survey with the Canadian Alcohol and Drug Use Monitoring Survey; and,
- supporting a core litigation, policy, and regulatory capacity.

The Public Health Agency of Canada will also provide funding for tobacco-related interventions that aim to reduce tobacco use as a chronic disease risk factor.

3.1.1.7	<p data-bbox="445 170 1378 241">If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
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3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.1.2.1		<p>– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		<p>– 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?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p> <p>While Parties to the FCTC are not bound by the Guidelines, Canada has reviewed the Article 5.3 Guidelines in relation to the Canadian policy, legal and constitutional context. Canada has adopted administrative measures, such as Health Canada's policy of not partnering with the tobacco industry on tobacco control programming.</p> <p>Lobbying at the federal level in Canada is regulated under the <i>Lobbyist Registration Act</i>. It is illegal for corporations of any kind to contribute to political campaigns for electoral purposes. Some provinces also regulate lobbying. Furthermore, the <i>Lobbyist Registration Act</i> 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.</p> <p>Health Canada has discussed the Article 5.3 Guidelines with its federal partner departments and with relevant departments of provincial/territorial governments who are collaborators in the Federal Tobacco Control Strategy (FTCS). 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.</p> <p>In Canada, many aspects of the tobacco industry's 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 <i>Tobacco Reporting Regulations of the Tobacco Act</i>. Public access to information</p>			

	about the tobacco industry which is reported to the government pursuant to these Regulations is governed by the <i>Canadian Charter of Rights and Freedoms</i> , <i>Access to Information & Privacy Act</i> , and the common law as it relates to confidential business information.
3.1.2.4	<p>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.</p> <p>Canada has reviewed the possible implications of Article 5.3 of the FCTC in the Canadian context and has taken steps to inform other federal government departments of the commitment. Canada continues to work with with sub-national levels of government to ensure that they are aware of Article 5.3.</p>
3.1.2.5	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 5.3 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.1.2.6	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)		
3.2.1	6	Price and tax measures to reduce the demand for tobacco (Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		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:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.			
	Canada was in compliance with Article 6 at the time of ratification. Canada’s sub national authorities maintain price and tax measures within their respective jurisdictions and make progress in implementing Article 6. As example, the Government of Nunavut increased their provincial tobacco tax by \$1.00 per package of cigarettes in 2012.			
3.2.1.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			
	Canada is proposing to adjust the excise duty on cigarettes and other tobacco products in 2014 to account for inflation since 2002. Rates are proposed to increase from \$0.425 per 5 cigarettes to \$0.52575 per 5 cigarettes. This will result in an increase of \$4.03 per carton of 200 cigarettes. Rates on duty free tobacco products are also proposed for increase. Tax rates will be increased every five years – indexed to Canada’s Consumer Price Index.			

3.2.2	8.2	<p>Protection from exposure to tobacco smoke</p> <p><i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.2.1		<p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> • national law 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • subnational law(s) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • administrative and executive orders 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • voluntary agreements 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other measures (<i>please specify:</i>) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>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.</p>		
3.2.2.4		<p>If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.5		<p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p>		
		<p>National, sub-national and municipal legislation include enforcement support. Annex B highlights the various mechanisms and infrastructure support.</p>		

3.2.2.6	If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
Indoor workplaces:				
• government buildings		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• health-care facilities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• educational facilities ¹		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• universities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private workplaces		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• other (<i>please specify:</i> 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.))		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public transport:				
• airplanes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• trains		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ferries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ground public transport (buses, trolleybuses, trams)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private vehicles		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹ except universities

		<ul style="list-style-type: none">• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Indoor public places:			
	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• pubs and bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• other (<i>please specify</i> : Group living facilities and specified hotel rooms. Extensive regulations exist for ventilation and for resident use only.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
	<ul style="list-style-type: none"> 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.			
	<ul style="list-style-type: none"> 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.)			
	<ul style="list-style-type: none"> 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.			
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) 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.
3.2.2.9	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 8 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.2.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.3	9	Regulation of the contents of tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.5	Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report.			
3.2.3.6	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .			
3.2.3.7	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			
	<p>In 2009, Canada amended its <i>Tobacco Act</i> to prohibit, inter alia, 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.</p> <p>In 2005, Canada enacted the <i>Cigarette Ignition Propensity Regulations</i>, to require all cigarettes manufactured or imported for sale in Canada have reduced 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; <i>Standard Test Method for Measuring the Ignition Strength of Cigarettes</i>.</p>			

	<p>In 2000, Canada enacted the <i>Tobacco Reporting Regulations</i> that set out the requirements for the reporting of information on the 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.</p>
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3.2.4	10	<p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p>			
		<p>The <i>Tobacco Reporting Regulations</i> enacted in 2000 require that tobacco manufacturers report to the Government the content and emissions of consumer tobacco products sold in Canada.</p> <p>Under the previous labelling requirements, the toxic emissions statements displayed numerical values for six toxic emissions (tar; nicotine; carbon monoxide; formaldehyde; hydrogen cyanide; and, benzene). Research conducted by Health Canada has shown that the numerical values were not clearly understood by some smokers and most had little idea what the range of numbers displayed for each chemical meant. The numerical values have been replaced by four text-based statements that provide clear, concise and easy to understand information about the toxic substances found in tobacco smoke.</p>		
3.2.4.4	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			

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

3.2.5	11	Packaging and labelling of tobacco products		
		<i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.5.1	11	– requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.2	11.1(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.3	11.1(b)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.4	11.1(b)(i)	– ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.5	11.1(b)(ii)	– ensuring that the health warnings are rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.6	11.1(b)(iii)	– ensuring that the health warnings are clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.7	11.1(b)(iii)	If you answered "" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8	11.1(b)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.9		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.10	11.1(b)(v)	– ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• emissions of tobacco products	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	11.3	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.			
	<p>The <i>Tobacco Products Labelling Regulations (Cigarettes and Little Cigars)</i> (TPLR-CLC) came into force in September 2011 and define 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.</p> <p>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.</p> <p>Under the previous labelling requirements in the <i>Tobacco Product Information Regulations</i>, the toxic emissions statements displayed numerical values for six toxic emissions (tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide and benzene). However, research conducted by Health Canada has shown that the numerical values were not clearly understood by some smokers and most had little idea what the range of numbers displayed for each chemical meant. Therefore, the numerical values have been replaced by four text-based statements that provide clear, concise and easy to understand information about the toxic substances found in tobacco smoke.</p>			
3.2.5.16	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE			

	<p>PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 11 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.5.17	<p>If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.</p> <p>Canada's health warnings are displayed in full colour with English on one side of the package and French on the other.</p> <p>Some products with a small market share, such as waterpipe 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.</p> <p>With respect to 3.2.5.11, the Government owns the copyright for most, but not all, of the pictures used in the health warnings.</p>

3.2.6	12	Education, communication, training and public awareness <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2		If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?		
		• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	• other <i>(please specify: Health professionals)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.3	If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?			
	• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• educational background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:			
		• health risks of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
			• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of			
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• adverse environmental consequences of					
- tobacco production?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.5	12(e)	– awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:			
		• public agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• nongovernmental organizations not affiliated with the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• private organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify: WHO,TFI,CS,PAHO</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.6	12	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:			
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• community workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• social workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

	<ul style="list-style-type: none"> • media professionals? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • educators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • decision-makers? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • administrators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p> <p>Reporting on activities prescribed in Section 3.2.6 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.</p> <p>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.</p> <p>In response to question 3.2.6.2 of those jurisdictions that responded:</p> <p>50% reported “Yes” for programs targeting men. 44% reported “Yes” for targeted programs for women and ethnic groups. 67% reported “Yes” for programs targeted at pregnant women.</p> <p>In response to question 3.2.6.3 of those jurisdictions that responded:</p> <p>50% reported “Yes” for delivering educational and public awareness programs by gender. 40% reported “Yes” based on cultural background.</p> <p>In response to question 3.2.6.5 of those who responded:</p> <p>67% of the respondents indicated that they have participation of private organizations in the development and implementation of intersectoral programs and strategies for tobacco control.</p> <p>In response to question 3.2.6.7 of those who responded,:</p> <p>91% reported “Yes” for community workers. 44% reported “Yes” for social workers. 10% reported “Yes” for media. 75% reported “Yes” for education. 50% reported “Yes” for decision makers. 40% reported “Yes” for administrators.</p>		
3.2.6.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE		

	<p>PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 12 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.6.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.7	13	Tobacco advertising, promotion and sponsorship <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3.				
3.2.7.2		If you answered “Yes” to question 3.2.7.1, does your ban cover:		
		• display and visibility of tobacco products at points of sales?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• brand stretching and/or brand sharing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• product placement as a means of advertising or promotion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the depiction of tobacco or tobacco use in entertainment media products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco sponsorship of international events or activities and/or participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• cross-border advertising, promotion and sponsorship originating from your territory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.6	13.4(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other media (<i>please specify: Signs in adult only locations and publications provided by mail to a named adult</i>)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.			
	<p>The promotion of tobacco products in Canada is prohibited except as authorized by the <i>Tobacco Act</i> and its regulations. For example, tobacco products advertising is restricted to informative 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.</p> <p><i>The Promotion of Tobacco Products and Accessories Regulations</i></p>			

	<p><i>(Prohibited Terms)</i> 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.</p>
3.2.7.15	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 13 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.7.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for:		
		○ underage girls and young women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• telephone quitlines	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• other (<i>please specify:</i> Incarcerated populations, aboriginal, young adults and marginalised populations.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:	
		• educational institutions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2.8.4	14.2(b)	– 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• health?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• education?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?	
		• primary health care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• specialist health-care systems (<i>please specify:</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		<ul style="list-style-type: none"> primary health care 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> secondary and tertiary health care 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> specialist health-care systems (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> medical? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

		<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?			
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		<ul style="list-style-type: none"> • nicotine replacement therapy 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • bupropion 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • varenicline 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • other (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?			
		<ul style="list-style-type: none"> • nicotine replacement therapy 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • bupropion 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • varenicline 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	<p>Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.</p> <p>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. Annex D provides a detailed description and web access as available.</p> <p>In response to question 3.2.8 Canada experienced difficulty in reporting on variations between the sub-national authorities. Responses are provided to those questions that had consistent answers by all jurisdictions. The following narratives addresses the variations between jurisdictions.</p> <p>In response to 3.2.8.6, of those jurisdictions that responded:</p>				

	<ul style="list-style-type: none"> – 60% provided programs for the diagnosis and treatment of tobacco dependence in specialized centers for cessation counseling. – 55% responding as having programs in rehabilitation centers. <p>In response to question 3.2.8.7 on reimbursements:</p> <ul style="list-style-type: none"> – 60% reported “full” and 40% reported “partial” coverage in primary health care. – 55% reported “full” and 45 % reported “partial” in secondary health care programs. <p>In response to specialized health care, 25% reported having “full” coverage, while 45% reported having “partial” coverage.</p> <p>In response to specialized centers, 40% reported “partial” coverage.</p> <p>In responds to rehabilitation centers, 30% had “full funding”, 20% “partial”, while reported as not 50% providing funding.</p> <p>In response to question 3.2.8.8 on health proffessionals:</p> <ul style="list-style-type: none"> – 50% of those responding indicated “Yes” for practitioners of traditional medicine. – 71% reported “Yes”for community workers. – 62% reported “Yes” for social workers. <p>In responding to 3.2.8.9 on training curriculum, there was varied response. Education is governed at the sub-national level. Of the sub-national jurisdictions that responded:</p> <ul style="list-style-type: none"> – 66% did not provide training in medical and dental programs. – 57% did not provide training in nursing programs. – 50% did not provide training in pharmacy programs. <p>In responding to question 3.2.8.10 on providing access to treatment, 90% responded “Yes” with the primary source being a pharmacy.</p> <p>In responding to question 3.2.8.13 on funding for NRT, the majority of jurisdictions indicated support for partial funding. Specifically:</p> <ul style="list-style-type: none"> – 70% reported support for NRT, – 60% reported support for bupropion. – 71% reported support for varenicline.
3.2.8.15	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 14 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>

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

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.3.1.1	15.2	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.3	15.2(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.6	15.4(a)	– requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.7	15.4(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.8	15.4(b)	– enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.9	15.4(c)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.10	15.4(d)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.12	15.6	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p>
	<p>Canada implemented an enhanced federal tobacco stamping regime in September 2010. Effective April 1, 2011, all new tobacco products entering the legal, duty-paid market in Canada must display the new excise stamp. A limited transition period was given to address tobacco products that were already in the market place at that date. Effective July 1st, 2012, cigarettes, tobacco sticks and fine cut tobacco products for sale anywhere in the Canadian market must carry the federal excise stamp to be legal.</p> <p>The new excise stamp contains multi-layer security features and replaces the former paper and tear tape stamp. The new excise stamps are produced under federal government contract and their distribution is controlled and limited to persons who have demonstrated that they are eligible to purchase the stamps. An issued stamp may be traced to the person to whom it was issued. The excise stamp provides a reliable indicator of the legal and duty-paid status of tobacco products and, as a result, provides an additional enforcement tool for federal and provincial authorities.</p> <p>The Federal Tobacco Control Strategy was renewed for 5 years, with continued funding and activities related to monitoring the contraband market to inform tax policy. In March 2013, the Government of Canada announced: the establishment of an RCMP Anti-Contraband Tobacco Force of 50 officers; the <i>Trafficking in Contraband Tobacco Act</i> to establish mandatory minimum penalties for repeat offenders; and, funding of \$3 million over two years for ten additional police officers in First Nations police services to focus on contraband tobacco.</p>
3.3.1.15	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8.				
3.3.2.7	16.1(d)	If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> • to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>In response to 3.3.2.5, while Canada does not have a federal prohibition, two Canadian territories, Yukon and Nunavut have legislation prohibiting candy or sweets that look like tobacco products.</p> <p>In response to 3.3.2.7, the federal <i>Tobacco Act</i> bans vending machines in public places except in a bar, tavern or beverage room that have a prescribed security mechanism.</p> <p>Several provinces/territories go further. Ontario, Quebec, Nova Scotia, Prince Edward Island and Nunavut ban the sale of tobacco products through vending machines.</p>			
3.3.2.13	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	Provision of support for economically viable alternative activities <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.				
	<p>Agriculture and Agri-Food Canada (AAFC) does not have programs specifically targeted to tobacco producers.</p> <p>Tobacco producers, including producers in transition, may however qualify for support under AAFC suite of Business Risk Management programs. For instance, the AgriInvest program could be used to make investments in alternative measures while the AgriStability program could support the adjustments towards a new situation. Tobacco producers, including producers in transition, or their respective industry associations may also qualify for support to transition from tobacco production under one of the three federal-only Growing Forward 2 programs administered by AAFC: AgriInnovation, AgriCompetitiveness and AgriMarketing.</p>				
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES (with reference to Articles 18–21)			
3.4.1	18	Protection of the environment and the health of persons (Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		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:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
	<p>Health Canada's Pest Management Regulatory Agency (PMRA) regulates pesticides for all agricultural crops, including tobacco. In doing so, it takes health and the environment into consideration.</p> <p>While the <i>Tobacco Act</i> 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.</p>				
3.4.1.4	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	Liability <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.5	19.1	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.6	19.1	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.7	19.1	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.8		Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report. All Canadian provinces have passed legislation to enable the pursuit of health care cost recovery actions against tobacco companies. The following provinces have now launched actions seeking to recover health care costs from tobacco			

		<p>companies: BC, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, PEI and Newfoundland. Canada was named as a third party in 3 of these actions, in BC, 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 New Brunswick cases (NB Court of Queen’s Bench decision of 2012).</p> <p>In the \$27B class action known as <i>Blais and Létourneau</i>, the Quebec Court of Appeal struck out the tobacco companies' actions in warranty against Canada in November 2012. As a result, Canada is no longer a party to these ongoing actions.</p> <p>Two tobacco companies have also challenged the <i>Tobacco Products Labelling Regulations (Cigarettes and Little Cigars)</i>, specifically the provision that increased the size of health warning messages on cigarette and little cigar packaging from 50% to 75%.</p>
3.4.2.9		<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.4.3	20	Research, surveillance and exchange of information <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> other relevant information (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.4	20.3(a)	<p>If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.</p> <p>Regular measurements of the prevalence of tobacco use by the Canadian population are obtained by the Canadian Tobacco Use Monitoring Survey (CTUMS) for those aged 15 years and older, and the Youth Smoking Survey (YSS) for school-aged children in grades 6-12.</p> <p>The Canadian Tobacco Use Monitoring Survey (CTUMS) was developed to provide Health Canada and its partners with timely, reliable, and continual data on tobacco use and related issues. The survey's primary objective is to track changes in smoking status and amount smoked, especially for 15-24-year-olds, who are most at risk for taking up smoking.</p> <p>The Youth Smoking Survey (YSS) provides timely and accurate monitoring of the tobacco use in school aged children (grades 6-12). YSS contributes an essential input to the development of sound and effective tobacco control policies and programs.</p> <p>Canadian Tobacco Use Monitoring Survey (CTUMS) 1999-2010, 1999-2012</p> <p>Youth Smoking Survey (YSS) 1994, 2002, 2004-05, 2006-07, 2008-09, 2010-2011.</p>		
3.4.3.5	20.3(a)	<p>In reference to any question under 3.4.3.3, 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.</p> <p>Canadian Tobacco Use Monitoring Survey is being replaced by the Canadian Tobacco, Alcohol, and Drugs Survey (CTADS). The next release will be in Fall 2014.</p> <p>Youth Smoking Survey (YSS) is a biennial survey. The next release is in Spring/Summer of 2014. Starting in 2014-15, the YSS will be re-named the Canadian Student Tobacco, Alcohol and Drugs Survey.</p>		
3.4.3.6	20.4	<p>– regional and global exchange of publicly available national:</p> <ul style="list-style-type: none"> scientific, technical, socioeconomic, commercial and legal information? information on the practices of the tobacco industry? information on the cultivation of tobacco? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.4.3.7	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pertinent jurisprudence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.8	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.			
	Canada provided funding to a Canadian NGO for the purpose of maintaining a judicial activity website - see http://www.smoke-free.ca/litigation .			
3.4.3.9	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	<i>Article</i>	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:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	<p>If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.</p> <p>Health Canada supported Articles 22 and 26 through a variety of contribution agreements, grants and contracts that commenced during the previous reporting period and continued into the current reporting period. These activities supported such areas as capacity building, tobacco control policies, online courses, public awareness and central data bases. Annex D to Canada's report provides a listing of funded projects during the reporting period.</p>			

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4.8	Please provide information about any assistance provided or received in the space below.
	Canada has provided assistance to international partners on tobacco product regulations, participated in Regional meetings supporting the implementation of the FCTC, and participated in FCTC working groups.
4.9	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.
	Funding for the validation of the analytical chemical methods for testing and measuring cigarette contents and emissions is currently under consideration.
4.10	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(Please refer to Article 26.4.)</i></p>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Canada has fully implemented the provisions of the FCTC, subject to sovereign right, and will continue to support the domestic and international principles and goals of the FCTC.
	Canada continues to implement that FCTC through the Federal Tobacco Control Strategy (FTCS).
	The FTCS has helped reduce smoking rates to an all-time low. The continued comprehensive and collaborative approach of the Strategy will help to preserve the gains of the past decade and continue the downward trend in smoking to reduce tobacco related death and disease among Canadians.
	<p>To support this, the Government of Canada is investing over \$230 million over the 2012-17 time period. To protect Canadians, especially young people, from the health consequences of tobacco use, the Strategy continues to focus on:</p> <ul style="list-style-type: none"> • preventing children and youth from starting to smoke; • helping people to quit smoking; helping Canadians protect themselves from second-hand smoke; and • regulating the manufacture, sale, labeling and promotion of tobacco products by administering the <i>Tobacco Act</i>.

	<p>Under the renewed Strategy, the Government of Canada will continue to implement and enforce a strict regulatory environment that limits the tobacco industry's ability to use marketing to attract new smokers.</p> <p>The Government of Canada will continue to inform Canadians about the health hazards of smoking.</p> <p>The 2012-17 Strategy will place a specific emphasis on two groups with higher rates of smoking than most Canadians and on tobacco as a risk factor for serious disease. Specifically:</p> <ul style="list-style-type: none"> • Health Canada is committed to working with First Nations and Inuit partners to take steps to reduce and prevent smoking. Under the renewed Strategy, funding will assist First Nations and Inuit communities to implement and strengthen tobacco control measures. • Health Canada is launching a marketing awareness and outreach campaign in partnership with the Canadian Cancer Society, using popular channels like Facebook and Twitter, to get young people talking together about smoking, about quitting, and remaining smoke-free. <p>Canada remains a strong and committed global partner to reduce tobacco use. Canada will continue to follow and promote best practices set out in the World Health Organization's Framework Convention on Tobacco Control. Canada will also cooperate on cross-border efforts to stop trafficking of illegal tobacco products. Canada will continue to participate in multilateral negotiations to develop international guidelines and respond to requests to share our expertise in tobacco control.</p> <p>Funding is provided: to support Public Safety Canada's efforts to monitor contraband tobacco activity; to the Royal Canadian Mounted Police to monitor contraband tobacco trafficking activities and the trans-border/trans-national movement of illicit tobacco products; and, to the Canada Border Services Agency to liaise with tobacco authorities at all levels and to monitor both national and global contraband tobacco.</p>
5.2	<p>Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
5.3	<p>If you answered "Yes" to question 5.2, please provide details in the space below.</p>
5.4	<p>What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p>

5.5	Please provide any other relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:
	<p>Canada encourages the continued efforts of the WHO to develop synergies in the WHO reporting tools used to collect data on national and subnational activities on tobacco control.</p> <p>Canada would also encourage the development of a scaled reporting process that could serve the needs of Parties with tobacco control programs in transition by reporting on early implementation activities, while more robust/detailed reporting processes could be developed for Parties with fully implemented programs.</p>

End of reporting instrument