

2014 Report of the Director of Public Health

Smoke-Free Montréal

For a Tobacco-Free Generation

41 Commitments of Network Partners

No	Categories	Commitments	Partners
Implementation of core conditions for tobacco control, from a social inequalities in health perspective			
1	Vision	Acknowledge that smoking is an aggravating factor of social inequalities in health.	All
2	Vision	Refocus tobacco control efforts on the most vulnerable groups.	All
3	Funding	Shore up and protect current funding and resources dedicated to tobacco control.	Direction de santé publique (DSP) Ministère de la Santé et des Services sociaux (MSSS)
4	Funding	Set aside part of the tobacco control budget for actions that target the more vulnerable groups.	DSP

No	Categories	Commitments	Partners
Prevention			
	Tobacco products	Recommend to the government that it review the <i>Tobacco Act</i> :	
5	Flavours	<ul style="list-style-type: none"> Prohibit the marketing of flavoured tobacco including menthol products and those used with water pipes or hookahs, and flavoured e-cigarettes. 	DSP
6	Packaging	<ul style="list-style-type: none"> Impose plain packaging for all tobacco products sold in Québec. 	DSP
7	Hookahs (shisha)	<ul style="list-style-type: none"> Ban hookah bars and revoke the permits of bars exempted under the law. 	DSP
8	New products	<ul style="list-style-type: none"> Declare a moratorium on the sale of new tobacco products and related items to discourage the development of new products. 	DSP
9	Minimum amount	<ul style="list-style-type: none"> Increase the minimum consumer price to at least \$20 for one or several tobacco products other than cigarettes. 	DSP
10	Price	Recommend to the government that it gradually increase the tax on tobacco products until it reaches the Canadian average, while taking into account the price of cigarettes in neighbouring provinces and states.	DSP
11	Retail outlets	Recommend to the Ministère de la Santé et des Services sociaux du Québec that it put in place an effective system to monitor and manage retail outlets, using reliable data that can track their evolution.	DSP
12	Youth aged 11 to 24	Maintain efforts to prevent school dropout that target school retention and success.	School boards (SB) Health and social services institutions
13	Youth aged 11 to 24	Integrate tobacco control within addiction prevention programs in schools.	SB Health and social services institutions
14	Youth aged 11 to 24	Urge special orientation schools to review their practices related to tobacco, particularly in the application of legislation on smoke-free school grounds.	SB
15	Youth aged 11 to 24	Increase the number of community projects that mobilize partners and urge them to work together and use their leverage to reduce smoking prevalence among youth, especially in neighbourhoods where prevalence is high.	Health and social services institutions SB
16	Youth aged 11 to 24	Support young people's social engagement projects pertaining to tobacco control (e.g. Operation Say It Loud!, Youth Coalition Against Smoking), in collaboration with local stakeholders and partners, especially in neighbourhoods where smoking prevalence is high, and in schools in disadvantaged areas and special orientation schools.	Québec Council on Tobacco and Health DSP SB
Protection			
17	Motor vehicles	Recommend to the government that it review the <i>Tobacco Act</i> to prohibit smoking in cars where there are children under 16 years old.	DSP
18	Vulnerable children and adolescents	Recommend to the government that it review the <i>Tobacco Act</i> to ban smoking inside and on the grounds of youth centre buildings, while systematically providing smoking cessation support.	DSP
19	Vulnerable children and adolescents	Offer completely smoke-free environments inside and on the grounds of Montréal's two youth centres, while systematically providing smoking cessation support adapted to young people's needs.	Youth centres

No	Categories	Commitments	Partners
		Recommend to the government that it review the <i>Tobacco Act</i> to	
20	Health and social services institutions	<ul style="list-style-type: none"> Ban smoking inside and on the grounds of health and social services institutions, while systematically providing smoking cessation support. 	DSP
21	Health and social services institutions	<ul style="list-style-type: none"> Develop and implement a comprehensive integrated anti-smoking policy to become totally smoke-free environments, both indoors and on facility grounds. The policy should contain measures to systematically identify patients who smoke and to support cessation; the latter measures can be adjusted to the needs of the individuals living in those institutions. 	All health and social services institutions
22	Youth aged 15 to 24	Provide smoke-free environments in all post-secondary institutions (vocational training centres, Cegeps, colleges and universities, including student residences), while systematically providing smoking cessation services adapted to young people aged 15 to 24.	Post-secondary educational institutions
23	Terraces and patios	Recommend to the government that it review the <i>Tobacco Act</i> to prohibit smoking on the terraces and patios of bars and restaurants.	DSP
24	Terraces and patios	Encourage municipalities to adopt regulations to restrict the use of tobacco on the terraces and patios of bars and restaurants.	DSP Municipalities
25	Children's play-grounds, pools, beaches and public places not covered in the law.	Encourage municipalities to adopt regulations to restrict the use of tobacco in places not covered in the law, such as playgrounds, pools and wading areas, beaches and outdoor facilities during sport activities or special events.	DSP Municipalities
26	Homes	Ensure that interventions and tools to reduce harm caused by exposure to environmental tobacco smoke in people's homes are integrated into cessation services and across the continuum of mother-child services in neighbourhood with high prevalence rates.	Health and social services institutions
Smoking cessation			
27	Funding	Review the financial framework for smoking cessation services according to prevalence, reduction of social inequalities in health and the new configuration of Montréal's health network (as of April 2015).	DSP
28	Continuum of care and services	Systematically provide smoking cessation interventions in health and social services institutions at all points on the continuum of care and services (e.g. admission to hospital, during the hospital stay, in out-patient services, upon discharge). Also, act as go-between with services offered in the community.	Health and social services institutions Canadian Cancer Society Pharmacies
29	Continuum of care and services	Include systematic provision of cessation services in a policy for smoke-free institutions to safeguard its sustainability.	Health and social services institutions
30	Continuum of care and services	Ensure that smoking cessation services and protection against environmental tobacco smoke are integrated across the continuum of mother-child services.	Health and social services institutions – Perinatal services
31	Collective prescription	Encourage pharmacists to offer nicotine replacement therapy (NRT), especially in neighbourhoods where smoking prevalence is high and among clientele such as young adults aged 18 to 34 and the most vulnerable individuals.	Pharmacies
32	Collective prescription	Inform young adults (18 to 34) about the collective prescription, which allows for reimbursement of NRT.	Pharmacies

No	Categories	Commitments	Partners
33	Vulnerable clientele	Recommend to the government that it review the <i>Tobacco Act</i> to ban smoking inside and on the grounds of the two mental health institutes and Centre de réadaptation en dépendance, while systematically providing smoking cessation support.	DSP
34	Vulnerable clientele	Offer completely smoke-free environments inside and on the grounds of the two mental health institutes and Centre de réadaptation en dépendance, while systematically providing smoking cessation support adapted to the needs of these clientele.	Mental health institutes Centre de réadaptation en dépendance de Montréal
E-cigarettes			
		Recommend to Health Canada	
35	E-cigarettes	<ul style="list-style-type: none"> That it set maximum concentrations of nicotine and toxic products, including nitrosamines possibly found in EC, to ensure product quality and minimize associated risks. 	DSP
36	E-cigarettes	<ul style="list-style-type: none"> That e-cigarettes be treated as a tobacco product in Canada. 	DSP
37	E-cigarettes	Recommend to the Québec government that it review the <i>Tobacco Act</i> over the next six months to cover e-cigarettes and include the following provisions: prohibit sales to minors; ban all advertising, promotion and sponsorship, including ads that promote EC as smoking cessation or harm reduction tools; and ban flavoured tobacco. Recommend that the use of e-cigarettes be permitted in sites exempted by the <i>Tobacco Act</i> , such as residential and long-term care centres, mental health institutes and Centre de réadaptation en dépendance.	DSP
38	E-cigarettes	That e-cigarettes be made available under therapeutic supervision to smokers who are unable to quit, before the product is approved for sale in Canada.	DSP Health professionals
39	E-cigarettes	That EC not be authorized for use as pharmacological aids until they have been evaluated for their efficacy as smoking cessation devices and harm reduction tools	Health professionals
40	E-cigarettes	Encourage stakeholders to immediately add e-cigarettes to their smoking policies.	School boards Post-secondary educational institutions Municipalities City of Montréal Health and social services institutions Transit board Chamber of Commerce Associations of hotel, restaurant and bar owners
Surveillance and evaluation			
41	Surveillance and evaluation	Continue surveillance and evaluation activities linked to all aspects of tobacco control, such as prevention, protection, cessation, EC and policy, in order to properly document the outcomes of interventions for different groups and in various districts, as well as on their effects on reduction of social inequalities in health.	DSP

Taken from 2014 Report of the Director of Public Health:
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