

Building a New Normal:  
**Changing Social  
Norms Around  
Tobacco**



## Working together to change social norms

“When it comes to tobacco, there are so many minuses and so few pluses, I had to get involved,” says entrepreneur and retired air traffic controller Stephen Peters, who joined Smoke Free Kings (SFK) ten years

ago as a volunteer and today serves as the Board’s treasurer. Stephen, along with SFK board members Christina Swetnam and Doug Hergett (pictured) are just three of the hundreds of community-based volunteers who contributed to the success of Nova Scotia’s tobacco control movement. “In giving their time and energy to a cause they believe in, volunteers give the tobacco control movement a powerful sense of credibility that complements the work of professionals,” Stephen says. Province-wide, volunteers worked for decades to build a new normal around tobacco use in Nova Scotia.

“...volunteers give the tobacco control movement a powerful sense of credibility that complements the work of professionals.”



Christina Swetnam, Stephen Peters, Doug Hergett

# Introduction

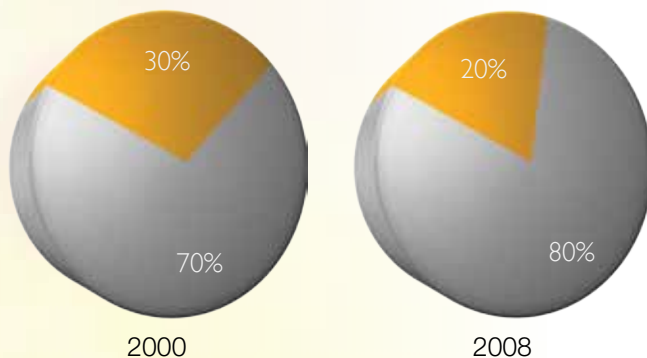
In 2001, the Province of Nova Scotia released its landmark Comprehensive Tobacco Control Strategy. The concise, highly focused document included a series of strategic directions aimed to reduce tobacco harms in Nova Scotia.

Thanks to political will, community engagement and the dedicated efforts of people within the tobacco control movement, the results of that strategy would be astonishing.

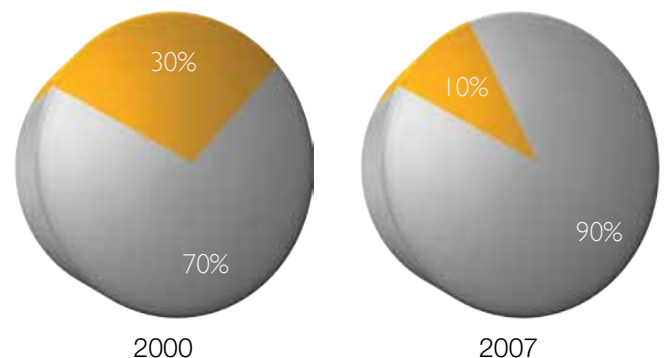
Between 2000 and 2008, the overall smoking rate in Nova Scotia dropped from 30% to 20%. Smoking among youth ages 15–19 dropped 50% between 1999 and 2007. The percentage of Nova Scotia children exposed to second-hand smoke in the home dropped from 30% in 2000 to 10% in 2007.

The eight-year period would become known as the golden age of tobacco control in Nova Scotia. It is a victory that has never been fully celebrated. Until now.

Overall smoking rate in Nova Scotia



Percentage of Nova Scotia children exposed to second-hand smoke in the home



**Building a New Normal: Changing Social Norms Around Tobacco** in Nova Scotia 1980–2012 was inspired by the 2012 Alcohol Learnings from Tobacco conference in Truro where volunteers and professionals associated with the tobacco control movement gathered to share their stories, experiences and insights.

This report was commissioned by Smoke Free Kings as part of an effort to not only document and celebrate the success of Nova Scotia's tobacco control movement, but to apply these learnings to healthy public policy advocacy in areas such as alcohol and healthy eating.

Of course, there is no single story of tobacco control. Nova Scotia's landmark achievements in reducing tobacco harms came as a result of the interconnected stories of hundreds of people - professionals, volunteers and Community Health Board members, who worked tirelessly over many years to build a new normal around tobacco use.

Their experiences hold valuable lessons about what it takes to create real change.

In collecting the stories of people who helped change the picture of tobacco use in Nova Scotia, we not only celebrate their achievements, we also chart the course for a healthier future.

# From Darkness to Light

## A Snapshot of Tobacco Control in Nova Scotia 1999–2012

Just over a decade ago, Nova Scotia had one of the highest smoking rates in the country. Thirty percent of Nova Scotians smoked. Among young adults aged 20–24 years, that number was higher, at 37%. Almost one in three Nova Scotian children were exposed to second-hand smoke at home. Students smoked in designated smoke huts on school properties. Employees smoked in their offices. Bars and restaurants oozed smoke at all hours. Newspapers dubbed Nova Scotia the ashtray of Canada.

“It was a public health crisis,” remembers Nancy Hoddinott, then a public educator with the Canadian Cancer Society.

“ *It was a public health crisis.* ”

Tobacco was (and continues to be) Nova Scotia’s leading cause of preventable illness and death. Each year, 1,700 Nova Scotians die from smoking-related illness. Two hundred more die from exposure to second-hand smoke.

Of course, the negative consequences of tobacco – to smokers and non-smokers alike, were well known in 2000. More than fifteen years had passed since the breakthrough conclusion of the United States Surgeon General that “Involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers.” The real question was how to fix the problem.

Across Nova Scotia, programs to help people quit or avoid smoking had been operating out of schools, workplaces and church basements for more than a decade. These programs played an important role in helping some Nova

Scotians kick the habit. But throughout the 1990s up to 2000, Canadian Tobacco Use Monitoring Surveys (CTUMS) showed that smoking remained a part of life for too many Nova Scotians. To make a dent in overall smoking rates, sweeping changes were necessary. “We weren’t going to treat our way out of this problem,” says Dan Steeves from Addiction Treatment and Prevention Services at Capital Health, a key figure in Nova Scotia’s tobacco control movement.

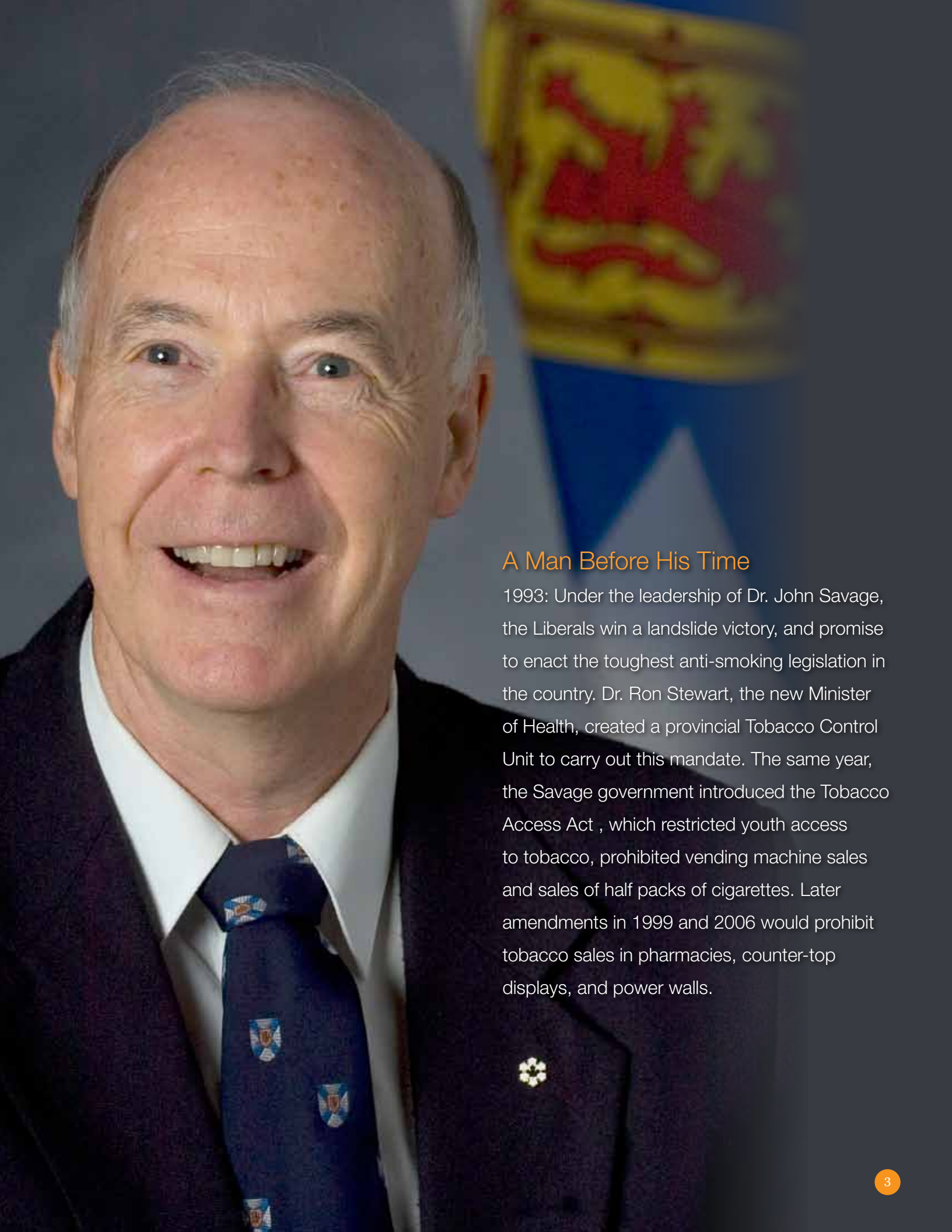
If the province’s poor showing on CTUMS proved an embarrassment for Nova Scotians, it also served as a lightning rod that would help draw a fragmented tobacco control community

together into a cohesive one.

In 1999 the Centers for Disease Control and Prevention released its watershed Best Practices for Comprehensive Tobacco Control Programs. Based on the latest evidence in tobacco control measures, the report’s foremost recommendation to end the “epidemic” of smoking was to implement a comprehensive tobacco control policy.

In Nova Scotia, people from within the tobacco movement responded to this evidence. While they continued to conduct cessation and education programs in the community, they also began targeting their efforts “upstream” – at elected officials who had the power





### A Man Before His Time

1993: Under the leadership of Dr. John Savage, the Liberals win a landslide victory, and promise to enact the toughest anti-smoking legislation in the country. Dr. Ron Stewart, the new Minister of Health, created a provincial Tobacco Control Unit to carry out this mandate. The same year, the Savage government introduced the Tobacco Access Act , which restricted youth access to tobacco, prohibited vending machine sales and sales of half packs of cigarettes. Later amendments in 1999 and 2006 would prohibit tobacco sales in pharmacies, counter-top displays, and power walls.



## Operation Leather Skirt

From showing up at anti-smoking conferences to setting up front groups to help give extra weight and legitimacy to its arguments, the tobacco industry has proved itself a patient and formidable foe to tobacco-control advocates. In 2005, Smoke Free Nova Scotia launched Operation Leather Skirt (OLS). OLS was an undercover research project designed to expose the link between the tobacco industry and bars and restaurants, as well as the industry's efforts to advertise to young Nova Scotians. Over a four-month period a

student researcher visited bars and restaurants in six Nova Scotia communities and documented tobacco industry presence. Her findings showed that the tobacco industry was paying for ventilated smoking rooms in bars and restaurants, and was hiring attractive, often scantily-clad "cigarette girls" to promote and sell tobacco in bars.

to forge and enact such a policy. This happened at the provincial level, through lobby groups such as Smoke Free Nova Scotia, and at the municipal level thanks to the efforts of Smoke Free Kings and Smoke Free Bridgewater.

At the start of the new millennium, Nova Scotia's Tobacco Control Unit held consultations throughout Nova Scotia to assist in the development of a much-needed comprehensive strategy. At the same time, volunteers began organizing regular gatherings where tobacco control advocates could learn from international best practices and speakers, and offer each other support and encouragement.

*“ We weren’t going to treat our way out of this problem.”*

Meanwhile, representatives from organizations such as Smoke Free Kings and Smoke Free Nova Scotia were making inroads with municipalities and at the institutional level. In 2001, the Town of Wolfville passed legislation that made indoor public places 100% smoke-free. The

following year, the Capital District Health Authority made their grounds 100% smoke-free. Over the next few years, other towns, municipalities and even the province itself, would follow suit.

In 2001, the first Comprehensive Tobacco Control Strategy for Nova Scotia was released. This document included seven strategic actions to create new social norms around smoking:

1. Taxation
2. Policy and legislation
3. Youth smoking prevention
4. Media and public awareness
5. Treatment and cessation
6. Community-based programs
7. Evaluation, monitoring and surveillance

In taking such a comprehensive approach to tobacco control, the landmark policy pushed Nova Scotia to the forefront of tobacco control. “No other jurisdiction fulfilled the entire prescription the way Nova Scotia did,” says Steve Machat, a former tobacco programs controller for the Canadian Cancer Society who now serves in Nova Scotia’s Tobacco Control Unit.

More than a dozen regional tobacco control coordinators were hired to implement the strategy in health districts across the province. Nicotine treatment and cessation programs were delivered by Addictions Treatment arms of district health authorities and for the first time in North America, the conventional counseling and support approach to cessation was combined with pharmaceutical aides to help people quit. In addition, the government spent \$1.2 million on an attention-grabbing social media marketing campaign.



Over the next six years, reforms would sweep Nova Scotia. The Tobacco Access Act and Smoke Free Public Places Act would be amended, curtailing the tobacco industry's ability to reach consumers through public advertising and so-called "power walls" – large, highly visible shelves behind retail counters where tobacco companies displayed and advertised their products. In 2005, more than 12,000 signatures were tabled in the House of Assembly by the Minister of Health Promotion and Protection in support of amending the Smoke Free Places Act to make public places 100% smoke-free. The amendment came into effect December 1, 2006. In November 2007 the Town of Wolfville would introduce new legislation banning smoking in cars carrying children. By July 2008 the Province of Nova Scotia enacted similar legislation.

When CTUMS released its annual findings for that year, the results were not a cause for embarrassment but for celebration. The smoking rate in Nova Scotia had been slashed from 30% to 20%.

The efforts of Nova Scotia's tobacco control movement had begun to pay off. The province was living a new normal in which tobacco was playing a far weaker role than ever before.

A photograph of Rodney MacDonald, a man with short brown hair, wearing a dark suit, white shirt, and a striped tie. He is standing behind a wooden podium with two microphones, speaking. The background is a dark blue curtain.

*The public was ahead of the politicians across the country. Because they knew that smoke-free public places was the right thing.*

- Rodney MacDonald





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## Department of Health Promotion and Protection

Known within the health community for being edgy, creative and innovative, the Department of Health Promotion and Protection was created by Dr. John Hamm's government in 2006. In a symbolic gesture, Hamm appointed a former physical education teacher, Rodney MacDonald, to lead the new department. In fact, MacDonald would later comment he believed it was his support for making the

province's smoke-free legislation a total ban – rather than a phase-in – that convinced Hamm that MacDonald had what it took to lead the department. Health Promotion and Protection was given ownership of the Tobacco Strategy and under its guidance the strategy flourished, helping to bring about huge drops in the provincial smoking rate.





## Worth the Wait

# Sharon MacIntosh

Sharon MacIntosh is a pioneer of tobacco control in Nova Scotia. A long-time member of Smoke Free Nova Scotia, she worked tirelessly for more than thirty years to launch programs in schools, workplaces and communities to help Nova Scotians avoid or stop smoking.

In the mid-1980s, Sharon supported the province's first smoke-free legislation in Halifax, Dartmouth

and Bedford. In 2005, Sharon was part of a province-wide team that helped gather 12,000 signatures petitioning for tougher tobacco control.

These efforts played an important role in the 2005 legislation to make all indoor public places and work sites 100% smoke free, and to eliminate tobacco advertising and promotion at point-of-sale.

Smoking rates dropped by 10% between 2000 and 2008. Some people would say it happened overnight. If overnight is thirty years, I'll buy that.

I got handed the "Smoking File" in 1981 when I started my career in public health. I got it because no one else wanted it – I was the newbie and the easy files didn't come my way.

Back then, lots of people smoked. I can remember going to the Canadian Public Health Association conference, and there was an ashtray on every other chair. Getting people to stop – and prevent them from starting – felt like an important but impossible task. I had no choice but to wade in and do my best.

In the beginning, everything was innovative because it had never been done before. I'd gather the evidence, create a program, pilot it on a target audience, evaluate it, then market it, implement it, monitor it and evaluate it again. Then it was on to the next project. Cig-arrest, Quit and Win, No More Butts – I can remember those programs like they were my kids.

In the early days tobacco control work was done by a collection of determined people toiling in isolation. But over time, our efforts began to pay off. In the late 1990s, a group

of us created the School Smoking Prevention Coalition, where we brought together people to work on tobacco control in a focused way. There were reps from Halifax City, the Canadian Cancer Society, schools, addictions services and public health – all working toward a common goal. We encouraged each other and gradually we formed a community.

**“Don't just tell – show. When it comes to presenting evidence to government and the public, words aren't enough. I learned that the hard way. Bring photographs, signatures, provincial poll results – anything that will help you paint a more complete picture.”**

At a 1999 gathering at The Citadel hotel in Halifax, a group of participants volunteered to begin drafting up the pillars of what would become Nova Scotia's Comprehensive Tobacco Control Strategy. Two action-packed years later, we had our strategy. And from there it was a straight up line. Zoom. We had paid people

who met to discuss strategy and programs. We had professional development and access to evidence-based tobacco control research and advocates across Canada. And we had win after win with municipal and provincial governments. It was – and is to this date, the pinnacle of tobacco control in this province. And it was the most remarkable experience in my career. I wasn't working alone. I was part of a team and we were making a difference. It was more than thirty years in the making, but boy was it worth the wait.



## From the Grassroots Up Catherine Hebb and Nancy McBay

The epicenter of tobacco control policy in Nova Scotia is not the ornate halls of Government House in Halifax. Rather, it's the public spaces of Wolfville, a small university town in the heart of the Annapolis Valley.

In 2002, Wolfville became one of the first towns in Canada to enact 100% smoke-free legislation for all indoor public spaces. In 2006, in a move that would garner international attention, the town

banned smoking in cars carrying children – a first for Canada. At the heart of this work initially: Nancy McBay and Catherine Hebb, two fun-loving, hard-working health promoters and policy advocates. Along with their colleagues at Smoke Free Kings – a community group dedicated to reducing the harms of tobacco – Hebb and McBay worked tirelessly to bring about the changes they dreamed of, one relationship at a time.

There are two things we know for certain. Number one: you can't make positive social change on your own. It's fun, grueling work and you need teammates you can trust to carry the flame when you can't. Number two: when you're walking along a brand new path, be open to the unexpected.

When we first started our work with Smoke Free Kings (SFK), education was the name of the game. We put together exhibits, spoke at events, participated in learning fairs – anything we could do to give people information to support them to understand the harms associated with tobacco use. We were staffing an educational booth at



a mall one day when a local town councilor suggested we lobby municipal government to make public places smoke free.

It was a powerful idea and it grabbed us. So we ran with it ... and quickly encountered our first roadblock. As health practitioners, some folks are trained to plan ahead and always have the answers. The trouble was, we were diving into the world of advocacy, which is all about working side by side with others to discover the answers. The work was full of adventure, risk and learning. Sometimes it was unnerving, but we jumped right in.

We learned that when you're passionate about something, people respond to your conviction with support. From the beginning, we identified a few key people and organizations committed to overcoming the challenges of advocacy work with us. Our managers gave us the time and leeway to pursue this work. Our colleagues in government and the Canadian Cancer Society connected us to scientific evidence on the harms of tobacco use that we could use to build our case. Other partners helped us tell our story to the media.

With volunteer support we commissioned a local public opinion study on attitudes to tobacco use and we started attending as many town council meetings as we could in Wolfville and neighbouring municipalities. We learned about the complex process of by-law development on the fly. We presented at a provincial law amendment session in the glare of media cameras. We spoke at public hearings sometimes until midnight – and we faced stiff opposition. People from our own communities jeered at us, screamed at us, and at times we felt threatened. One night as we drove home from two consecutive, tough hearings Nancy had to pull over and was literally sick from the tension and disappointment. It was very difficult to understand the intense anger being directed toward us at times, when

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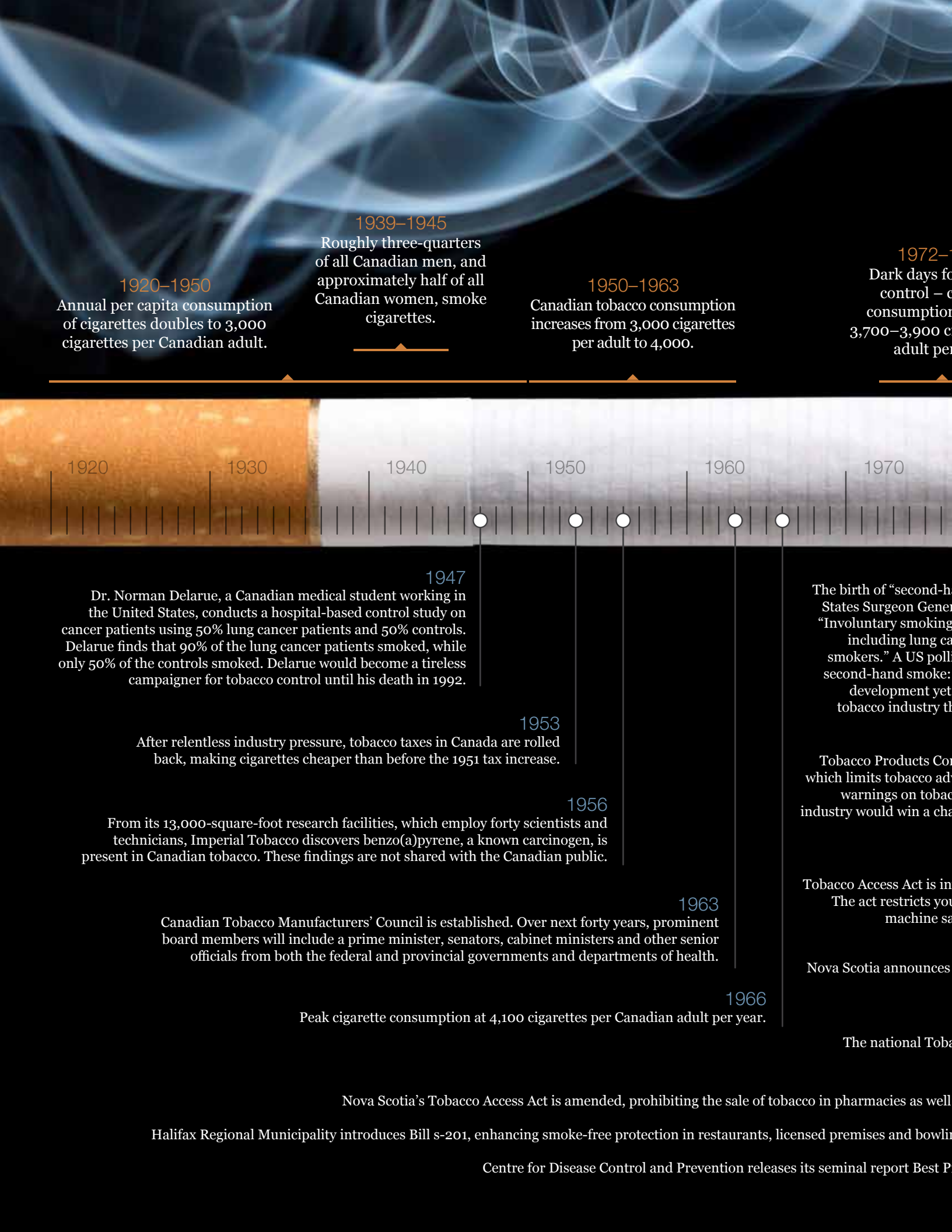
we were working so hard to make positive change in our communities.

But we also experienced moments of unbelievable support. When we didn't have time to prepare a presentation, our partner from the Canadian Cancer Society would rise to the challenge. When our energy waned, our colleagues in government would rally our spirits. Our community volunteers continued to inspire us and motivate us to carry on. It was a rollercoaster, and over time our relationships with our fellow riders deepened. Sometimes we led and sometimes we followed. We trusted one another enough to do that.

We will never forget the day the government announced that Nova Scotia's public spaces would be 100% smoke free. The announcement was made on the Halifax Waterfront. There was a cool breeze coming in off the water, and there were children running around and playing. It brought tears to our eyes to think of how different these kids' lives would be. We knew that because of our work and the work of so many others, tobacco would not harm them to the extent it had harmed previous generations. It was the pinnacle of the journey and the view was sublime.

**“ We will never forget the day the government  
announced that Nova Scotia's public spaces  
would be 100% smoke free.**

And having helped to blaze the trail from the grassroots made it sweeter still.



1920-1950

Annual per capita consumption of cigarettes doubles to 3,000 cigarettes per Canadian adult.

1939-1945

Roughly three-quarters of all Canadian men, and approximately half of all Canadian women, smoke cigarettes.

1950-1963

Canadian tobacco consumption increases from 3,000 cigarettes per adult to 4,000.

1972-1973

Dark days for tobacco control – consumption peaks at 3,700-3,900 cigarettes per adult per year.

1920

1930

1940

1950

1960

1970

1947

Dr. Norman Delarue, a Canadian medical student working in the United States, conducts a hospital-based control study on cancer patients using 50% lung cancer patients and 50% controls. Delarue finds that 90% of the lung cancer patients smoked, while only 50% of the controls smoked. Delarue would become a tireless campaigner for tobacco control until his death in 1992.

1953

After relentless industry pressure, tobacco taxes in Canada are rolled back, making cigarettes cheaper than before the 1951 tax increase.

1956

From its 13,000-square-foot research facilities, which employ forty scientists and technicians, Imperial Tobacco discovers benzo(a)pyrene, a known carcinogen, is present in Canadian tobacco. These findings are not shared with the Canadian public.

1963

Canadian Tobacco Manufacturers' Council is established. Over next forty years, prominent board members will include a prime minister, senators, cabinet ministers and other senior officials from both the federal and provincial governments and departments of health.

1966

Peak cigarette consumption at 4,100 cigarettes per Canadian adult per year.

The birth of "second-hand smoke." The US Surgeon General issues a report: "Involuntary smoking: health hazards to nonsmokers, including lung cancer and heart disease." A US poll finds that 80% of nonsmokers dislike second-hand smoke: development yet to come for tobacco industry.

Tobacco Products Control Act is passed, which limits tobacco advertising and health warnings on tobacco products. The tobacco industry would win a challenge to the act.

Tobacco Access Act is introduced in Nova Scotia. The act restricts youth access to tobacco machines and vending machines.

Nova Scotia announces a ban on tobacco in public places.

The national Tobacco Control Strategy is launched.

Nova Scotia's Tobacco Access Act is amended, prohibiting the sale of tobacco in pharmacies as well as other retail outlets.

Halifax Regional Municipality introduces Bill s-201, enhancing smoke-free protection in restaurants, licensed premises and bowling alleys.

Centre for Disease Control and Prevention releases its seminal report Best Practices for Tobacco Control.

1980  
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1986–2004  
The golden age of tobacco  
control in Nova Scotia.  
Smoking rates drop  
significantly.

2010–beyond  
The tobacco control  
challenge continues

1980

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1993  
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1994  
Tobacco Access Act, making tobacco sales  
to minors illegal.

1997  
acco Act replaces the Tobacco Product Control Act.

1999  
as the sale of single cigarettes and countertop displays.

ing alleys from between 25% to 50% smoke-free seating.  
ractices for Comprehensive Tobacco Control Programs.



2011

Nova Scotia releases an updated strategy, ***Moving Toward a Tobacco-Free Nova Scotia.***

2009

Bill C-32, banning flavours in tobacco products, is adopted by the Senate.

2008

CTUMS Survey reveals smoking rate in Nova Scotia has dropped from 30% to 20% in eight years.

2006

Provincial Point-of-Sale legislation is announced, banning so-called “Power Walls”.

2003

Province of Nova Scotia adopts Smoke Free Places legislation. The Act includes designated smoking rooms. The legislation is amended in December 2006 to 100% Smoke Free, eliminating the smoking rooms.

2002

Smoke Free Places legislation is enacted municipally in Wolfville (January) and Berwick (April).

2001

Premier John Hamm announces the Strategy at a tobacco conference in Cornwallis, and says his government is committed to developing and implementing world-leading Smoke Free Public Places legislation.

2000

Stakeholders across Nova Scotia gather to help develop a Comprehensive Tobacco Control Strategy for Nova Scotia.



## Out of the Weeds **Bob Stead**

Bob Stead has served in municipal government since 1988, first as a councilor and then as Mayor of the Town of Wolfville. On July 1, 2001, under Bob's leadership, Wolfville became the first town in Nova Scotia to adopt by-laws that made all indoor public places 100% smoke free.

On June 1, 2008, Mayor Stead and his council passed legislation prohibiting smoking in cars carrying children. An international first, Wolfville's legislation was quickly adopted provincially, and sparked similar by-law changes around the world. On behalf of the Town of Wolfville, Mayor Stead accepted the 2008 Courage in Public Policy Award from the Canadian Cancer Society.





There's a lot more to municipal government than filling potholes and balancing budgets. My councilors and I all see municipal government as a vehicle through which important social and economic change can happen. And this belief has always been at the heart of our work in tobacco control.

April 3, 2000: that's the day Catherine Hebb and Nancy McBay from Smoke Free Kings asked our Town Council to adopt by-laws making indoor public places smoke free.

The members of Smoke Free Kings are the real heroes of this story. They gave us what every elected politician needs to move forward: irrefutable data, passion and evidence of community engagement. At one public meeting after another, SFK members showed us strong evidence that smoking was a public health concern and that banning smoking indoors would reduce health risks for citizens. They provided councilors with reliable information, polled the public and mobilized community members. They seemed to understand that while municipal government can be a vehicle for social change, community-based advocacy must be its fuel.

To its credit, Wolfville had a progressive council that wanted to make change. There wasn't anyone on council who didn't want to be involved in passing this legislation. My deputy mayor called it a "no-brainer." We were applying the precautionary principle – taking action to protect our citizens against a known threat. It was the same principle we would use to ban smoking in cars carrying children, and later the use of pesticides on lawns.

The precautionary principle was the ethical foundation that gave us the courage to take action. We had lots of support from some corners – Acadia University, for example. But there was vocal opposition, particularly from bar owners who were concerned about the impact on their businesses. We also wrestled with opposition from the local Legion. Their perspective was, "We fought our guts out abroad, we

spent our time in the trenches, we made so many sacrifices and you tell us we can't smoke in a building that belongs to us." That was difficult for me. The veterans felt we owed them something and I agreed that we did. But not at the price of the health of our citizens.

The hardest part of our work wasn't in passing the by-laws. As I said, that was a no-brainer. The difficulty came in not getting bogged down in the minutia. I realized

early on that Council had to stay out of the weeds. For instance, people would ask us, "How can you possibly enforce this?" The question was a weed, and at the political table, if you allow yourself to get caught in that, you'll lose. We knew we couldn't spend \$400,000 to hire additional police officers to enforce the by-law. But passing it was still the right thing to

do. So we told people we would spread the word through education and information. It worked. We haven't had a by-law enforcement officer since the legislation passed, and enforcement has been a non-issue.

As political leaders who are dedicated to making positive change, we stay out of the weeds because it helps us stay focused on doing what's right.

“...passing it  
was still the  
right thing to  
do.”



## Do the Right Thing **Dr. Robert Strang**

A former Team Canada rugby player, Dr. Robert Strang has never been afraid to walk the talk in public health. A public health physician trained at the University of British Columbia, Strang moved to Nova Scotia in 1999 and became the Medical Officer of Health for what is now Capital Health. Eight years later, Strang became Chief Public Health Officer for Nova Scotia. Strang's tenure in public health has been informed by a deep desire to do the "right things" to improve the health status of Nova Scotians.

Over the last decade, this commitment has manifested in Strang's bold stances on both tobacco and alcohol. He served as President of Smoke Free Nova Scotia from 2000 to 2006, and played a key role in supporting many of the province's aggressive tobacco control policies.

It was clear to me from the beginning of my work in Nova Scotia that smoking was probably the biggest public health concern we faced. By that time, most of us working in public health agreed, and luckily there were some great organizations like Smoke Free Nova Scotia that had been established to address the issue.

There was just one problem – and it was a big one. We simply didn't have the focus we needed. We didn't have a comprehensive strategy, we weren't speaking in a collective voice, and we were a group of volunteers for whom tobacco control was a part-time passion.

That changed in 2001 when the Department of Health released A Comprehensive Tobacco Strategy for Nova Scotia. That's when we really gained momentum because it signaled that the Province was committed to putting some resources into tobacco control, and intended to start legislating smoke-free places.

Suddenly tobacco was no longer something people were working on from the side of their desks. We now had this point of focus – paid people within the health system whose job it was to support community engagement, coordinate volunteer action, provide guidance, offer direction and, in some cases, take leadership.

The strategy was also hugely important for the hope and support it gave the tobacco control community, some of whom had been picking away at this issue for more than a decade. However, its real power came from its comprehensiveness. The pillars of the strategy included smoke-free legislation, pricing and taxation, treatment and cessation, community-based programming and marketing. If you want to make real change you have to hit the problem with all you've got from every angle. One sandbag will never

make a difference. But put a whole bunch of sandbags together and you can hold back a flood.

The strategy helped to focus and empower our efforts. The comprehensiveness helped to change social norms around smoking. You just don't see people smoking in public as much as you did a decade ago, and that becomes a form of tobacco control in and of itself.

“ *... the Province was committed to putting some resources into tobacco control, and intended to start legislating smoke-free places.* ”

Looking back, the highlight of the tobacco control work for me is in the area of public policy. We saw clearly how legislation that banned “power walls” and smoking in public places changed the culture of smoking in this province for the better. It taught us that when it comes to public health, shifting our focus “upstream” to policy

and legislation can make a difference. And now we have a community of public health people who have developed the skills and capacity to advocate for change on a range of public health issues.

One outcome I didn't expect was that our success could become an enemy. We've accomplished so much around decreasing smoking rates and changing social norms around smoking that some people think the tobacco issue has been solved. But it's not solved – not even close. As long as Nova Scotians continue to smoke – and many still do – tobacco control will remain high on my agenda.





## The Connector

# Nancy Hoddinott

Nancy Hoddinott started her career at the Canadian Cancer Society in the early 1990s. The job inspired in her a fascination with the role of public policy in changing social norms and improving the health of the population. When the Province of Nova Scotia launched a Tobacco Control Unit in 1996, Nancy was one of its first employees and quickly became a central figure in the province's tobacco control movement.

Known to her colleagues as a “connector”, Nancy worked as a backroom orchestrator whose efforts within government and in communities helped pave the way for Nova Scotia's world-leading tobacco control policies. She supported and coordinated the efforts of numerous community groups, organized major conferences that inspired and united the tobacco control community, and played a key role in creating the province's comprehensive tobacco control strategy in 2001.

When it comes to social change, timing is everything. You have to prepare for opportunity, know how to recognize it, and jump at it when it finally arrives.

My colleagues spent decades laying the groundwork in tobacco control. By the mid-1990s, when I started working at the Province of Nova Scotia's Tobacco Control Unit, pockets of the province were just buzzing with commitment to change social norms around smoking.

One pocket of energy was at the community level. Organizations like Smoke Free Kings and Smoke Free Nova Scotia – both run largely by volunteers – were engaged in what we call “upstream” work. In other words, they were working with municipal and provincial governments in an effort to change laws about smoking in public places.

Next we had a provincial government committed to reducing the harms of tobacco. Ron Stewart, John Hamm,

Jamie Muir, Rodney MacDonald – these were premiers and health ministers who openly expressed their commitment to reducing smoking rates in this province. And just as importantly, they all understood the importance of health promotion in the overall health care system. They wanted to focus on improving health, not just treating sickness.

In 1999 the US Centers for Disease Control and Prevention released a seminal report documenting proven best practices in reducing what they called the “epidemic” of tobacco: a comprehensive strategy of tobacco control. This evidence told us definitively that the days of educating or treating our way out of our tobacco problems were over. The report helped to mobilize those of us doing this work, but as my colleague Duff Montgomerie, a former senior advisor to Premier Hamm, used to say, “Evidence and \$1.40 get you Tim Hortons.” In other words, having evidence was great, but to make change we'd also need public support.



Then the Canadian Tobacco Use Monitoring Survey data came out, showing that Nova Scotia had the highest smoking rates of any province. It was a bitter pill for Nova Scotians to swallow, but what some people saw as an embarrassment, I saw as an opportunity. There's nothing like a crisis to galvanize people into taking positive action.

Another key lesson about how to make social change: some opportunities are handed to you and others you must create for yourself. With all this energy around the province, my colleagues and I knew it was time to set the stage for change. In 2001, we organized a major tobacco conference at the Annapolis Basin Conference Centre near Digby. We began preparing a year before, and we invited the Premier, the Minister of Health and other dignitaries. Ever so gently, we suggested to them it would be a wonderful opportunity to announce some sort of strategy on tobacco control. They agreed, and within government and with the help and advice of many provincial and community organizations we began crafting a comprehensive tobacco control strategy, based on evidence from the Centre for Disease Control Best Practices report. The government committed to funding the strategy. It all looked good.

“ *... some opportunities  
are handed to you  
and others you must  
create for yourself.*

Then on September 11, days before the conference was to be held, New York's World Trade Center was attacked. The world economy went into a state of turmoil, and governments began looking critically at their budgets. The day before the conference I was informed that funding for the strategy had been cut. It was tough news to hear and

led to a flurry of meetings, talking to whomever would listen about the implications of launching a strategy with no money to back it up. Our Health Minister of the day, Jamie Muir, a supporter of this issue, went back to his Cabinet colleagues and with hours to spare, was able to secure \$500,000 for the strategy.

He and the Premier arrived at the Annapolis Conference Centre the next day, announced the strategy and indicated their resolve to move ahead on smoke-free public places policy. The announcement garnered huge applause. It was the kick-off for important and historic tobacco control policy work in the years ahead.

My final piece of advice? Opportunities arrive in many ways, sometimes they are planned and sometimes they are flukes. Either way, they are gifts and you have to be ready to capitalize on them however they arrive.



## A New Picture of Health **Melanie Welch**

Melanie Welch worked in public health in the Annapolis Valley and had a front seat view on the public policy changes that helped reduce Nova Scotia's smoking rates. Her experiences working in tobacco control informed her later work in developing a framework to help district health authorities advocate for healthy public policy.

Our work on tobacco control had deeper implications than simply getting Nova Scotians to quit smoking. As a result of the 2001 tobacco control strategy, we saw a 10% drop in smoking virtually overnight. It was an incredible achievement, and looking back I see how that success was just the beginning.

The real impact of our tobacco control work was that it helped us re-envision what it means to build a healthy community. It was a prototype for how to advocate for policy changes that make people healthier. When I started my work in public health, we worked one-on-one, helping individuals and small groups of people be as healthy as they could be. We still do that. It's vitally important work. But beginning in the late 1990s, when the

“ *The real impact of our tobacco control work was that it helped us re-envision what it means to build a healthy community.* ”

anti-tobacco movement was in full swing, we started to look for ways to have an even bigger impact on health. We'd always focused on individuals making change within themselves. Now we wanted to focus on making healthy changes within our culture.

We quickly saw that public policy – our laws – was the biggest lever we could pull. I was hired in 2002 by my

employer specifically to advocate for healthy public policy. I was blazing a new trail with this work, and I was both exhilarated and intimidated. I remember saying to myself, “This is totally new and exciting! ... and what exactly am I supposed to do first?”

Along with a group of my colleagues in public health, I decided to focus my energy on what I knew best: people and community. We were fortunate to have a group of people in the Valley who were committed to reducing tobacco harms to society. We supported these community members with up-to-date information, support, and behind-the-scenes coordination.

You might say we were leading from behind by empowering community groups and individuals and providing compelling evidence. This approach proved to be a lesson from our tobacco control work. Cultural change begins and ends in the community.

Another key learning: it's all about partnerships. My work in tobacco control required that I partner with municipal governments, non-government organizations, health associations and community groups. We wanted to trigger sweeping change in behaviour and attitudes around smoking. To achieve our goal, we knew we'd need to cast an equally wide and sweeping net. To paraphrase Gandhi, we needed to be the change we wanted to see.

Our work in tobacco control isn't done. But we in public health, along with our district health authority, have used what we learned to create a framework of policies and procedures to help guide how we advocate for healthy

public policy. Part of that framework is ensuring we have the capacity – in terms of skills and people – to be effective advocates.

“ *Our work in tobacco control isn't done.* ”

The funniest thing to me is that even after everything our community-based approach achieved in reducing tobacco harms, I'll still show up at a community meeting and have

someone ask me, “You're from Public Health. Aren't you supposed to be out educating youth in schools?” I tell them, “Yes, that's part of our job. And another part of our job is to advocate for policies and legislation to make our communities healthier.”



## The Cycle of Change

# Steve Machat

A key figure in Nova Scotia's tobacco control movement, Steve Machat started his public health career with the Canadian Cancer Society. In this role, he provided advocacy, strategic guidance and support for government and community groups such as Smoke Free Kings during the move to pass smoke-free public places policy throughout the early 2000s. Today, Steve works as the tobacco control lead within Nova Scotia's Department of Health and Wellness.

The biggest lesson to come from Nova Scotia's "tobacco story"? Start with the end in mind.

From 2002–2007, we had a golden age of tobacco control in Nova Scotia. Our ability to take comprehensive action on everything from pricing, taxation and advertising to education and cessation programs made us a world leader. No other jurisdiction was able to follow the tobacco control recipe through to the end like we were.

Thanks to the commitment of governments, communities and people from within the tobacco control movement, we were able to create a new kind of normal around tobacco use. Smoking rates dropped significantly in just a few years. Fewer young people smoke today than at any other point in my lifetime.

“*Realize that political will, public interest and community support for even the worthiest causes will wane over time.*”

And now the really hard work begins.

When it comes to making social change, there's a time to strike. In tobacco control in Nova Scotia, that time was the five-year period beginning in 2002. We had political will, compelling health evidence, engaged citizens. Most importantly, we had a collective focus.

International best practices in tobacco control showed us there were five main things we needed to do to reduce tobacco harms: raise pricing, reduce access, increase taxation, reduce advertising, and build effective community-based programming around cessation. With everyone pulling together, those levers had serious impact.



Today, the story is much different. There aren't any big levers left. Our most recent tobacco strategy had more than 50 actions. Following through on them will help us ensure we reduce the harms of tobacco to our entire community. But it is so much harder to rally people around 50 actions than it is around two or three.

That's the big lesson for public health. Whether you are looking at addressing the public health challenges of obesity or alcohol, you have to realize there is going to be a golden age, a glorious period of time during which you have the political will, community support and economic clout to make significant change. To be truly effective, you have to recognize when you're in that zone, and strike with everything you have. Make the big asks. Once you've pulled the big levers, move quickly to pull the little ones. Don't leave anything on the table, because you will not have that same opportunity again. Realize that political will, public interest and community support for even the worthiest causes will wane over time.

Within the tobacco movement, we are taking a long, hard look at how we finish the job. Tobacco remains one of Nova Scotia's biggest health concerns. How do we grab the attention of decision makers and the public and get everyone refocused on tobacco? How do we cut smoking rates among marginalized groups of people in our province?

We are wrestling a whole new set of questions, and we don't have all the answers.

The good news is that our work in tobacco control taught us the virtues of patience. We're in it for the long haul. And we won't stop until we've created a new, tobacco-free normal for everyone.

“... we won't stop until we've created a new, tobacco-free normal for everyone.”



“We need to address and focus on the behavior of the tobacco industry in Nova Scotia; we need to continue to build the kind of social norms and values around being tobacco free; we need to advance the social determinants of our health agenda; we need to address the disparities in tobacco use across the population as a priority; and we need to realign and establish how tobacco cessation is delivered.”

Maureen MacDonald  
Minister of Health and Wellness, April 16, 2010

# The Way Forward

The achievements of Nova Scotia's tobacco control movement helped create a new picture of health in this province. Tobacco was once a part of life for many people, whether they smoked or not. Hospitality workers and children were exposed to second-hand smoke every day. Tobacco advertising lined the walls of convenience stores. As access to cigarettes and exposure to tobacco industry advertising has waned, so has the very presence of tobacco.

Social norms around tobacco have changed. Thanks to the dedication of people within the tobacco control movement, it has been pushed from the centre of our culture.

But until the province is 100% smoke free, the work of tobacco control advocates isn't done. As Dan Steeves, a tobacco control insider and Health Promoter with the Capital District Health Authority once put it, "The strategy worked particularly well for white, well-educated, high earning people and their children. But if you have a chronic mental illness, if you are a minority, if you live in poverty or if you're undereducated, it's 1965."

Ensuring that smoking rates are cut for everyone – regardless of a person's socio-economic status, race, or health status – is the next challenge.

In 2011, Nova Scotia released Moving toward a Tobacco-Free Nova Scotia. The strategy contains a series of actions that could help achieve its purpose. However, in the absence of funding to support those initiatives, its success will be limited.

“... until the province is 100% smoke free, the work of tobacco control advocates isn't done.”

If we've learned anything from our earlier successes, it was that speaking with a single voice, and focusing our efforts on a few agreed-upon areas at a time gives our collective efforts power. Coming together to decide upon a “collective ask” – and rallying the support and energy to bring these intentions to reality – is our next step.

Of course, another important lesson from the tobacco story is that in creating new social norms around tobacco use and cutting smoking rates a new generation of healthy public policy advocates was born in Nova Scotia. Key people from within the tobacco control movement have taken these advocacy skills and are applying them in new areas such as reducing the harms of alcohol and obesity in our society.

Thanks to tobacco control advocates, Nova Scotia is a healthier place. But across our society, people continue to suffer from harms related to alcohol, obesity, and yes, tobacco. Let's take our skills, rally our teams and keep moving forward. We still have work to do.

## Smoke Free Kings would like to thank the following people for their contributions to this report:

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## Building a New Normal: **Changing Social Norms Around Tobacco**

Smoke Free Kings is an organization made up of professionals and volunteers committed to reducing harm related to tobacco use and exposure to tobacco smoke in Kings County, Nova Scotia, Canada. We work in community to change how we think about and act on tobacco use.

[www.smokefreekings.org](http://www.smokefreekings.org)