

Medical
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Bulletin of

**PHYSICIANS FOR A
 SMOKE-FREE CANADA**

WWW.SMOKE-FREE.CA

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 twice a year and is distributed to
 all members free of charge.

TOBACCO ACT REGULATIONS INCH FORWARD

"Today, I'm happy to announce that we're moving aggressively to improve the regulation of tobacco products in three important ways.

First, with tough new package labelling requirements.

Second, with measures that will reduce the impact of tobacco promotions including point of sale.

And third, by confirming our plan to table in Parliament comprehensive new reporting requirements for tobacco companies."

**Hon. Allan Rock, Minister of Health
 January 18, 1999**

Although two years have passed since Parliament passed the Tobacco Act, the lengthy process of developing the regulations which will give it teeth has barely begun.

The health community is generally pleased with the direction announced by the Minister of Health, the Hon. Allan Rock, in January 1999. The advances he is proposing for cigarette packages and restrictions on promotions can greatly benefit public health – but only if there is enough political will and community support to make them happen.

Physicians for a Smoke-Free Canada is encouraging the Minister of Health to move quickly to:

- Impose full reporting requirements on the tobacco industry
- Increase the size and impact of health warnings
- Initiate new hard-hitting advertisements against tobacco use and tobacco companies
- Reduce tobacco promotion at the retail level
- Crack down on sales to minors
- Strongly enforce the Tobacco Act

Your support can help counter the tobacco industry's campaign. Write Allan Rock (c/o House of Commons, Ottawa, Ontario, K1A 0A6 (no postage required)). Or use the attached form to fax him a letter of support.

PRESIDENT'S REPORT

Over the past 24 months, Physicians for a Smoke-Free Canada both broadened its activities and sharpened its focus on the prevention of tobacco-caused disease. I am pleased to share some of the following highlights:

Community Action

PSC has initiated a grant program to assist community-based activities to generate awareness of the causes of smoking.

In 1997, we requested \$5,000 from the Three Guineas Foundation, and allocated this money to a poster project run by the Ayatollahs in Montreal and Guerilla Media in Vancouver. Audiences at the du Maurier Jazz festivals in Montreal and Vancouver and Toronto were reminded by the wide-spread distribution of these posters of the relationship between sponsorship and tobacco disease.

In 1998, PSC supported a consciousness-raising event by AIRSPACE in Vancouver. Specially printed helium filled balloons were given away to children at the Benson & Hedges fireworks display. This helped remind audiences that children were present at this cigarette-promotional event.

PSC supported other local protests – including wearing specially-designed T-shirts to Craven A Just for Laughs events.



If you know of community activists with good ideas – send them our way. Grants of up to \$1,000 are available to assist local events.

Research

During 1997 and 1998, PSC commissioned several novel and unique pieces of research on tobacco in Canada. These include:

- The purchase of data on advertising expenditures collected by ACNielsen Canada. These figures demonstrated that tobacco companies were spending more on cigarette promotions in 1998 than they had prior to the passage of the Tobacco Act in April 1997, and called into question the efficacy of the act.

- A report on Canadian mutual funds, and the availability of investment options which did not include tobacco holdings.
- Public opinion polling to determine broad public support for pictures on cigarette package health warnings.
- Legal opinion on the potential impact of the Multilateral Agreement on Investment on tobacco promotion and sales, and discussion paper on tobacco issues which should be considered during the forthcoming Millenium round of the World Trade Organization.

Physicians for a Smoke-Free Canada was the first organization to gain access to the depository of BAT documents available in Guildford, England. BAT is the parent company of Canada's largest cigarette manufacturer, IMASCO. A one-week search of this depository resulted in 6,000 pages of previously secret documents being returned to Canada. Research initiated by PSC has already resulted in new public understanding of the business practices of IMASCO with regard to smuggling, and of the steps taken by IMASCO to market their products to young consumers.

PSC spear-headed the release of this documentation to the public. The documents are now available on a web-site we administer and fund (www.tobaccopapers.org).

Public Communication

PSC has improved its web-site, and has made several unique information items available to the general public through the internet. This web-site has been awarded a 'best of the web' designation by Sympatico. Available on the site are:

- Over 30 fact sheets on tobacco products and tobacco use
- A semi-annual e-zine on tobacco marketing in Canada
- Analysis of current public policy issues
- Research reports on advocacy, advertising and regulations
- Inter-active web-tools to provide estimates of human exposure to the chemicals found in cigarette smoke (for both smokers and those around them!)

Public Policy

Relationships with governments – provincial and federal – improved dramatically during 1998.

The government of British Columbia engaged our services to assist in their aggressive new program against tobacco use. While this contract required activities in Ottawa to be scaled back for the early part of 1998, it allowed us to contribute to the development of unique regulations over tobacco products. PSC provided the technical support behind B.C.'s Tobacco Testing and Disclosure Regulations, which resulted in the first release in the world of brand-by-brand

TREASURER'S REPORT

ingredients to cigarettes (including filters and papers), and the analysis of 40 compounds in cigarette smoke. PSC designed the web-site which provides this information to the public (the web-site is housed at www.cctc.ca, the web-site of the Canadian Council for Tobacco Control.

In the fall of 1998, Health Canada under the direction of Minister Allan Rock, initiated discussions with PSC and other health agencies towards the development of regulations under the Tobacco Act. To date, these discussions have lead to serious consideration of health warnings that include strong visual reminders of the consequences of tobacco use. Other regulatory advances – such as restrictions on promotion and regulations on retail displays of cigarettes – are also under consideration.

International Issues

In 1997 and 1998, PSC was engaged by the World Health Organization to provide assistance in missions to support tobacco control in Hungary, Turkey and Kyrgyzstan. From funds provided by our members, PSC provided a \$2,000 donation to Smoke-Free Kyrgyzstan to assist with its new campaign to reduce smoking.

PSC remains active in the promotion of the International Framework Convention on Tobacco Control proposed by WHO.

PSC has submitted a brief on the risk to public health if certain rights are provided to tobacco companies during the WTO millenium round of trade negotiations. This 20 page brief can be obtained by contacting our Ottawa office.

Second-hand Smoke

Increased funding from Health Canada has allowed us to hire new staff to assist in the researching and creating public awareness of the dangers of second hand smoke. Susanne Lantos, a chemist with a strong personal interest in second-hand smoke, joined PSC in December 1998. Within weeks, she made a very unique contribution to public understanding of the hazards of second hand smoke by designing an inter-active web-tool which allows the public to produce an estimate of the quantities of 40 chemicals they inhale from second-hand smoke. This web-tool can be accessed at http://www.smoke-free.ca/eng_issues/etschemssmokers.htm

PSC also commissioned a special analysis of data from the National Population Health Survey on exposure of Canada's children to cigarette smoke in the home.

Mark C. Taylor, M.D., M.Sc, FRCSC, FACS
President

The financial security of Physicians for a Smoke-Free Canada improved significantly during the two-year period 1997 through 1998, and our funding base continued to broaden.

In 1998, PSC's revenues were enhanced by two new sources of funds. The first resulted from a contract with the government of British Columbia for consulting services: gross revenues from this source were \$73,367, with off-setting disbursements of \$17,405. Unlike charitable donations and government grants, proceeds from such earnings are not subject to spending restrictions, and provide PSC with additional flexibility in budgeting and activities.

The second major new source of revenue for PSC was a population health grant from Health Canada, which continues into the 1999-2000 year. The grant is \$150,000 per fiscal year, and is allocated to three project areas: a review of tobacco marketing, research on cigarette modification, and activities to reduce exposure to second-hand smoke.

Total revenues for 1998 are lower than in 1997; and lower in 1997 than in 1996. This is due to the termination of a Canadian Medical Association project, for which PSC served as administrative contractor in 1995 through 1997. Despite this, actual revenues available to PSC for activities increased significantly – from \$87,731 in 1997 to \$190,757 in 1998.

Funds from donations and membership fees by Canadian physicians increased from \$28,284 in 1996 to \$36,431 in 1997, and then fell in 1998 to \$23,697. Building financial independence through sustained support from individual physicians must remain our financial priority.

Jim Walker, M.D., FRCPC
Treasurer



*Physicians for a Smoke-Free Canada is proposing
That health warnings like these appear on
Cigarette packages*

WHAT ARE YOU INHALING?

Physicians for a Smoke-Free Canada Audited Financial Statement Year End – December 31, 1998

	1998 (\$)	1997 (\$)
REVENUE		
• Individual donations & membership	23,697	36,531
• corporate donations	300	14,969
• Project Activities- CMA/Health Canada		134,145
• Health Canada Population Health Fund Contribution	93,393	
• Project Activities		35,900
• Consulting fees	73,367	
• Other		431
Total Revenue:	190,757	221,876
EXPENSES		
• Amortization	808	670
• Bank charges	324	402
• Donations		
• Contract expenses	17,405	
• Memberships	3,460	325
• Miscellaneous	722	558
• Office supplies	1,018	1,015
• Postage and Printing	2,340	7,925
• Professional fees	2,179	1,030
• Project Activities – CMA/Health Canada	0	134,145
• Health Canada Population Health Fund Activities	93,959	
• Project Activities	0	12,532
• Publicity & fundraising	0	14,369
• Rent	2,489	4,345
• Salaries & benefits	20,535	35,501
• Tobacco Divestment Project	6,278	
• Telephone	4,590	4,272
• Translation	0	717
• Travel & meetings	1,227	12,998
Total Expenses:	158,718	230,804
NET REVENUE (EXPENDITURE) For the year	32,039	(8,928)

Expenses under Health Canada Project No. 6785-15-1998/158001	1998 (\$)
Personnel	77,734.41
Travel & Accommodation	2,657.11
Rent and Utilities	5,315.49
Materials & Supplies	5,232.45
Cost of Services	3,535.57
Total	93,553.85

PSC launches new web-tool to measure second-hand smoke exposure

Until recently, many people were unaware of the true risk of inhaling second-hand smoke, and even now, information is lacking. The truth is, smoking affects everyone in any enclosed space.

In late 1998, the Government of British Columbia released a report detailing the quantities of specific chemicals in sidestream and mainstream tobacco smoke. This data gave us much-needed information to communicate the risks of breathing second-hand smoke.

We have designed an interactive web site that calculates a non-smoker's average "Personal Inhalation Rate" for each of the hazardous chemicals tested in the British Columbia report. A short summary of the potential health impact resulting from exposure to the selected chemical is also presented.

The website prompts the user to input their age group and weight, as well as the size of the room, the time spent in that room, and the number of lit cigarettes. A pull-down menu allows the user to select one of 40 chemicals. The program then calculates the amount of chemical that individual would inhale under those circumstances, based on a standard office air circulation and an at-rest breathing rate.

The calculations for this website are based on previous calculations for equilibrium chemical concentrations. They do not take into account proximity to the smoker, chemical decay rates, or peak smoking times. As well, chemical values per cigarette are based on standard sidestream values - the amount of chemical released at the lit end of a cigarette - and do not include exhaled smoke, which would raise the quantity of certain chemicals. Quantifying exhaled smoke would involve much more complex experimentation, as would individual chemical decay, proximity and peak smoking time - all interesting calculations for future work!!!

The interactive Personal Inhalation Rate website may be viewed using the latest versions of Netscape or Explorer at:

www.smoke-free.ca/eng_issues/etschems2.htm

or by following the links from the main page (www.smoke-free.ca)

Check it out! Let me know how we can make this more useful to you.

S.D. Lantos, M.Sc.
Chemist

e-mail Slantos@cctc.ca
or call 613-233-4878; or 1-800-540-5418

RETAILERS & TOBACCO MARKETING

Health Canada surveys show that retail promotion of cigarettes is increasing – not decreasing – following passage of the federal Tobacco Act in April 1997. ACNielsen was commissioned to survey 5,000 retail outlets in August and September of 1996, 1997 and 1998. They found:

- **Retail promotion of cigarettes is growing.**

Tobacco Point of Sale (POS) promotions have increased by 8% in the past three years (from 36% of stores to 39.1%)

- **Convenience chains are the most likely stores to carry tobacco POS and have the highest number of tobacco POS per store.**

Over half (54%) of all convenience chains had at least one tobacco POS. On average, convenience chains with ads posted 2.3 promotional pieces per store compared with 1.9 pieces for all store types combined.

- **Counter-top displays are the most common form of tobacco POS.**

These displays have increased by 45% in the past three years (from 13.6% of stores to 19.8% of stores). In New Brunswick and Manitoba, counter-top displays have doubled in the past year.

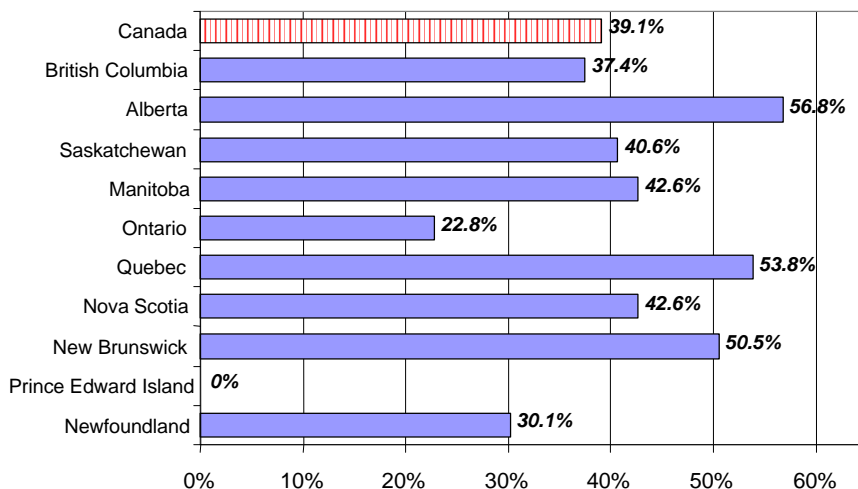
- **Retail promotion varies significantly by province.**

Not one of the 85 retailers surveyed in Prince Edward Island carried tobacco POS, but more than half did in Ontario and Alberta.

- **Convenience stores and pharmacies near schools and malls are more likely to carry counter top displays and other promotions.**

59% of convenience stores near schools carry tobacco POS, compared with 50% away from schools. (for pharmacies, the numbers are 25.9% near schools and 22.8% away from schools.)

Number of Canadian Retailers who carry point of sale promotions for cigarettes (ACNielsen)



Quick Facts

Canadian Retailers & Cigarettes

- Retailers earn approximately \$750 million per year from the sale of cigarettes
- Retailers earn approximately \$22 million per year from the illegal sale of cigarettes to children.
- Approximately 50 million packages of cigarettes are sold illegally to children by Canadian retailers each year.
- It would take an additional retail mark-up of \$0.03 per package to replace the \$60 million tobacco companies give to retailers to advertise and promote cigarettes.
- One third of retailers remain willing to sell cigarettes to children when tested by Health Canada's secret-shoppers.
- Tobacco companies spend more on retail promotions than on any other single promotional activity.

'LIGHT' AND 'MILD' CIGARETTES

New regulations on cigarette packages provide an opportunity for a review and regulate the use of words like 'light' and 'mild.' PSC is urging the Minister of Health to place some controls (preferably a ban) on these misleading words.

Are 'light' cigarettes safer than regular-strength cigarettes?

- **No.**

When light cigarettes were first introduced in the 1970s, it was thought that they would deliver less cancer-causing tar to smokers.

Subsequent research has shown:

- Smokers of low-tar cigarettes are as likely to get sick and die of cigarette-caused disease as those who smoke regular cigarettes
- Smokers often inhale as much cancer-causing tar and addictive nicotine from low-yield cigarettes as they do from regular cigarettes [1]

Do smokers get less tar or nicotine from 'light' cigarettes?

- **No.**

Smokers modify how they smoke cigarettes in order to 'satisfy' the level of nicotine to which they have become addicted. They do this by

- Blocking the ventilation holes with their lips and fingers
- Puffing more frequently
- Inhaling more deeply
- Holding the smoke in their lungs longer
- Smoking more cigarettes [1]

How many Canadians smoke 'light' cigarettes?

- **Over half.**

In Canada, 57% of women and 53% of men smoke low-yield cigarettes. [2]

Are there any legislative standards for the use of words like 'light' and 'mild' on cigarette packages?

- **No.**

There are no legislative or regulatory restrictions or requirements for the use of words like 'light,' 'extra-light,' 'mild,' 'extra-mild,' or 'ultra-light' on cigarettes.

Why do machine tests show lower levels of tar and nicotine for 'light' cigarettes?

- **Because cigarettes were re-designed to cheat smoking machine tests.**

For more than two decades, cigarette companies have used smoking machines to test the levels of tar, nicotine and carbon monoxide.

Meanwhile, they have deliberately altered cigarette design to give artificially low readings.

Light cigarettes are made with ventilation holes around the filter which allow extra air to mix with cigarette smoke and give lower tar and nicotine readings on smoking machines. On some cigarettes these holes are visible to the human eye, on others they are almost impossible to see. [3]

In 1975, when the machine testing methods had become standards, fewer than 1% of Canada's cigarettes were made with ventilation holes. By 1983, almost half of Canada's cigarettes were ventilated. [4]

Do smokers know that low-yield cigarettes are not safer?

- **Some do, but not all.**

When Canadian smokers were asked what they thought "light" meant, almost half of smoker (47%) thought it meant less nicotine; one third (33%) thought it meant less tar. Only 9% thought it had to do with 'milder taste.' 14% of Canadians thought that 'light' cigarettes were healthier than regular cigarettes; 64% believed that smokers inhaled more deeply or smoked more cigarettes. [2, 5]

Does the confusion about low-yield cigarettes lead to higher smoking-caused deaths?

- **Yes.**

Epidemiological studies of smokers and their motivations to quit have concluded that the introduction of light cigarettes in the 1970s harmed public health.

The U.S. National Cancer Institute concluded low-yield cigarettes have "kept many smokers smoking who otherwise might have quit. The net effect of the introduction and mass marketing of these brands, then, may have been and may continue to be an increased number of smoking-attributable deaths." [6]

[1] Lynn Kozlowski et al. *American Journal of Preventive Medicine*, 1998; 15(1)

[2] *Survey of Smoking in Canada, (SOSIC) 1995. Health Canada.*

[3] W.S. Rickert, "Smoking Under Realistic Conditions: Development of Minimum and Maximum Values for Toxic Constituents in Tobacco Smoke."

[4] *The Canadian Tobacco Market at a Glance, AG-31, document produced during RJR-Macdonald vs. Attorney General of Canada*

[5] *Health Canada, Environics Poll, January 1999*

[6] *U.S. National Cancer Institute: The FTC Cigarette Test Method for Determining Tar, Nicotine and Carbon Monoxide Yields of US Cigarettes, report of the NCI Expert Committee, August 1996.*
