

## Big Tobacco sues 18 First Nations' cigarette factories

# – Native manufacturers should collect taxes and be held accountable for health costs

JOE STRIZZI

Big Tobacco is a big bully. At least, that's how tobacco manufacturers and retailers on First Nations reserves are feeling as Imperial Tobacco Canada (ITC) Ltd., Rothmans Inc. and Philip Morris USA launched a lawsuit against them.

"We operate with over 200 laws and regulations," said Eric Gagnon, a spokesperson for Imperial Tobacco in a press release. "There's no reason why tobacco manufacturers on First Nations reserves should be treated any differently from legal manufacturers. This is what the lawsuit is all about."

"It is still inexplicable how the government of Canada and the government of Ontario can continue to turn a blind-eye on these illegal activities that are undermining tobacco regulations," added Gagnon. "This is why ITC has decided to take action and file this lawsuit."

The court action, announced in June, also includes adding the reserves, operating legally or illegally, as third-party defendants in Ontario's Health Care Costs Recovery lawsuit against the tobacco industry.

"They are selling to kids, they are selling without collecting taxes and they're not respecting display and labelling regulations. Since the government doesn't want to take the responsibility, we've decided to move forward," said the ITC spokesperson.

"These manufacturers produce and sell tobacco products in Ontario, and this is why they should stand next to Canadian tobacco manufacturers and respond to the allegations made by the government of Ontario against tobacco companies. They currently represent more than a third of the volume of cigarettes sold in Ontario," Gagnon said.

In addition, the tobacco giants served papers to 18 manufacturers on reserves, targeting companies they allege to be contraband tobacco manufacturers. The multi-billion dollar lawsuit includes Jacobs Tobacco Company, from Akwesasne, Tyendinaga Mohawk Tobacco Products and Rice Mohawk Industries, from Kahnawake.

### The original lawsuit

In September 2009, Ontario announced that it was seeking \$50 bil-



Imperial Tobacco Canada feels it's unfair to compete with manufacturers who don't comply with the country's taxation and other regulations.



### Class actions get court dates

In Montreal next spring, Big Tobacco will finally be on trial for diseases caused by its products; a first in Canada after 13 years of proceedings.

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### Nice and reassuring packaging

Many smokers are still fooled by the attractive packaging of cigarettes. Colours gold, silver, blue and white seem less dangerous to health.

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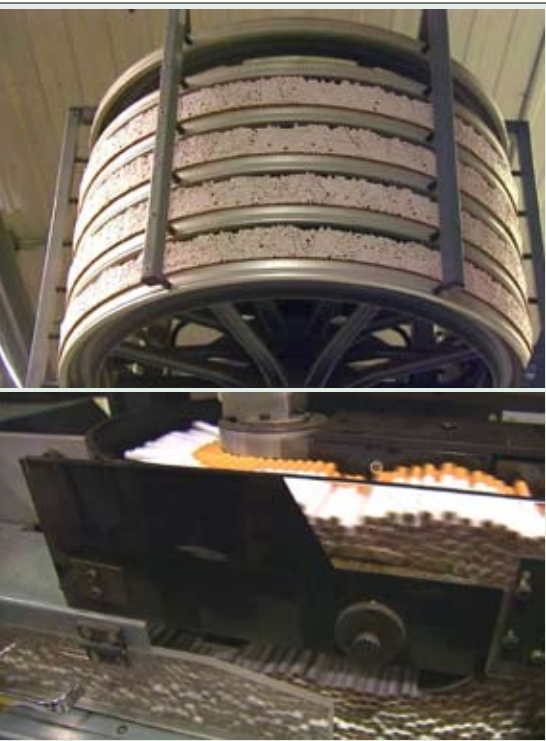
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**About 60 cigarette factories are found on a few Amerindian reserves, many of which are highly efficient.**

The government said that tobacco-related illnesses currently cost the province more than \$1.6 billion annually.

### Reaction from the reserves

*"We're prepared to fight,"* said Shawn Brant, co-owner of Two Hawks tobacco store in Tyendinaga, in an interview with the *National Post*. *"We are not going back to the stone ages. If they want to fight on the highways, we'll fight on the highways. If they take it to court, we'll meet them there... First Nations people have stepped forward to compete in a resource that is ancestrally theirs."*

Not only has the tobacco industry improved the standard of living on reserves, Brant added, but he claims the government and police recognize the historical significance of tobacco within the native culture.

Robbie Dickson, President of Rainbow Tobacco in Kahnawake, a cigarette producer also named in the lawsuit, said that all the producers named need to band together to fight Big Tobacco. *"I couldn't believe it. It's just another effort of theirs to put us out of business,"* he explained. *"They want to lock us up in court and have us spend all of our money on lawyer fees, a plan to bankrupt every Native manufacturer in Canada so they can hold onto their market share."*

It should be noted that Rainbow Tobacco is currently fighting the Alberta government in court over charges stemming from the seizure of millions of cigarettes.

### Lawsuit simply a smoke screen?

*"I question what the tobacco industry's motives are here,"* said François Dampousse, Director of the Quebec chapter of the Non-Smokers' Rights Association and a long time observer of illicit tobacco trade in Canada. *"What are the big companies planning to gain*



**François Dampousse is a long-time observer of illicit tobacco trade in Canada.**

*in compensation for contraband by the 18 manufacturers? How do they plan to see any of the money? Will they just walk onto the reserves demanding it? If the RCMP doesn't go onto reserves in order to avoid clashes, what is their plan?"*

A request to interview ITC spokesperson Eric Gagnon to ask him just that went unanswered.

Regarding the third-party lawsuit, Dampousse suspects that this might be another ploy by tobacco multinationals to divert attention away from their own culpability. *"The reason the big tobacco companies are getting sued for health care cost recovery is that they have withheld evidence and information for 60 years. The consequences of this include disease, death and elevated health care costs. It is clear that tobacco manufacturers on reserves do not comply with all the fiscal and public health regulations, and I share Mr. Gagnon's view on that particular point, but Native cigarette makers are recent actors in the tragedy, so the percentage of their responsibility on health care costs would be very small compared to that of Big Tobacco,"* asserted Dampousse.

Mohawk cigarette producer Robbie Dickson mirrored some of what Dampousse said. *"Being from a sovereign nation with treaties that go back hundreds of years, I'm not too worried about it,"* he told media outlets. *"Big Tobacco is trying to involve us in [third-party defendant] charges stemming from the 1950s and 1960s including conspiracy and breach of Competition Act. I have only been in business since 2004 and my company has fully complied with all federal regulations. Therefore, I don't see what our part is in all of this."*

lion in damages from the three major Canadian tobacco manufacturers: ITC, JTI-Macdonald Corp. and Rothmans, Benson & Hedges Inc., along with their parent companies.

*"Ontario is taking the next step toward recovering taxpayer dollars spent fighting tobacco-related illnesses,"* said Attorney General Chris Bentley at the time.

The \$50 billion figure represents the sum the province says it has paid to provide healthcare to those with tobacco-related diseases for more than half a century. Bentley said that the amount will have to be proven in court, but that he is confident that these figures represent provincial estimates spanning the years from 1955 to the present.

Ontario set the framework for the lawsuit through legislation passed in 2009. *The Tobacco Damages and Health Care Costs Recovery Act* gives the province the power to sue for recovery of past, present and continuing tobacco-related damages. It also creates a method for determining the costs associated with tobacco-related illnesses, and allocates liability according to the respective market share of the manufacturer.

**ITC spokesperson Eric Gagnon**



## 5.9 million Canadians aged 12 years and older smoke

# Smoking prevalence stagnates

According to the data contained in Statistics Canada's *Canadian Community Health Survey* (CCHS) released in June, the smoking prevalence in the Canadian population aged 12 years and older rose from 20.1% in 2009 to 20.8% in 2010, a statistically insignificant increase.

However, in a growing population, this means that there are approximately 237,000 more smokers among Canadians in 2010 than in 2009. It also means that the numerous smokers who died or have quit in a year were more than replaced by new smokers.

### BC is still leading

Three Canadian provinces and territories have smoking rates lower than the national average (20.8%): British Columbia (17.4%), Manitoba (18.8%) and Ontario (19.3%). British Columbia has always recorded the lowest prevalence in the country since the CCHS was introduced in 2003. With 54.4% of its population aged 12 years and older who smoked in 2010, Nunavut is hardest hit by the tobacco epidemic and still has the greatest obstacle to overcome.

### Faces of active smoking

In 2010, as usual, male smokers were proportionately more common in all age groups than their female counterparts.

In the same year, among women aged 12 years and older, 17.4% smoked daily or occasionally. This is the lowest percentage since the inception of the CCHS, when it was 21.0%.

Among men, the smoking rate was 25.1% in 2003. It rose from 22.6 to 24.2% between 2009 and 2010, a statistically significant change, according to Statistics Canada.

In 2010, predictably, the highest prevalence of smokers is found among individuals aged 20 to 34. Within this population, there are still 22.1% of women and 32% of men who smoke.

Between 2009 and 2010, a noticeable cloud formed over males aged 35 to 44 years: 18.4% of them smoked daily in 2009. This number climbed to 21.3% in 2010, a significant increase and the first since 2003.

### Passive smoking at home

In Canada, among people aged 12 to 19 years, the percentage living with second-hand smoke in their homes in 2010 is 2/3 of the level of 2003; 14.9% of boys and girls aged 12 to 19 reported exposure to SHS at home. That is a significant improvement since 2003 (23.4%), although not statistically different from 2009 (15.1%).

At 14.9%, the proportion of non-smoking adolescents exposed to SHS at home is now more than two-and-a-half times greater than the recorded average for all the non-smokers aged 12 years and older (5.9%).

Despite the progress made since 2003, involuntary smokers at home are still more numerous among Canadian adolescents than active smokers (439,600 compared to 375,500 young people).

### SHS in vehicles

The *Canadian Community Health Survey* also includes questions about exposure to second-hand smoke **in vehicles**, in the previous month. In 2010, 13.4% of non-smokers aged 12 to 19 years reported such exposure in vehicles. The

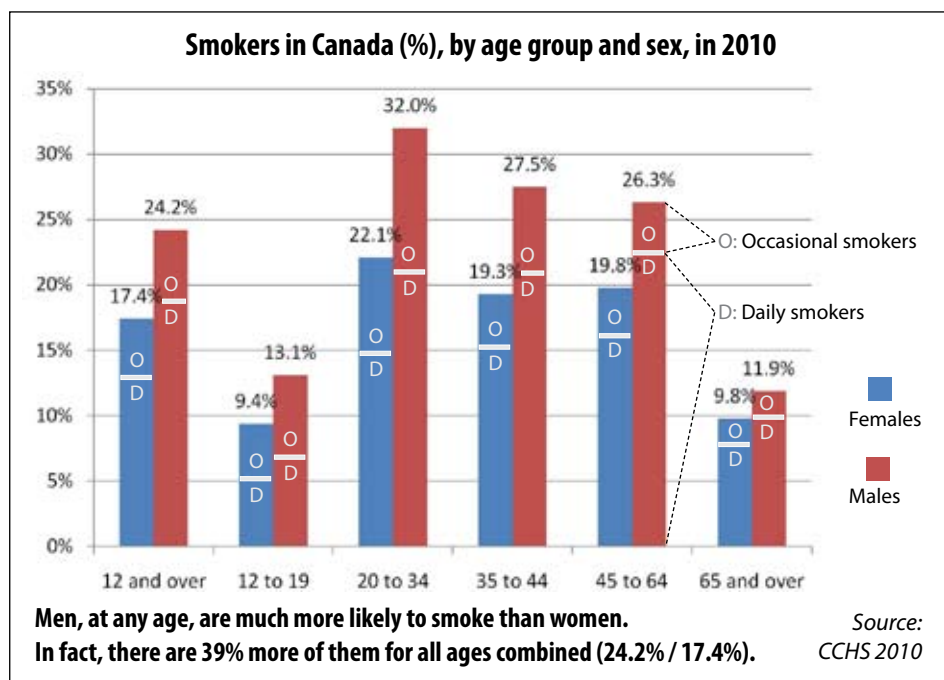


About 440,000 Canadian adolescents are involuntary smokers at home.

figure was 22.3% in 2003, so again, there was an improvement.

In British Columbia and Ontario, smoking was forbidden in any vehicle carrying a person aged 15 years or less (16 years or less in Ontario) for all of 2010. Interestingly, those two provinces are the only ones in which non-smokers aged 12 to 19 report exposure to SHS in vehicles at rates significantly lower than the Canadian average.

However, it may be too early to imply a causal relationship between legislation and behaviour.





In Prince Edward Island, where all the passengers under 19 years old were covered by a similar ban for all of 2010, involuntary smoking in vehicles reported by the young population was not statistically different from the national rate. In Alberta, where no such ban exists, the rate is not significantly different from the Canadian rate for the same population.

In New Brunswick, despite legal protection for passengers under 19 years old that came into force in January, 2010, the exposure to SHS in the previous month reported in 2010 by non-smokers aged 12 to 19 (22.9%) was significantly higher than the Canadian average. Saskatchewan and Quebec are the two other provinces with rates significantly higher than the Canadian average, with respectively 18.6% and 16.2% of their non-smoking population aged 12 to 19 who reported being exposed in the previous month to SHS in vehicles in 2010. In Saskatchewan, a smoking ban to protect passengers under age 16 came into effect in October 2010. In Quebec, as in Alberta, children and teenagers are legally protected against SHS in the same places where adults are.

The way the provincial laws protecting young people from smoking in vehicles are enforced is not yet well documented.

– by Pierre Croteau



## Warnings adopted

Following our articles in *Tobacco Info* No. 6, pages 1 to 3 and 15 regarding the next tobacco warnings, note that the new regulations were finally adopted from June 20 to 23 by the federal government.

Warnings will therefore appear on packs no later than December 2011 at the manufacturers or importers level, and by March 2012 at the retail level. This is a welcome victory for tobacco control specialists and for Health Canada.

# Studies confirm smoking and second-hand smoke are risk factors for type 2 diabetes

The correlation between lung cancer and smoking has been common knowledge for decades. The Canadian Cancer Society estimates that some 20,000 people in the country will die from the disease this year, with over 80% of those deaths directly or indirectly related to smoking.

But did you know that smoking is a risk factor for developing type 2 diabetes?

## The science behind diabetes

Numerous studies demonstrate important links between smoking and the onset of diabetes and its complications. A seven-year German study by researcher Kowall and colleagues published in the *European Journal of Epidemiology* in April 2010 found that smoking is a risk factor for developing type 2 diabetes for people between the ages of 55 to 74. In 2007, a study published in the *Journal of the American Medical Association* also found that smoking is associated with an increased risk of type 2 diabetes.

In a study published in the *American Journal of Public Health* in 1993, Rimm and colleagues from the Harvard School of Public Health found that current smokers had an increased risk of diabetes and observed a significant dose-response trend for higher risk among heavier smokers. During 1,277,589 person-years of follow up, 2,333 women were clinically diagnosed with diabetes. The relative risk of diabetes, adjusted for obesity and other risk factors, was 40% higher among women who smoked 25 or more cigarettes per day compared with non-smokers. This data suggests



that cigarette smoking may be an independent, modifiable risk factor for type 2 diabetes.

These same concerns apply to second-hand smoke (SHS) exposure for diabetics as it has been found that chronic exposure to SHS is almost as deleterious to one's health as being a pack-a-day smoker, this according to a 2005 University of California, San Francisco study published in the journal *Circulation*. SHS has been classified as a Class A carcinogen (pollutants with adequate human data indicating the chemical causes cancer in people) in both Canada and the US. SHS increases the risk of developing diabetes. In fact, the study cites that 21.8% of smokers will develop diabetes, while the same is true for 17.2% of non-smokers with SHS exposure, 14.4% of smokers who quit and 11.5% of non-smokers without SHS exposure.



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Pregnant women should avoid tobacco and nicotine, including SHS exposure, as fetal and neonatal exposure to nicotine use may increase the risk of type 2 diabetes, this according to a 2008 study by Purdue University published in the *Oxford Journal's Toxicological Studies*.

Research also shows that diabetics face increased risks of complications and death if they keep lighting up. Just like high blood glucose levels, the noxious chemicals in cigarette smoke attack blood vessels, hardening the arteries and impairing the blood's ability to carry oxygen to the tissues. Therefore, according to the Canadian Diabetes Association, quitting smoking is one of the most important things people living with diabetes can do to help prevent or delay the onset of complications.

In a study by Patasi and Hall, published in the organization's magazine *Canadian Diabetes* in the spring of 2010, the Diabetes Association reported that people suffering from diabetes are at a three times higher risk of heart attack and stroke compared to a non-smoker with diabetes, and as such, almost 80% will die as a result of these illnesses. In addition, the combination of high blood glucose and smoking dramatically increases damage to the blood vessels that feed the heart, brain, eyes, kidneys and peripheral nerves. Smoking also decreases the body's ability to produce insulin, making diabetes even more difficult to control.

A study published in *Diabetes Care* in July 2007 recommended that healthcare professionals treating diabetic patients be more active in educating about the risks of smoking and assess smoking status of all diabetic patients, advise diabetic smokers to quit and pay closer attention to diabetic smokers for signs of complications by making sure that all necessary preventive care and examinations are performed.

### Diabetes Association awareness campaigns

There is very little awareness among Canadians of the potentially deadly relationship between diabetes and smoking. This is not surprising given the limited attention and resources devoted to the relationship by the Canadian Diabetes Association. However, the Association has done some community outreach initiatives in order to help shed some light on the subject.



**Malnutrition and excess weight, along with smoking, are main risk factors for type 2 diabetes. Almost three million Canadians have it.**



**Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use it. It may require insulin injections to control blood glucose.**

In 2010, the Association issued press releases on the subject in recognition of *World No Tobacco Day*, stating, "the Canadian Diabetes Association is urging Canadians living with diabetes who smoke to take charge of their health by knowing their risks and to take action to quit smoking."

The organization's website includes a page dedicated to quitting smoking and an online interactive *Healthy Living Series* video presentation about *Smoking and Diabetes*. There is also a resource for young people with information on smoking entitled *Generation D: A young adult's guide to diabetes self-management*.

"Educational literature is distributed at all community events," wrote Randi Garcha, spokesperson for the Canadian Diabetes Association in an email, "and we also work with health care professionals."

Ultimately, more needs to be done. Garcha's organization believes that health officials need to be directly involved in cessation treatments for diabetics. The official position statement reads, "health professionals should inform their patients with diabetes of the unique risks incurred by smoking or by exposure to smoke, emphasize the benefits of quitting and review available treatment options. Smoking cessation products should be covered on provincial formularies for high-risk patients, such as those with diabetes. Governments should enact legislation to protect citizens from exposure to tobacco smoke in public places, and support programs in schools that have proven to be effective in convincing young people not to start smoking." - by Joe Strizzi



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## Class action lawsuit over tobacco industry practices

# March 2012: Canadian cigarette makers will finally go to trial in Quebec Superior Court

PIERRE CROTEAU

Whenever our governments have tried to introduce measures to make it harder to recruit new smokers, Imperial Tobacco Canada (ITC), Rothmans, Benson & Hedges (RBH) and JTI-Macdonald (JTI-Mac) have contested the legality of such measures before the courts.

This time, though, ITC, RBH and JTI-Mac, as well as their parent companies abroad, will find themselves in the unusual position of having to defend themselves before a Canadian court from people affected by tobacco-related illnesses. In fact, they will have to defend the way in which the tobacco industry has operated for the past 50 years, at least.

The trial, which is to begin in Montreal in March 2012, will pit the tobacco companies – with their armies of lawyers – against millions of industry victims, many of whom will die prematurely from smoking before they can obtain any kind of redress.

**When used as manufacturers intended, tobacco leads to a host of serious diseases. It kills about 100 Canadians every day, according to a Health Canada study based on the year 2002.**



These people – who feel deceived and are suffering for it – will be bolstered by physicians, surgeons and researchers of many different specialties, as well as a talented team of lawyers who will make up for their small numbers with the strength of their convictions. They are fully aware that their years of effort in strategizing and researching may be unrewarded financially.

At the trial, the claimants will not just be taking ITC, RBH and JTI-Mac to task for selling addictive products that harm health: they will accuse these three Canadian companies and their respective parent companies, British American Tobacco, Philip Morris International and Japan Tobacco International, of having known about these risks for a very long time without having warned consumers about them; of having instead done their best to obscure the facts, to manufacture controversy, to perpetuate reassuring myths and to continue to manufacture and sell cigarettes designed to maximize the risk of creating and maintaining an addiction to nicotine.

This time, the cigarette industry has a lot to lose, including, if the claimants win, a minimum of \$22 billion in damages to victims (or their estates) or to a fund dedicated to smoking prevention and to the support for victims of tobacco addiction. More significantly, though, the industry could lose the ability to continue to profit from their current methods. *"The cigarette companies are fighting for their future,"* said Michel Bélanger, Esq. of Lauzon Bélanger Lespérance, one of the four law firms that are ferrying this claim through the courts. It is no wonder then that the three Canadian companies have used every legal means possible to avoid going to trial, and, once it seemed that a trial could no longer be avoided, to try to secure the best conditions for their purposes.

In April 2010, the claimants, defendants and the judge assigned to hear the trial, the Honorable Brian Riordan,



**On February 21, 2005, the Quebec Council on Tobacco and Health Director, Mario Bujold, announced that the Superior Court accepted to hear both class actions, seven years after their initial requests.**

agreed to begin proceedings on October 17, 2011 at the Montreal Courthouse. On August 10, 2011, the judge granted in part the companies' new motions for trial directions and ordered that the trial commence on March 5, 2012.

That's when the real battle will begin – more than 13 years after a request for permission to file a class action suit against ITC, RBH and JTI-Mac was first made to the Quebec Superior Court. Along the way, there have been many judgments, many surprises and lots of hurdles.

### Two claims, one trial

Originally, two requests were filed in Quebec for permission to pursue a class action suit in the name of victims of the tobacco industry: one for individuals addicted to tobacco and another for those with cancer of the lung, larynx or throat, or those with emphysema. The first suit was filed in September 1998 and the second in November of the same year.

An application for class certification – and any ensuing lawsuit – generally bears the name of one representative claimant whose injuries are typical of the entire group's. The first request was made in the name of Cécilia Létourneau and the second, by the Quebec Council on Tobacco and Health, in the name of Jean-Yves Blais on behalf of other victims of diseases caused by tobacco products.

Since both claims involve an action against the same trio of tobacco companies and are more or less based on the same serious allegations, the courts decided, first, to deal with both claims at once; and, second, to hear one trial – although with separate rulings for each claim.

### Surmounting obstacles and Quebec law

It sounds simple enough. However, it wasn't until 2005 that counsel for the victims of the practices of ITC, RBH and JTI-Mac was able to argue the merits of the case before a judge. This occurred after having received, in February 2005, permission to file the two class action suits; a decision that, fortunately for the applicants, can't be appealed under Quebec law.

Quebec will finally have its trial next spring, but in the rest of Canada, the tobacco industry has managed to stall several attempted class action suits, including, in some cases, after permission to file had already been granted. Lawyer Michel Bélanger modestly attributes the success in Quebec to the particularities of Quebec law.

### Meanwhile, in the rest of the country

In the other Canadian provinces, five class action suits have been launched against the tobacco industry since 1995. The only one that is current is *Kenneth Knight vs. Imperial Tobacco Ltd.*, which started in Vancouver in 2003, and is seeking damages for the misleading marketing of so-called *light* and *mild* cigarettes.

On December 8, 2009, the British Columbia Court of Appeal ruled in favour of the tobacco industry's third-party claim against the federal government in both the *Knight* and BC government actions. Big Tobacco said it has always relied on advice, representations, requests and directions from the Government of Canada. Therefore, if tobacco companies were liable to the plaintiffs, officials of the federal government neglected to pay duties owed to tobacco companies; thus, Ottawa is liable for contribution and indemnity.

On July 29, 2011, the Supreme Court of Canada unanimously ruled that Imperial Tobacco Canada Ltd. could not name the federal government as a third-party defendant in the *Knight* class action. The nine judges also unanimously decided that if the tobacco industry is forced to pay damages to provincial governments for tobacco-related health care costs, the federal government will not be required to reimburse the tobacco industry for those damages.

In Quebec, unlike elsewhere in the country, a class action suit is not a discretionary remedy and the court is obliged to allow it when it believes that the conditions listed in the Code of Civil Procedure are met. Justice Pierre Jasmin of the Quebec Superior Court pointed this out in his ruling on February 21, 2005, certifying the two class action suits against ITC, RBH and JTI-Mac.

Nor was there any question, according to Justice Jasmin, who cited case law, of demanding at the authorization stage the same degree of precision in the allegations as would be required at a full hearing of the merits of the case.

In spring 2009, when the tobacco companies asked for permission to interview 150 of the individual claimants, the Superior Court refused, and the Court of Appeal refused to hear an appeal on this ruling.

For Michel Bélanger, it's clear that the courts don't want to see this trial turn into a parade of smokers and ex-smokers confessing their youthful mistakes – their addiction and their negligence – as though they were the ones on trial.

### The smokers' fault: they should have known

All the recent tobacco multinational defence strategies are cited in these court proceedings that will continue next spring: after having pretended for decades that there was insufficient proof that smoking caused cancer, emphysema, asthma or heart attacks, for example, the tobacco companies are now suggesting that smokers merely had to



After long denying the ravages of tobacco, the industry now argues that smokers should have known the risks of lighting up.

be more careful, that they should have known that smoking was hazardous to their health and that nicotine causes addiction.

At the trial, counsel for the class action will not only call experts to the stand, it will also produce thousands of public documents, as well as internal documents from the tobacco companies, proving that the latter's behaviour was deceptive and irresponsible.

### Expert testimony and funding

Unlike so many of the trials we see on TV, where key witnesses emerge just minutes before the end of the show, witnesses in actual trials are always expected by both parties. In the case of expert witnesses, testimony is presented in writing to both sides before the hearing. This is to facilitate preparation of objections and cross-examinations.

For this trial, a Quebec class action assistance fund has advanced the money to prepare the expert testimony. If the victims win at trial, the fund will be reimbursed, and the lawyers and claimants will receive a percentage of the damages. If the verdict is unfavourable, the claimants will not have to repay the fund; however, nor will they have any money to pay their counsel: a risk of the trade.



# Patriotism as a selling point

## National cigarettes could violate the Tobacco Act

In recent years, tobacco companies have been using a new angle to sell their products: patriotism. Witness JTI's *Macdonald Spéciale*, which, since 2005, has been sold in Quebec in a blue package with a fleur-de-lis, and in the rest of Canada, as *Macdonald Special* in a red package featuring a maple leaf. For its part, Philip Morris International (PMI) has been selling *Canadian Classics* for at least 15 years and *Québec Classique* since 2008.

These cheap cigarettes are finding buyers. In 2006, *Canadian Classics* accounted for 32% of the volume of economical cigarette sales in Western Canada, 26% in the Maritimes and 13% in Ontario, according to *YCM* (Your Convenience Manager) magazine. As for *Québec Classique*, it has gained market share since its introduction, according to the latest annual reports from PMI.

### Illegal packaging?

These patriotic cigarettes may contravene the Canadian *Tobacco Act*. Indeed, this law prohibits any kind of lifestyle advertising, that is, "advertising that associates a product with [an] emotion about [...] a way of life such as one that includes excitement." Of course, this does not apply specifically



In our French-speaking province, *Canadian Classics* became *Québec Classique*.

to tobacco product packaging. However, some people argue that patriotism does represent a lifestyle. Health Canada refused to confirm this for our French publication, *Info-tabac*, and Federal Health Minister Leona Aglukkaq's office did not respond to our questions on the subject.

For health groups, though, there is no doubt: cigarettes that bill themselves as 100% Canadian or Québécois represent a lifestyle, especially in light of the fact that nationalism appeals to our emotions. "The relationship that we have with our country is very emotional," said Timothy Dewhirst, Associate Professor in the Department of Marketing and Consumer Studies at the University of Guelph. "Just think of the 2010 Winter Olympics in Vancouver. Canadians were proud that their country was hosting the Games and that their athletes performed well." A product that bills itself as Canadian also lays claim to all the characteristics we associate with the country itself, like the great outdoors, purity and freshness. "All of these elements can be associated with a lifestyle, even if it is fairly ironic to associate an 'outdoor' lifestyle with a product that harms health," added Dewhirst. It's not for nothing that the *Canadian Classics* package shows a clear lake surrounded by snow-capped mountains.

### Packages send a message

Cigarette packaging conveys many messages about lifestyle, concludes the Chatterbox Project, a study being carried out from 2010 to 2012 by the Ontario Tobacco Research Unit (OTRU). "We looked at the design of cigarette packages to see what point they transmitted messages about lifestyle and gender," explained Shawn O'Connor, Senior Research Associate at OTRU, who has examined over 100 cigarette packages to date. "Along the way, we discovered that the packages also have a discourse on the patriotism of the product, its strength, its youthfulness or its heritage. An example of this is a cigarette brand that says it has existed since 1850 or that it has a tradition of excellence in manufacturing." O'Connor believes that the best way to put a stop to these messages is to require plain, standard packaging for all tobacco products.

"Plain packaging is the only real solution because the packages are the tobacco companies' main marketing tool," added Garfield Mahood, Executive Director of the Non-Smokers' Rights Association. In his opinion, it is useless to question whether or not the *Canadian Classics* or *Macdonald Special* packages violate the law, or to complain about it to Health Canada. "We have seen in the past that Health Canada rarely follows up on complaints made under this law," he explained.

- by Anick Perreault-Labelle

Exhibiting national symbols and costing less, *Macdonald Spécial* became the biggest seller for JTI-Mac, exceeding *Export 'A'*. At a convenience stores show in Montreal last April, taffy on snow was given out to visitors to emphasize the 'Canadian tradition' of the brand.



In Quebec, *Macdonald Spéciale* exhibits a fleur-de-lis, the symbol of the province. In the rest of the country, the package shows a maple leaf instead.



***“Take two cigarettes and call me in the morning”***

## Iceland considers prescription-only cigarettes

Imagine walking into a drug store, making your way to the pharmacist's counter and handing him or her a prescription written by your physician... for cigarettes.

A politician in Iceland is suggesting just that by proposing a private member's bill banning the sale of cigarettes, with the exception of a physician's prescription.

Iceland's former Health Minister Siv Fridleifsdottir, who sponsored the bill, worked with the Icelandic Medical Association as well as a coalition of tobacco control groups to come up with the radical initiative. It is part of a broader ten-year plan that aims to ban smoking in all public places, including sidewalks, parks and in cars transporting children. In addition, Iceland would like to follow Australia's lead by legislating plain packaged cigarettes.

Under the proposed law, doctors will be asked to encourage people to quit using treatments and education programs. It is only if these methods do not work that they may then prescribe cigarettes. Only pharmacies would be allowed to provide cigarettes to those aged 20 and over, with a valid medical certificate.

*“The aim is to protect children and youngsters and stop them from smoking,”*



**Siv Fridleifsdottir,  
former Health Minister of Iceland**

Fridleifsdottir told the United Kingdom's *The Guardian*. The proposal would initially result in an increase in cigarette prices by “10% per year, in line with World Health Organization proposals. Evidence shows that a 10% increase results in a 4 to 8% reduction in consumption.”

However, according to Thorarinn Gudnason, President of the Icelandic Society of Cardiology and one of the experts who helped draw up the proposal, prescription-only cigarettes will actually end up being cheaper toward the conclusion of the decade-long initiative. Gudnason noted that smokers who are given prescriptions will be diagnosed as addicts and should not be taxed by the government.

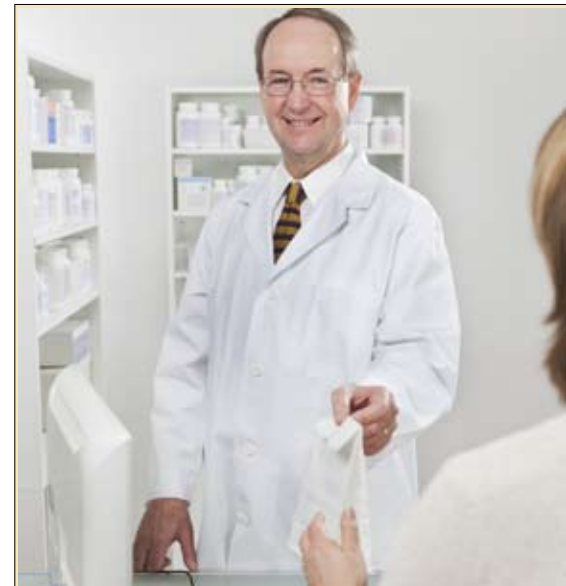
The tobacco proposal also includes classifying nicotine as an addictive substance and licensing cigarettes like a medicine, which would mean they would have to go through the same rigorous trials as any other drug. *“I doubt that cigarettes would ever [have been introduced onto] the market now that we know their side effects – lung cancer, heart attacks and chronic obstructive pulmonary disease, among others,”* said Gudnason.

The plan will be debated in the fall in Althing, Iceland's Parliament located in its capital Reykjavik, when politicians return from recess. A spokeswoman from the Icelandic Ministry of Welfare deemed the proposal a very serious one, generated by a very serious politician, but that it had a limited chance of success.

The Nordic country has successfully halved smoking rates over the past 20 years with only 15% of the population regularly lighting up. Furthermore, as an isolated island, the country with a population of over 300,000 stands a better chance of success than most other nations in applying such exigent measures because, among other things, with no neighbouring countries and strict customs controls at air and sea ports, smuggling will be difficult.

### Canadian perspective

The sale of tobacco products in pharmacies is banned in all but three provinces and territories in Canada. BC,



***“Your Icelandic Classics cigarettes are in the bag,” may one day be spoken by a pharmacist.***

Manitoba and the Yukon are the only jurisdictions that have not passed legislation of this kind, and Ontario was the first to do so in 1994 with the help of the Non-Smokers' Rights Association and its executive director Garfield Mahood.

And although the idea in Iceland brings the possibility of intervention at the point of sale, with advice from the people selling cigarettes on how to quit and the harms of smoking, Mahood believes that there are just too many questions about prescribing cigarettes than answers. *“Think of the impact on pharmacists. They are health professionals that would have the responsibility of dispensing a product that kills half of its users. Will it cut consumption? I've not seen research that really supports this kind of idea. How would the physician's responsibility be defined and what's the social impact if someone decides to skip the doctor and go straight for contraband.”*

However, he did support the fact that the Icelandic proposal takes the retailing of tobacco seriously, recognizing that it shouldn't be sold like other consumer goods.

*“Bottom line, it would be more cost effective to eliminate retail outlets and put it into a controlled environment, removing*

## Colour me a safer smoker?

# Study shows pack colours change perceptions of risk

JOE STRIZZI

One-fifth of smokers believe silver, gold and white coloured packages contain less harmful cigarettes than their red and black counterparts, despite decades of warnings by medical professionals that there are no 'safer' cigarettes on the market.

This, according to a recent study published in the journal *Addiction* entitled *Beyond Light and Mild: Cigarette Brand Descriptors and Perceptions of Risk in the International Tobacco Control (ITC) Four Country Survey*, was based on research culled from more than 8,000 smokers from Canada, the US and the UK.

The survey found that smokers, in addition to silver, gold and white, believe that blue and purple coloured packs are less dangerous. The US had the highest rates of smokers with false beliefs.

The study's researchers, including David Hammond of the Department of Health Studies & Gerontology at the University of Waterloo and an expert on tobacco packaging, claim that tobacco companies are using colours to re-brand products previously labelled as light, low-tar or mild; labelling that is now prohibited in many countries around the world. For example, *Marlboro Lights* are now known as *Marlboro Gold*.

Many smokers surveyed also had incorrect beliefs that it is the nicotine in cigarettes that causes cancer, that cigarettes with a harsh taste are riskier to smoke than smooth-tasting cigarettes and that filters reduce risk.

## Packaging as advertising

The authors argue that their findings show more regulation is needed as all cigarettes are harmful. The results also support the potential benefits of plain packaging regulations under which all cigarettes would be sold in packages with the same plain, dull colours without logos or graphics, thus eliminating the tobacco industry's potential for promotion via brand imagery on packages.

Health groups have argued for years that tobacco companies are using product labelling and descriptors as ways to advertise their products by associating them with lifestyle choices.

Australia is set to become the first country to introduce plain packaging for cigarettes under a wide-ranging set of anti-smoking measures that the government unveiled in April, thereby eliminating the last and best brand marketing vehicle the tobacco industry has left, a precedent that will have worldwide repercussions (*please see page 13*).

The tobacco industry has vehemently opposed the idea of plain packaging, arguing, among other things, that there is no proof that plain packaging will reduce smoking.

"We will continue to use all necessary resources and extensive stakeholder engagement and, where necessary, litigation to actively challenge unreasonable regulatory proposals," said Louis Camilleri, Chairman and CEO of Philip Morris International, in response to Australia's announcement.

Smokers perceive cigarettes in blue or white packaging to be less harmful than in red or black.



This layout comes from an ad in 2010 from the centre pages of a magazine for convenience store managers. It boasts new Player's packs, including 18 new inner flaps.

## → Iceland considers...

Continued from page 9

recidivism," said the NSRA leader. "Many times people start smoking again after quitting because cigarettes are readily available after a stressful day at work or an argument with their significant other, but having it in controlled outlets eliminates that impulse purchase. They'd have to go there specifically for cigarettes."

The Canadian Pharmacists Association said, in an email, that they don't have an official position on the idea of prescription cigarettes, but back in 1996, the Quebec Order of Pharmacists laughed off a suggestion by a group of pharmacy chains including Jean Coutu, Uniprix and Pharmaprix that pharmacies become the exclusive vendors of tobacco products in the province. The

idea, proposed in response to legislative measures being taken to ban the sale of smokes in pharmacies in Quebec, would place pharmacists in a "chaotic situation, contradictory to Canadian and international views of smoking and pharmacists' responsibilities," said the then president of the Order, Janine Matte.

– by Joe Strizzi

Melanie Wakefield, Director of the Centre for Behavioural Research in Cancer in Victoria, Australia, and her colleagues, examined numerous industry documents that state the contrary.

In the March 2002 issue of *Tobacco Control* they wrote that “documents show that, especially in the context of tighter restrictions on conventional avenues for tobacco marketing, tobacco companies view cigarette packaging as an integral component of marketing strategy and a vehicle for (a) creating significant in store presence at the point of purchase, and (b) communicating brand image. Market testing results indicate that such imagery is so strong as to influence smokers’ taste ratings of the same cigarettes when packaged differently.”

They go on to say that systematic and extensive research is carried out

by tobacco companies to ensure that cigarette packaging appeals to selected target groups, including young adults and women.

The study, entitled *The Cigarette Pack as Image: New Evidence from Tobacco Industry Documents*, found that cigarette pack design is an important communication device for cigarette brands and acts as an advertising medium, arguing that many smokers are misled by pack design into thinking that cigarettes may be ‘safer.’

“Almost 20 years ago it was suggested that restrictions in tobacco advertising would only be partly successful as the ‘pack itself is a powerful form of advertising.’ These words have proved prescient as the pack has indeed emerged as the primary marketing tool in jurisdictions with tight marketing controls,” wrote Crawford Moodie, from

**Many smokers still believe that certain cigarettes are less dangerous than others. Some think it's the nicotine that causes cancer.**



the Institute for Social Marketing and the University of Stirling, in Britain, in the April 2010 issue of the *Tobacco Control* journal. “UK tobacco industry marketing documents from 1995 and 2000 both predicted the increasing importance of the pack in the face of marketing restrictions and highlighted ways the pack can be employed to promote the product, via what they refer to as value, image and packaging.”

Canada adopted new regulations to strengthen and augment tobacco labelling requirements last June. Earlier this year, it unveiled the 16 new images and larger health warnings selected to appear on cigarette and little cigar packages covering 75% of the front and back covers and the inclusion of a toll-free quit line.

### Brain images show that advertising can trigger the urge to light up

Dante Pirouz, a professor at the Richard Ivey School of Business at the University of Western Ontario, released the results of a study in early April that allowed her to track participant responses to temptation-inducing advertising. Participants were shown print ads for cigarettes, including a rugged looking *Marlboro* Man or a woman lighting up a *Camel* held between her painted lips. Then, using functional magnetic resonance imaging to gather data about how those images affect blood flow to the brain, she found that regions of the brain associated with craving were highly active among the smokers in the group. Pirouz found that non-smokers’ brains responded to the ads as well. Craving centres showed increased blood flow, even in people who might not be otherwise inclined to smoke; smoking subjects reported the same feelings.



Explore the changing environment of tobacco control at the 7<sup>th</sup> NCTH

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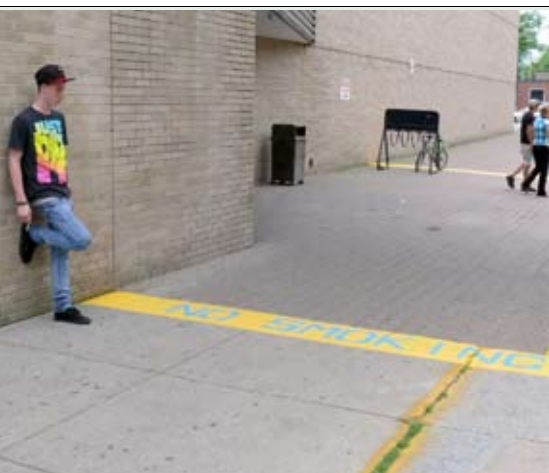
Early bird ends  
September 30

# Abstracts review by the Ontario Tobacco Research Unit

The Ontario Tobacco Research Unit (OTRU) is a research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation. Browse Current Abstracts on Tobacco Control, a monthly list of selected journal articles and reports on tobacco topics, with an emphasis on Canadian authors and research, or visit the online library catalogue to search thousands of citations related to smoking and tobacco at [www.otru.org](http://www.otru.org).

## Smoke-free laws

Satterlund and colleagues writing in the *Journal of Community Health* analyzed barriers to adopting and implementing local-level tobacco control policies. The authors examined the evaluation reports of 96 local outdoor smoking projects funded by the *California Tobacco Control Program* for barriers to implementation. The barriers were grouped in three primary areas: politically polarizing barriers, organizational barriers and local political orientation. The barriers identified in this study underscore the need for an organized action plan in adopting local tobacco policy. The authors also suggest potential strategies to offset the barriers, including: (1) having a 'champion' who helps to carry an objective forward; (2) tapping into a pool of youth volunteers; (3) collecting and using local data as a persuasive tool; (4) educating the community in smoke-free policy efforts; (5) working strategically within the local political climate; and (6) demonstrating to policy makers the constituent support for proposed policy.



Nagelhout and co-authors, in *Social Science and Medicine*, investigated the factors that were associated with individual smokers reporting smoking in bars after the implementation of smoke-free laws. The study included 3,147 adult smokers surveyed pre and post smoke-free bar implementation as part of the *International Tobacco Control Europe* surveys from Ireland, France, the Netherlands and Germany. Partial smoke-free legislation in the Netherlands and Germany was only moderately effective in reducing smoking in bars (from 88% to 34% and from 87% to 44%, respectively) compared to countries with comprehensive legislation (Ireland and France) which almost completely eliminated smoking in bars (from 97% to 3% and from 84% to 3%, respectively). Smokers, who were more supportive of the ban, were more aware of the harm of SHS and who had negative opinions of smoking, were less likely to smoke in bars post-ban.



Children and teens are influenced by smoking scenes in movies.

## Smoking in the movies

Stan Glantz and colleagues in the *CDC Weekly* found encouraging news of a downward trend in the number of on-screen tobacco incidents in youth rated (G, PG, PG-13) movies, decreasing 71.6%, from 2,093 incidents in 2005 to 595 in 2010. Similarly, the average number of incidents per youth-rated movie decreased 66.2%, from 20.1 in 2005 to 6.8 in 2010. The degree of decline, however, varied substantially by motion picture company. The three companies with published

policies designed to reduce tobacco use in their movies had an average decrease in tobacco incidents of 95.8%, compared with an average decrease of 41.7% among the three major motion picture companies and independents without policies. This finding indicates that an enforceable policy aimed at reducing tobacco use in youth-rated movies can lead to substantially fewer tobacco incidents in movies and help prevent adolescent initiation to smoking.



## Sleep and smoking

Two separate studies published in the journals *Psychology of Addictive Behaviors*, and *Addictive Behaviors*, evaluated the link between disturbed sleep and difficulty in quitting smoking. Peters et al., in the former paper, examined 385 smokers who completed a survey of sleep quality and evidence of waking during the night to smoke. Smokers with co-occurring night smoking and sleep disturbance were at a greater risk for continuing to smoke than smokers with neither risk factor. On the other hand, Okun and co-authors in Pittsburgh found no relationship between quitting and sleep quality among 322 female smokers, over three months of follow up. Drowsiness, insomnia and sleep quality changed over time but none were associated with relapse.

## Smoking cessation

A recent meta-analysis in the *Canadian Medical Association Journal* raises safety concerns about the potential for an increased risk of serious adverse cardiovascular events associated with the use of varenicline among tobacco users. Among 14 double-blind randomized controlled trials involving 8,216 participants, ranging in duration from seven to 52 weeks, varenicline



cline was associated with a significantly increased risk (odds ratio of 1:7) of serious adverse cardiovascular events in smokers using varenicline compared with smokers on the placebo. The review by Singh and colleagues suggests that physicians should carefully balance the risk of serious cardiovascular events associated with varenicline use against the known benefits of the drug on smoking cessation.

In an article published in the *Lancet*, Free et al. described and evaluated an innovative smoking cessation program that was delivered automatically to participants using cell phone texting. The single blind randomized trial, titled *txt2stop*, using an independent telephone randomization system, allowed participants to register to a text messaging smoking cessation service comprising motivational messages and behavioural-change support, or to a control group that received text messages unrelated to quitting. Smokers in the texting group were more than twice as likely to have quit smoking at six months as the control group.

In the *Journal of Men's Health*, Okoli and colleagues from British Columbia reviewed the literature for male-centred interventions. Despite the importance of smoking to the burden of disease among men, only two randomized controlled studies were found tailored specifically to men. The few descriptive studies that have examined smoking cessation outcomes in men-only programs called for more men-centred interventions. The authors suggest that the factors underpinning men's smoking and cessation require further research attention and that future studies are needed to examine, incorporate and evaluate sex and gender-specific factors related to smoking cessation outcomes among men.

– by Michael Chaiton

## Australia pushing plain packaging

On August 25, the Parliament's lower house in Australia passed two bills aimed at banning tobacco company product branding. The legislation, which dictates that cigarette packages must be a uniform olive brown colour with the name of the brand in small, standard type, is expected to pass the upper house in the coming weeks. The Australian government introduced the *Tobacco Plain Packaging Bill* into Parliament on July 6.

The legislation requires all tobacco sold in Australia to be sold in plain packs, with no industry logos, brand imagery, colours or promotional text.

The only distinguishable mark will be the brand name in a standard colour, standard position, and standard font size and style. In addition, health warnings will be updated and increased from 30 to 75% of the front of the pack and 90% of the back. "*The [Prime Minister Julia] Gillard government is absolutely committed to reducing smoking-related death and disease,*" said Minister for Health and Ageing Nicola Roxon. "*Plain packaging will remove the last remaining form of tobacco advertising in Australia. We know that currently packaging is a very powerful tool for tobacco companies to recruit new smokers to their deadly products. Big tobacco is vigorously fighting against this legislation for one simple reason: because they know, as we do, that it will work. While they are fighting to protect their profits, we are fighting to protect lives.*" The law is set to come into effect in January 2012, with a grace period for companies to comply.

British American Tobacco Australia (BATA) Ltd., the Australian market leader, warned that the government would have to spend millions of dollars in legal fees in numerous challenges to the law and potentially billions in compensation. Philip Morris Asia Limited, which is based in Hong Kong and owns the Australian affiliate Philip Morris Limited, had already filed a notice of claim in an Australian court in June, arguing the legislation violates a bilateral investment treaty between Australia and Hong Kong.

On August 22, Australia won its first legal battle against Big Tobacco when the Federal Court ruled on the side of Gillard's government in its battle with BATA.

The tobacco giant wants to get its hands on 1995 legal advice relating to plain packaging presented to the government and plans to appeal the decision to the High Court as soon as possible.

"*The government is pleased the Federal Court has recognized the public interest in protecting the confidentiality of legal advice to the government,*" Health Minister Nicola Roxon said in a statement. "*We've always said that Big Tobacco will try and fight plain packaging tooth and nail and we expect them to continue their desperate tactics.*"

The Government of New Zealand is throwing its support behind Australia in the fight against tobacco. Plans are being made to introduce plain packaging legislation there, as well.

– by Joe Strizzi



Prime Minister Julia Gillard

A sample of a future Australian tobacco plain package and health warning



**More than half of Inuit are smoking daily**

# The Inuit Tobacco-free Network has a tough road ahead

Tobacco has wreaked havoc on Canada's 50,000 Inuit: according to the latest figures from Statistics Canada, more than half (58%) of the population smoke daily, compared with 19% of Canadians. For Inuit aged 20 to 24, the situation is even more troubling: two out of three (63%) are addicted to smoking.

In 2009, thanks to a \$170,000 grant from Health Canada, Inuit Tuttarvingat, a wing of the National Aboriginal Health Organization, created the Inuit Tobacco-free Network (ITN). The goal: to reduce tobacco addiction among these native people of Asian origin.

## Culturally appropriate materials

Since its creation, "ITN has provided distance education training on tobacco cessation for about 30 health professionals and community outreach workers," said Catherine Carry, Senior Program Officer of Inuit Tuttarvingat.

ITN has also collected and made available all the anti-tobacco material adapted to life above the tree line. Although quitting smoking is similar whether one is in the North or in the South, there are, nonetheless, some unique aspects to the strategies used with the Inuit. "The documentation provided to smokers must contain Inuit rather than Canadian statistics and it must show Inuit people," stated Carry, who has worked in smoking cessation for 16 years. For example, one brochure on the benefits of a smoke-free life advises the Inuit to replace smoke breaks with a little time working on their snowmobiles. "We also suggest that they visit a friend. In the North, it's possible to go see a friend on impulse because visitors usually arrive unannounced."

ITN also looks to facilitate communication between all those who fight against smoking among the Inuit. Today, "our network includes about 70 people, including health workers, researchers and policy makers," claimed Carry with obvious pride.

## The smoke stories: quit clips

ITN also coordinated an Inuit youth Video Screening Contest. It provided five young people with a digital camera with which to collect stories from friends and family on their relationship



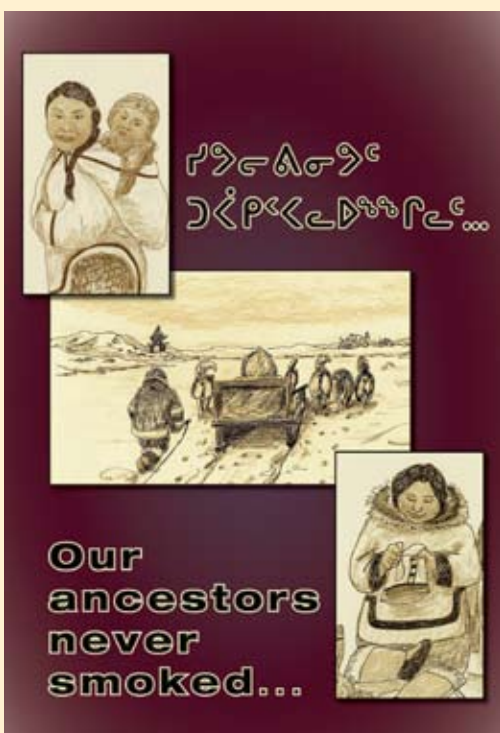
to smoking. Afterward, a professional editor used the footage to create seven videos, each about four minutes long. Students in Nunavut voted for their favourite and the winner, *Quitting*, aired on public broadcaster CBC North.

"We targeted young people because they have very high rates of smoking and they make up the majority of the Inuit population," Carry explained. Indeed, 56% of this population is under 25 years old, compared with 31% of Canadians, according to the most recent figures from Statistics Canada.

While smoking rates remain high among the Inuit, ITN is confident that change is possible. "ITN has strengthened their ability to solve this problem," Carry concluded.

- by Anick Perreault-Labelle

The two posters illustrating this article come from the Inuit Tobacco-free Network website at [www.naho.ca/itn](http://www.naho.ca/itn)



## New Quitline supports Nunavummiut who want to stop smoking

Nunavut Quitline is a new toll-free quit smoking help line to support Nunavummiut who decide to quit smoking. The territorial Department of Health and Social Services launched the phone line on April 15, 2010. It provides counselling and support 24 hours a day, seven days a week in Inuktitut, English, Inuinnaqtun and French. Funding for this project is provided by Health Canada.

Nunavut Quitline is supported by a public awareness campaign highlighting the positive reasons to quit smoking and sends the message that 'quitting is worth it!' The campaign includes a variety of promotional materials, as well as a 'Quit Pack' resource with information and tips about quitting smoking and staying smoke-free.

Smoking affects the health of many people in Nunavut. All Nunavummiut are encouraged to quit smoking and live smoke free: "If you want to quit smoking call 1-866-3NU-QUIT (1-866-368-7848) today."



Supreme Court of Canada

## Ottawa not responsible

Canadian taxpayers will not have to fit the bill for monetary damages and interest payments that provincial governments and victims of tobacco-related diseases will claim in court from the tobacco industry. In a unanimous decision announced on July 29, the nine Supreme Court of Canada judges cleared the federal government of responsibility.

Since the final decision was made, the tobacco companies, aided by the multinationals that own the three largest companies, will now have to defend themselves in court cases alone when hundreds of billions of dollars are claimed in damages, mainly related to cost recovery of health care that provinces had to assume as a result of people falling ill due to smoking. The Government of British Columbia, first set in motion its suit in 1998, and has since been joined by individual suits in BC and Quebec, as well as four other provinces. The tobacco industry wanted to pass blame onto the federal government. The initial court had rejected these claims, but the Court of Appeal of British Columbia accepted, in part, the tobacco industry's appeal before the Supreme Court of the country put a final and unanimous stop to the industry's tactics.

## Alberta's Vote for Health

A coalition of prominent health groups is launching the *Vote for Health* campaign aimed at engaging leadership candidates to help curtail Alberta's tobacco epidemic, specifically among the youth, where smoking rates remain "disturbingly high", accord-

ing to a July press release. The goal is to encourage future party leaders to support tobacco reduction policies. The coalition is targeting leadership candidates from both the Alberta Liberal and Progressive Conservative parties after the province failed to meet its objective of reducing youth smoking rates to 10% by 2009. The smoking rate among Alberta teens aged 12 to 19 was 13% in 2009.

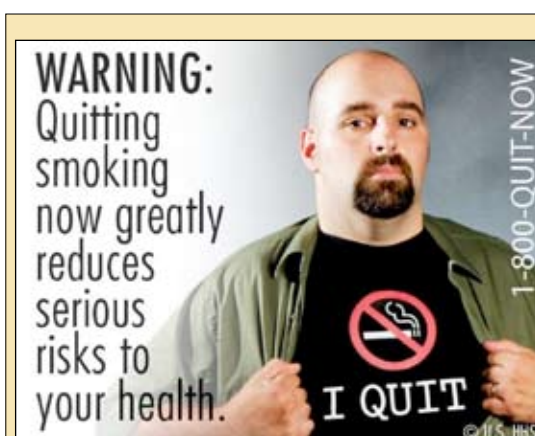
## NS and Manitoba target industry

Nova Scotia and Manitoba have announced plans to pursue legal action against Big Tobacco, and are seeking legal counsel.

*"We are working with Manitoba to find the right firm that can help our provinces recover healthcare costs incurred over a period of 30 years from the 1950s to the 1980s,"* said Nova Scotia Health Minister Ross Landry on June 30. *"This matter is about the actual medical evidence and other evidence that shows that the substance is addictive and that there are some issues relating to the tobacco companies' disclosure of that information. As a result of this, a number of people became addicted and ... we can show the correlation between tobacco and our healthcare costs."*

British Columbia, New Brunswick, Ontario, and Newfoundland and Labrador have already filed Medicare cost recovery suits, while Alberta and Quebec have announced their intention to file such a lawsuit.

**For decades, the tobacco industry has denied and covered up the risks of smoking. In this 1988 Canadian full page ad, the health effects of Benson & Hedges cigarettes are not adequately exposed.**



**Two of the nine tobacco warnings finally selected by the FDA. Note that the photo of Canadian Barb Tarbox was not retained.**

## FDA releases graphic warnings

The Food and Drug Administration released nine new graphic warnings for cigarette packages on June 21, the first new labels in more than two decades in the US. The warnings, which depict the negative health impact of cigarettes, are required to cover at least 50% of every pack of cigarettes sold by mid-2013.

The new labels replace the smaller text-only warnings that have appeared on packages for more than 25 years, and feature jarring images, including a man with a tracheotomy hole and a mouth filled with rotting teeth. They are a result of *The Family Smoking Prevention and Tobacco Control Act*, passed in 2009. It gave the government authority to regulate the marketing and labelling of tobacco products, which are currently responsible for nearly 450,000 deaths in the US every year. Last fall, the FDA released 36 potential warnings, which featured images such as a mother blowing smoke in her baby's face and a grey, damaged lung.



United Nations building in New York City

## United Nations meeting on NCDs

Global leaders will meet in New York from September 19 to 20, 2011 to chart the way forward to address the number one killer accounting for over 63% of deaths in the world today: noncommunicable diseases (NCDs) like cancers and chronic respiratory disease.

Four types of noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases – make the largest contribution to mortality in the majority of countries. These four NCDs are largely preventable by means of interventions that tackle four risk factors for NCDs: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, and, as a result, people die on average before the age of 60.

This is only the second time in the history of the United Nations that the General Assembly will meet with the participation of Heads of State and Government on an emerging health issue with a major socio-economic impact. Countries are expected to adopt a concise action-oriented *Outcome document* that will shape the international agenda for generations to come.

## WHO launches global report

The World Health Organization (WHO) introduced its *Report on Global Tobacco Epidemic 2011*, on July 7, the third in a series of periodic reports about the extent and character of the smoking epidemic

and measures to stop it. In this edition, the WHO called for more anti-smoking measures, warning that tobacco use could kill a billion people if something isn't done quickly.

The report was launched in Uruguay as the health organization hoped to highlight that country's anti-smoking legislation that is now facing a lawsuit by Philip Morris.

Some of the report's highlights include the importance of large, graphic health warnings on cigarette packs, which currently protect more than a billion people in 19 countries, noting that the size of the warning has an effect. Tobacco advertising saw comprehensive bans passed in Chad, Colombia and Syria. What's more, 28% of the world's population, 1.9 billion people in 23 countries, is now exposed to national anti-smoking campaigns.

## BAT pays for rights to inhaler

A British inventor has come up with a so-called 'safer cigarette': a nicotine inhaler shaped like a cigarette that delivers a dose of the addictive chemical equal to that of a cigarette. Unlike the real things though, it doesn't contain tobacco or burn when you puff it, so it doesn't pollute the lungs with 60 carcinogenic substances.

Alex Hearn, the Oxford-educated 28 year old who designed the product, has earned the backing of several wealthy investors, as well as a licensing deal with British American Tobacco (BAT). Hearn is also in talks with the Medicines and Healthcare Products Regulatory Agency, the UK's version of the FDA, to be allowed to market his nicotine inhaler as a medicinal product. Currently under development, BAT says the inhalers will hit the market within two years.

**The multinational BAT plans to launch a nicotine inhaler, which would be much less harmful than smoking cigarettes.**



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