

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

Pursuant to Standing Order 68, Randy Collins, MHA, Labrador West, replaces Jack Harris, MHA, Signal Hill-Quidi Vidi.

The Committee met at 9:00 a.m. in the House of Assembly.

CHAIR (Ross Wiseman): Order, please!

I welcome you to the first hearing of the Select Committee of the House of Assembly that will deal with, An Act To Provide For the Recovery Of Tobacco Related Health Care Costs.

This morning we are going to have a presentation from the Newfoundland and Labrador Alliance for the Control of Tobacco. I think, Brent, you can accompany me if you want. There are a couple things. Firstly, I will ask members of the Committee to introduce themselves.

I am Ross Wiseman, MHA for Trinity North, and I am Chairing the Committee.

MR. OTTENHEIMER: John Ottenheimer, MHA for St. John's, East.

MR. COLLINS: Randy Collins, MHA for Labrador West.

MS JONES: Yvonne Jones, MHA for Cartwright-L'Anse au Clair.

MR. SULLIVAN: Loyola Sullivan, MHA for Ferryland.

MR. ANDERSEN: Wally Andersen, MHA for Torngat Mountains.

MR. JOYCE: Eddie Joyce, MHA for Bay of Islands.

CHAIR: (Inaudible) to introduce the people who will be presenting on behalf of your organization, please?

MR. B. SQUIRES: I am actually going to go ahead. Both Brent and I have a little bit of the flu this morning, but my voice is actually better than Brent's.

Brent is the Programme Director for the Alliance for the Control of Tobacco. With us is Seamus Breen, who is staff with the Alliance for the Control of Tobacco, and I am Bruce Squires. I am the Chair of the Board of Directors. In my day job, I am the Executive Director with the Newfoundland and Labrador Medical Association.

CHAIR: Okay, thank you very much.

Just for procedural purposes I would ask, as your speakers make comment, if you would introduce yourself first, since the proceedings are being recorded, so we can get your name on record as you speak.

The process this morning, we have allowed for a twenty-minute period for your presentation and some opportunity for some questions and answers by the Committee after that. I trust that will give you a good opportunity to be able to present the significant points that you want to raise with us this morning.

With that said, I turn it over to you.

MR. SQUIRES: Okay. Good morning.

Honourable members, it is a pleasure to have an opportunity to speak to you today in support of this very important legislation. We thank you for that. As we said, I am Bruce Squires and I am the Chair of the Board of Directors for the Newfoundland and Labrador Alliance for the Control of Tobacco.

Over the next week or so, you will hear some disturbing facts about tobacco. You will learn about youth and adult usage, about health

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

effects, the economic impact, the health care costs, the deception and tactics of the tobacco industry, and you will hear some incredible numbers like the one this slide refers to, and the fact that smoking kills 45,000 Canadians every year; a number, to put it into perspective, equal to the fatalities from the Swiss air crash, every Monday, Wednesday and Friday for the entire year.

You will hear from addicted smokers. You will hear from victims of the tobacco industry. You will hear from physicians and health care providers locally, who see and treat the victims of the tobacco industry every day. You will hear from young people, teenagers who deal with the pressures to smoke. You will get their perspective on the tobacco industry and the issue as a whole. Certainly, you will hear from the tobacco industry. They will question the facts; they will question the statistics. They will deny that there is any proof that tobacco causes death and disease.

Tobacco smoke contains 4,000 chemicals, fifty of which are known carcinogens. Yet, they may well deny that it is the constant inhaling of these toxins which causes the cancers, the heart diseases, emphysema and the other deadly diseases so common in smokers. Then you will hear them contradict themselves, and say that while there is no proof that there are health risks, there has always been informed consent. In other words, people knew all along that tobacco would kill them, and you would have to be crazy to think otherwise. They will call it a matter of choice.

They will also deny that they have manipulated nicotine levels in cigarettes. They may deny that nicotine is addictive. They will almost certainly try to bog you down with definitions of addiction. They will also try to deny that they are in the nicotine delivery business, and that their profits, their growth, depend on the ability to chemically addict their users.

You will hear them separate themselves from their parent and sister companies in the United States, and say that they are different here in Canada. You will hear them separate themselves from their own past. They will claim that while some things were done in the past that they are not proud of, that they have changed, they have turned over a new leaf.

They will tell you that the millions they spend on marketing is not designed to recruit new smokers, but merely designed to get current smokers to switch brands, something they know almost never happens. They will deny that they target kids in their marketing. When confronted by their own documents, they will claim that the documents are being misinterpreted. They will claim that they have never researched the effects of sponsorship advertising on youth smoking. They will claim that their sponsorship of mountain bike races in Alberta, and promotion of those same events here in this Province, is about being good corporate citizens, and has nothing to do with associating smoking with young, fun activities that have a special appeal for children.

You will most certainly hear warnings about the constitutionality of the litigation and legal pitfalls. They will say this whole issue is a waste of time and has no chance of success. Perhaps they will remind us all of how much their parent companies agreed to pay out in the U.S., and why they agreed to pay a quarter of a trillion dollars over twenty-five years, if there really is no case. They might even dare to suggest that the handful of jobs created in this Province by the distribution of this lethal product deserves consideration over the 1,000 people killed every year.

They will claim that the government is hypocritical for suing the tobacco industry, while they collect taxes. Even though the tobacco industry doesn't pay those taxes, they

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

have never paid a cent to compensate victims, or the health care system, for the millions of dollars in costs they are responsible for and the thousands upon thousands of lives they have changed.

Let's begin by highlighting some of the key facts. In this Province, 32 per cent of adults smoke; 38 per cent of our youth smoke. Smoking is the number one cause of preventable death in this Province. One thousand smokers die every year. It is more addictive than crack cocaine.

So, given that information, why do people keep smoking? Because there is a massive industry that makes a huge amount of money and continues to put the profits ahead of lives and our health. People continue to smoke because the tobacco industry wants it that way.

This industry loses 1,000 of its best customers, just in this Province, every year, so they need to replace all of those smokers who quit or die. They do several things very well. They deny the truth. The tobacco industry has known for close to fifty years that their product kills. They discovered before anybody else - ten years before the Surgeon General in the U.S. issued his report that smoking caused cancer - but rather than warn the consumer, they concealed that information. Then, later, they denied that they knew, and even lied when challenged and asked repeatedly to confirm it. We will show you the tobacco industry's own documents that prove this.

This industry continues to deny that they target kids in their marketing, but 85 per cent of new smokers are kids. Adults do not start smoking. The industry spends \$30 million per year in advertising in Canada. Yet, they claim there are not interested in replacing the 45,000 customers who die every year, only to switch the living ones from brand to brand. We will show you their own marketing strategies, their research,

the tobacco industry's internal reports, that demonstrate that hunger for the youth market.

This industry denies that nicotine is addictive. They deny they manipulate nicotine levels to produce a more addictive product. According to Dr. Jeffrey Wigand, the insider former VP of research of Brown and Williamson Tobacco, which is a sister company of Imperial Tobacco here in Canada, there are 699 chemicals added to tobacco. Why do they add them? One of the them is ammonia, it is used to increase the addictiveness of nicotine.

In the tobacco industries, lobbyists work very hard to defeat, delay and destroy legislation. They will try to do that here, and other government regulation. That is what they call managing government's tobacco file.

It is clear that the tobacco industry does have a comprehensive strategy to attract and to keep new smokers. It is a strategy designed to perpetuate the death toll in this Province and the flow of millions of dollars in profits, out of our Province, into their corporate headquarters in the United States. It is clear that we have to counter the tobacco industry with our own comprehensive strategy.

Let's look at some of the success stories in other jurisdictions. California, they initiated a comprehensive strategy in 1989. Since they have been fighting back against the tobacco industry they have the lowest smoking rates in North America. Their youth smoking rate is 7 per cent, envy of everywhere else. Remember, we said we have a youth smoking rate of 38 per cent.

Massachusetts has been fighting back against the tobacco industry since 1993. They have seen their overall consumption drop by 31 per cent. Their youth smoking rate stabilized, a time when other rates are growing. Florida's comprehensive approach, since 1998,

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

has seen smoking amongst middle school students drop from 15 per cent to 9.6 per cent. Amongst high schoolers it has dropped from 26.2 per cent to 20.9 per cent. Remember, that is only three years.

Canada has followed suit. Canada's national strategy was formulated in 1999 in a document entitled: New Directions for Tobacco Control. Certainly, Health Canada has received international kudos for its fight against tobacco and the tobacco industry.

When the Alliance for Control of Tobacco formed in that same year we ensured that our strategy was compatible with the national strategy, and we will provide you with copies of that strategy along with copies of this presentation. As you are aware, the act is funded by the provincial Department of Health and Community Services. The act brought together the key health and education players in the Province in tobacco control. From those nine founding organizations we have grown to the largest, most active, anti-tobacco coalition in Atlantic Canada. We now speak for, not nine, but fifty-one provincial organizations and agencies. This is taken from our Comprehensive Tobacco Reduction Strategy and it shows that our mission is clear and without reproach, to reduce the negative impacts of tobacco use in Newfoundland and Labrador through a Comprehensive Tobacco Reduction Strategy.

Again, the goals in our fight, in our tobacco reduction strategy, are the same as those identified nationally. Number one, to prevent people from starting in the first place. Of course, that focuses, particularly, on children, kids and youth; to protect people from environmental tobacco smoke, second-hand smoke. It is a class a carcinogen and it is deadly, and the tobacco industry will deny that. Cessation is about helping addicted smokers to stop smoking.

De-normalization; that is about making smoking an abnormal activity and revealing the tobacco industry for what it is, a predator. A comprehensive strategy means we cannot do one of these without doing the others. There is a great deal of overlap, an inner dependence between the goals. For example, when you help an adult to quit smoking you also take away a smoking role model and that helps to prevent a new, younger smoker from starting. When you bring in smoke-free legislation, it not only protects the workers in the restaurant and bar industry from environmental tobacco smoke, but it also encourages smokers working in that industry to quit. The goal of de-normalization is the key though, and that is what the tobacco industry will resist most fiercely. Why do they fund hospitality groups to fight second-hand smoke regulation? Because they want it to be normal to smoke in public. Why does the tobacco industry covertly fund smokers' rights groups? Because they want to make the debate about smokers versus non-smokers' rights. They do not like it when a conflict becomes clear like it has in the United States, as a battle between predator and prey. The tobacco industry does not like being named. They do not like being forced to tell the truth.

There is a good example. We will provide you, subsequent to this presentation, with an ad that was played in California until the tobacco industry had it pulled by threatening everyone from the TV stations to the government itself. That ad showed the Senate committee hearings, the U.S. House, where the CEOs of the major tobacco companies in the United States each came forward, one by one, and said, with a straight face: Tobacco is not addictive. Tobacco does not cause cancer. Tobacco is not a health risk.

They had those ads pulled, through their influence. Why did they react so strongly? Because they were caught lying, and that is not very good for their business. They know that

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

kids will not feel so independent and rebellious about smoking when they discover that, really, they are just having the wool pulled over their eyes by a tobacco industry.

ACT has six strategic directions that we use to pursue those four goals we identified. Compensation is the one we would like to talk about now, as I finish up the presentation. Why sue the tobacco industry? That is the fundamental question that you are asking all the groups presenting to you. We have boiled it down to four reasons.

The first reason is justice. This is an industry that has lied to the public. They knew they were manufacturing a lethal product. They deliberately chose not to warn people. Instead, they explored ways to make the product more addictive. Indeed, they found ways and implemented those discoveries. That is an industry that has performed more market research on kids than any other, and we will probably never be able to find all of that. They manufactured a lethal product. They have made it addictive and they have done everything they can to get our kids hooked. It is not a responsible industry, and those actions demand justice and accountability.

Truth: we know the tobacco industry has done it in other places but we do not know what they have done specifically in Newfoundland and Labrador. What research has the tobacco industry conducted here on Newfoundland youth? It is an opportunity to find out, but we will never know until we bring them to trial.

Compensation: tobacco generates \$70 million in taxes annually here, but it takes away five times that amount in health care costs, other expenses. That is not a fair equation. Tobacco is not pulling its weight. The point is that, whatever compensation we are receiving currently, it is coming from the wrong source, not the tobacco industry but from the smoker, the victims of

tobacco. The tobacco industry has not paid a cent in compensation to this Province, and we think that is wrong.

Finally, the bottom line, health: we are dealing with the number one cause of preventable death in this Province. We have a mounting health care crisis as our health care providers attempt to prevent illness and save lives, and the tobacco industry stands in our way. They want us to keep going with business as usual, to keep on hooking children, to keep people addicted, to keep the body bags flowing. They have to be stopped and, through legal action, we can stop this industry from behaving this way.

This is the first of many presentations you will hear this week. We urge you to carefully consider the evidence you will hear and to consider the source of that evidence. The people of the Province will tell you they support this legislation and that they want to see justice brought against an external industry that is robbing us of our most valuable resource, our children. We trust that this will give you even more resolve to pass this legislation and to begin the process of bringing the industry to justice. It is the right thing to do, for the right reasons.

I want to thank you for the opportunity to present to you and we will be very pleased to answer any questions.

CHAIR: Thank you very much, Mr. Squires.

I will ask members of the Committee, are there any questions for Mr. Squires and his group?

Mr. Collins.

MR. COLLINS: I do not have a question, but I would certainly like to make a comment.

Traditionally, throughout North America and Canada, governments, I guess, have been almost dragged in over the years to pursue anything

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

against the tobacco industry. Given the statistics, and they are common-knowledge statistics these days, on the effects of smoking - like I say, it is not a question but sort of a comment - one thing I have never understood, if you went down into your basement tonight and invented something that would be known to cause 1 per cent of the illnesses and damage that tobacco inflicts on people, you would certainly spend the rest of your life in jail. In addition to that, governments are very fast, and rightly so - for example, every so often you hear on the news about hamburger beef being recalled; something that would probably make people sick but not kill them, for the most part. Although there may be a couple of deaths that would result from that. Still and for all, for something that is known to kill so many people every year governments have not said: Well, this is illegal; rather than pursue and pay lip service and things of that nature. I guess a lot of people have asked the question: Why don't governments just make tobacco illegal if it is known to cause so many deaths and illnesses as it is known to cause?

MR. SQUIRES: Yes, you have said it better than we can. I guess the one thing I would say is clearly, we have a tremendously powerful, tremendously funded industry that does produce what is currently a legal product. What they do is seek to keep it as legal as possible with as few controls and as little accountability as they possibly can manage.

MR. COLLINS: And as many contributions.

MR. SQUIRES: That is right.

CHAIR: Thank you very much, Mr. Collins.

MR. SULLIVAN: I have a question also. I don't have to be convinced of the effects of cigarette smoking. I followed it, I guess it has been over thirty years, reading everything from the New England Journal of Medicine to Neo

Clinic. I subscribe to a lot of things and have done a fair amount of reading on that. That is not a concern of mine and the cost to health care. My concern is eliminating smoking and access to youth, where it starts; and gearing a campaign to stop that and sufficient resources in that area. That is a big concern.

I will just go through it quickly. Since the 1989 Budget we have taken in \$851,875,000 in tobacco tax in this Province, in that period of time. That is very significant. What will this legislation - and I had the question written before you got to some of the particular answers - do to stop people from taking up smoking? One thing that comes to my mind is that it will provide - if we win a case - extra resources so that we can have more intensive campaigns to eliminate smoking. It gives you extra resources to do the job. Other than that, what would this do to achieve your goals of the lines for the control of tobacco?

MR. SQUIRES: Do you want to take a try with your voice? Brent is going to take a try.

MR. SMITH: I will see what I can get out here.

There are recommended levels for tobacco control that have been set out by the Centre for Disease Control in the US. You are right, there is an enormous amount that is brought in through tobacco taxes and very little was put back into the problem. Currently, in our Province, there is about sixty cents per capita that is put back into tobacco control programs. The recommended level for an effective tobacco reduction program is at least \$10 per capita. Compensation addresses that. It is one of the things that this litigation would do. If successful and if the tobacco industry is sued, and there are health care costs that are recovered, then it would be the position of the Alliance for the Control of Tobacco that some of that money should go back into the problem itself, in the order of \$10 per capita. There is the

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

compensation piece, but I think the point that we would like to make very strongly is that this isn't just a matter of dollars and cents. It is not just a matter of recovering those health care costs. There is truth that needs to be uncovered.

The backbone of our tobacco reduction strategy is de-normalization. As Bruce pointed out, de-normalization is what the tobacco industry fears most. They will resist fiercely when smoking is taken out of a public area because it de-normalizes smoking. The compensation piece itself does serve to de-normalize this industry. Right now the industry does not have a face in this Province. There is no manufacturing. There is no growing of tobacco. There is some sponsorship advertising, but the tobacco industry does not have a face. This litigation would serve to show the Newfoundland public what the industry is and what they have done. That is one of the main points, from our prospective of moving forward on this, is to get the truth.

MR. SULLIVAN: I have just one more.

CHAIR: Go ahead.

MR. SULLIVAN: Maybe we are partly to blame, governments too, for not being stricter in smoking. I am an anti-smoker. I don't like smoking in public places whatsoever. I do not think non-smokers should be subjected to that. In fact, I suggested when the legislation went through in December: Why not enact that right away, or even in April 1, rather than wait until next year? Why aren't the efforts more intense, basically, in getting stricter controls on where you can smoke? Push a heavy agenda there, because I think that will have a positive effect. Wouldn't you think that would be a more effective method to get your result of the goals for the Alliance for the Control of Tobacco?

MR. SQUIRES: We think that is a very effective method. This Province is, in fact, leading the way now with that legislation. There is more to be done. There are still places, even

after the legislation comes into effect in January 2002, that children may still be exposed to ETS; and of just as great a concern, there are workers, who through no choice of their own, will have to be exposed to secondhand smoke. We are making progress. That is one of the key thrusts of the Alliances' tobacco reduction strategy. I guess, as I said, it really has to be comprehensive. You cannot go after one component.

The compensation piece, and as Brent said, how that leads further to the actual de-normalization. It is not until smoking becomes something that is abnormal that people look at you funny; that you don't want to do; that you feel is inappropriate; that you know harms your health and you ask: Why in the world would I do that? It is not until we have achieved that, that we can truly take those societal costs, both in terms of dollars and in terms of what it means to people personally as they see their loved ones deteriorating from the effects of smoking. It is not until that happens, until smoking is abnormal and not something that is accepted in our society, that that will happen. So, this is one of the very key pieces. We have to keep pushing hard on each one of those, and that is one of the reasons why additional resources will be useful for the groups that work to achieve this.

MR. SMITH: If I may, just to follow up with ACTs, on Bruce's point. The comprehensive element of this cannot be demonstrated better than to look at what they failed to do in Arizona. They put a ton of money into tobacco control programs in Arizona. That was a state that was heavily influenced by the tobacco industry lobby. The tobacco industry was successful at convincing the state government that they should not name the tobacco industry. They should do nothing about de-normalization and they should do nothing about secondhand smoke. They should put all of their money into prevention programs with a clear message: If you are a kid, you should not smoke. They

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

poured millions into that, and their smoking rates have actually increased. A very deliberate attempt by the tobacco industry. In a later presentation we will talk about some of the tobacco industries tactics here in this Province to send that exact message out.

The tobacco industries favourite approach to tobacco reduction is: We want to do anything we can to keep kids from smoking. That is their public position. They will bring programs for it, which, on the surface, are designed to keep kids from smoking, but the message is very deliberate. It is: kids should not smoke.

That, in fact, supports the tobacco industry's own marketing efforts when you look at the millions of dollars that is put into tobacco promotion. The message is clear: tobacco smoking is an adult activity. It is a sexy thing to do. It is a graduation into adulthood. So, when you send a message to kids that you should not smoke, that is just going to add to the appeal of it itself.

The need for a comprehensive strategy that, as you have mentioned, takes smoking out of the public eye, protects people from second-hand smoke, but goes after the industry directly, is extremely important.

When we look at the different types of messages that kids get from the anti-tobacco groups, by far the most effective message in terms of preventing kids from starting smoking is about the tobacco industry. Kids do not like to be duped. When you send the message that I am an adult and I am telling you that you should not smoke, that does not work. When you show them lung cancer, that does not work. When you tell them that you have just been duped, you have been suckered in by a massive industry that just sees you as a walking dollar sign, that works. It gets their goat and that is a message that works very well. The tobacco industry knows that. That is why they strongly resist

anything around de-normalization.

Thank you.

CHAIR: Mr. Joyce.

MR. JOYCE: I just have one question. In your tobacco presentation, you mentioned 32 per cent of adults smoke and 38 per cent of youth smoke. Is there any study or are there any figures to show what number of youth, when they start smoking at a young age, continue on smoking; and if there are any at the legal of nineteen who start smoking and continue on? Is there any study into that, or is it usually once youth start smoking they continue on as adults? Is there any study where adults pick it up when they have the legal right and make their own decision?

MR. SMITH: The figures that we have, off the top of our heads, it is very rare for adults to begin smoking, first of all, and that 85 per cent of new smokers are sixteen years of age or under. It is extremely unlikely that you can get an adult to begin smoking.

In terms of whether they continue, there is a study out of B.C. that shows that kids who smoke just two cigarettes, even after two cigarettes, are showing a chemical addiction to it. That is a result of the product that is on the market today, a highly addictive substance that is particularly addictive to children.

Another set of studies has looked at that, the addictiveness - the addictive nature of nicotine by age - and they have found that children are particularly susceptible to becoming addicted to nicotine.

CHAIR: Mr. Ottenheimer.

MR. OTTENHEIMER: As a part of this process we will be presented with a fair bit of presentation and, as you have indicated, Mr.

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

Squires, it will be on both sides of the issue. It is our purpose, of course, to conclude with a report with recommendations and so on. In addition to the oral presentations, we have also been presented with some documentary presentations, and I would just like to refer briefly to one of them.

In a letter which we received, there is an argument being made by those who obviously have some difficulty with the proposed legislation, that such legislation relieves government of its obligation to prove its case; and, also, that what is being proposed is in effect drafting rules for a case in which it is the plaintiff.

Now, I realize that these are legal issues, but as an umbrella group and as a group that had, I believe, at the outset, some nine founding members and now represents or includes membership of some fifty-one organizations, obviously those groups or individuals or associations or companies that have difficulty with what is being proposed will direct their comments to you as an organization. My question is: How do you deal with that, in response? In other words, what is the position of ACT as this umbrella organization? What is the position that you then propose in response to those types of commentaries that are made by those who express a difficulty and have some problem with what is being proposed in the legislation before us? How do you deal with those points of view?

MR. SQUIRES: Maybe I can start, and Brent can jump in as well. Thank you for the question, Mr. Ottenheimer.

I think our response to the first question is quite specific. The legislation, as I understand it, does not relieve the Province of the burden of proof that, in fact, the tobacco industry has been responsible, has shown, through the correct legal definitions, that they are responsible and liable

for these costs. We understand the legislation to merely facilitate that litigation.

We understand as well that similar litigation has occurred in the United States of America. That litigation, as I referred to, resulted in settlement between the tobacco industry and forty-six state governments. That, to us, proves, in fact, that the tobacco industry does have an accountability and a liability for what they have done. If it applies in the United States, it most likely applies in Canada. For the non-lawyers amongst us, that seems to be an evident truth.

Our advice has been that the legislation that the Province is bringing forward is merely facilitative, but that burden of proof will still be required. As we described previously, that process is incredibly important, not just for the reasons of compensation but for the reasons of truth, of justice, and of public health, holding a company accountable for the effect of its actions on the public health.

Brent, is there anything you wish to add?

MR. SMITH: I agree with Bruce. We see the legislation as enabling legislation. We are not going to hear the story, we are going to hear the facts, unless the tobacco industry is brought to trial.

I know last fall, when the legislation when passing through the House, some of the editorials from the local media centered on a couple of arguments. One was, they felt it sets a dangerous precedent. They raised a red flag on that. I think that our patent response to that would be: If there is another industry in this Province that kills 1,000 people a year, that targets kids, that is highly addictive, and is lethal when used exactly as the manufacturer intends, then they should be next in line.

People often would put alcohol and tobacco side by side, and I think that is a false grouping. The

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

brewery, the alcohol industry, does not condone irresponsible drinking. There is no such thing as responsible smoking. You smoke a little bit and you get addicted, and when you get addicted you cannot stop. You have a one in two chance of dying. I think there is no precedent that this sets.

CHAIR: Thank you very much.

I want to thank both Mr. Squires and Mr. Smith for their presentations this morning, and your group, in taking the time to be able to put together the representation that you have made. It has been informative, and I thank you very much for that.

Just so you get some sense of where we are as a Committee, the Committee will be reporting back to the House on May 14, and at that time the report will be a public document. We appreciate your comments and input into helping us prepare that final report.

Thank you very much for your time this morning.

MR. SQUIRES: Thank you very much.

MR. SMITH: Thank you.

Recess

CHAIR: Order, please!

Thank you for taking the time to come and present to our Committee. I do not know if you were in the gallery when I made the comment earlier. This is the first morning of hearings of this Committee. What we have done in the terms of the format, we will give you an opportunity of twenty minutes to make a presentation and then there may be some questions from people on the Committee. Hopefully, through that process, you will be able to share your thoughts and ideas and help us put

the input into the report that we will produce on May 14.

Thank you very much for coming. The floor is all yours.

When you start to speak, if you could identify yourself for the record, we will get your comments noted.

MR. LUSH: Thank you very much.

My name is John Lush, and I am from Gander. I have worked with the federal government for thirty-four and a half years. I was supposed to work for thirty-five years but I was cut short by an illness that I thought and feel quite strongly was smoke related.

I want to thank the panel, the MHAs, for being here this morning and giving me this opportunity to present my views in this hearing.

Thank you very much.

I took sick in 1993 and was forced to retire a bit prematurely. I suffered for four years until I heard and watched the news from the U.S., and they were all jumping on the bandwagon trying to recover monies that were rightfully owed to a government and a people for suffering in unhealthy workplaces. You can follow me in this letter here. If there are any questions on the paragraphs, I will gladly answer you at the end of the presentation. Thank you.

The U.S. news media, both on radio and television, have been vocal on a variety of health problems caused by smoking in the workplace, and lawsuits brought to bear against the major tobacco companies.

Recently, the state of Mississippi was awarded a settlement from the tobacco companies of \$3.6 billion. Some 60,000 U.S. flight attendants are in the process of wrapping up much needed compensation from the tobacco companies re:

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

illnesses caused by second-hand smoke.

It appears the U.S. is forging ahead in recovering monies that these workers are rightfully owed to pay off the mounting health cost inflicted upon them by the tobacco industry. Where is Canada, and what is its position in reference to this urgent health matter of smoke-related illnesses and the recovery of health care spending? Election promises are made both federally and provincially of remuneration for past costs of health care delivery, but it appears that these promises are just that, and the outcry seems to have been closeted.

Last year on the NTV and CBC evening news, on April 12, 2000, the provincial Justice Department revealed that it would attempt to recover the health care cost regarding smoke related illnesses. Exactly a year later this heartening news again resurfaced. To the affected viewers, this was a glimmer of hope to all of us who toiled for thirty years or more in the dark despair of smoke filled rooms.

It seems ironic when one hears of a smoker who is taking the tobacco companies to court. What about the right of the non-smokers who cough daily until their retirement years in a smoke-filled room? A non-smoker who toiled for thirty to thirty-five years in a government office or institution endured this curse so that he could adequately provide for his family. As a non-smoker, and others likewise, we laboured for twenty-six years in an air-contaminated room; first for eight hours a day, a forty-hour week, and then for thirty-seven and a half hour week plus much overtime, as we were always short-staffed. As the result of second-hand smoke in the workplace, our lives have been put in jeopardy just as we were entering the golden years of retirement. Our daily restrictions due to poor health have put unnecessary stress on our families and loved ones. This scourge to humanity has reduced our earning drastically because of forced early disability retirement,

while some of us still have sons and daughters at colleges and universities. This plague has overburdened our short-staffed medical facilities, and resulting health care costs have skyrocketed.

I was employed as a radio operator, flight service specialist, at Gander Aeradio, the Department of Transport federal building, from September 9, 1960, until its closure on April 26, 1986, when my co-workers and I were all transferred to the ANS - the air navigation or air traffic centre building.

As flight service specialist, we were held captive by a six-foot headset cord plugged into radio equipment. These headsets enabled us to communicate with all aircraft flying the North Atlantic, and were very essential in providing a safety link both in times of normal and emergency situations. I might clarify my position a little more on what we were doing.

Every aircraft, according to ICAO regulations - the International Civil Aviation Organization - has to report to Gander radio every ten degrees of longitude on its flight to Europe. So, they would call us at fifty degrees west, forty degrees west, and thirty degrees west, and we had to maintain a listening watch. We could not even go to the bathroom unless someone came and sat down in our chair for five minutes. We could not have a coffee break or whatever. No coffee was allowed in the building, in the operations room. We had to provide a twenty-four hour listening watch, 365 days a year, whether it was Good Friday, Christmas Day or whatever. Approximately 500 aircraft flew the North Atlantic every day. If they came south of St. John's, or up to Goose Bay, or anywhere in Gander's area control, we had to provide communication to all commercial jets and also military that flew the North Atlantic.

Approximately 35 per cent or more of the operators smoked, depending on what one of the

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

four shifts you happened to be with. The ventilation was non-existent. When the room became thick with smoke, a non-smoker would reach up with a hook on a steel pole and snag a ceiling-high, two foot by three foot window, and pull it down at a forty-five degree angle for a brief moment. This was the extent of ventilation for a few minutes until someone complained of the cold. Then it was promptly shut to continue this vicious, deadly cycle hour after hour, week by week, monthly, and so on.

Being a shift worker, regardless, if I came home in the morning, evening, or at night, the results would be the same. The noxious fumes had taken their toll. My eyes would be red and bloodshot, my throat would be irritated, resulting in hoarseness, difficulty in breathing, speaking and swallowing. On occasions, I got extremely ill and had to report sick. I was not alone, as many of the non-smokers had some of the same symptoms.

Just prior to the Gander Aeradio closure on April 26, 1986, myself and another co-worker just could not take the unhealthy working environment anymore. We knew there was a problem and we decided to grieve the situation in the form of a written document to our local union. By the way, I still have that document in my possession, and also the answer back to it.

Some of the smoking employees just ignored our written grievance and scoffed at our efforts. I still have a copy of that grievance and quoting directly from it, “I find cigarette smoke very irritating to my eyes, throat and chest while at work. There are many times when three or more people are chain-smoking in close proximity to me, thus causing me undue suffering and hardship.” Corrective action requested: be provided a smoke-free environment in which to work. Signed by myself and E.D. Noel, Ed Noel, on April 19, 1986.

The decision of the authorized employer

representative, “The Smoking Policy in use at the present time is based on Treasury Board Guidelines. We have not initiated no smoking regulations in the FSS operations room because there is approximately 23 per cent of the operations staff that smoke and we have had no prior formal complaints.” Actually, we stopped at that figure. It was more like 30 per cent or 35 per cent.

Now this is a farce: “Also the room is air conditioned and well ventilated.” This is really a farce, because non-smokers had to reach up with a hook and pull down the windows for ventilation, as I said earlier. “As there are approximately 14 people...” - again, we question that. By the way we had fifty-six operators on staff. “As there are approximately 14 people of the FSS operations staff that smoke, it would be impossible to place all smokers on the same shift. To this extent your grievance is sustained.” Decision May 6, 1986.

After the move to the Air Navigation Building late April 1986, new smoking regulations were gradually put into place. These new laws governing smoking in the workplace were long overdue, especially by the federal government, an agency that was supposed to be a leader in occupational safety. This new mandate was far too belated for many of us long-time shift workers, the effects were taking its toll. The three heavy chain-smokers on our shift died of smoking related illnesses. Two just shortly after retirement and the other worker a month before his term was reached.

On September 24, 1993, I was forced to retire due to ill health after thirty-four-and-a-half years; six months short of a full pension, and one month short of a golden handshake. At that time it was the first time in Gander that the flight service specialist had received a golden handshake. There were going to be two positions made redundant, and that would force eight operators out. I was one of the senior men

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

there and because I got out early, retired early due to ill health, I would have fallen right into the golden handshake. I will come to that later in the next paragraph. Shortly, I will get to it.

My co-workers - no, I have gone ahead there somewhere. Where am I? Let me regroup. I will start that paragraph again. I am sorry about that.

On September 24, 1993, I was forced to retire due to ill health after thirty-four-and-a-half years; six months short of a full pension, and one month short of a golden handshake. I suffered three episodes of disorientation and short lapses of memory loss. These symptoms, according to a top medical specialist of neurology, stemmed from a TIA, a blood clot or small stroke. I was also diagnosed as having Sarcoid of the lungs, which according to the Mayo Clinic is, “a disease involving the immune system’s reaction to something you breathed or came into contact with.” I was instructed to stay away from places where there was the slightest hint of smoke or minute dust particles in a room. My doctor even stated: “If you were a younger man with your present condition, there are a lot of occupations that would reject you.”

My co-workers and I gave the best years of our lives to the public service. In return, because of the hazardous workplace, we have poor health and some of us a reduction of almost 2 per cent in our pension benefits, plus a loss of \$32,000 that was given to eight other employees in the form of a golden handshake when two operating positions became redundant.

As I was saying earlier, I would have fallen in line for one of these. I was a senior person on station. I was talking to a fellow yesterday - my severance pay, on retirement, was approximately \$22,000, and they had \$54,000 with the golden handshake. Eight of them - well, I don’t know about eight, but at least six of them because one fellow came on stream in his retirement a bit

later than us. So I lost \$32,000. I ended up with \$22,000 severance pay. Most of these employees, I might add, who received the golden handshake were not in Gander for tenure of their work duty. A lot of them spent time at Battle Harbour. They spent time in Frobisher, which is now Iqaluit, Cambridge Bay, Nottingham Island, all over what we call the DEW Line at one time or another. So they did not spend all this time in a smoking environment, as I did. As they rotated they were moving around.

I contend that my present health problems and that of my non-smoking co-workers are directly related to the twenty-six years at our former workplace, Gander Aeradio. A recent x-ray on February 23, 1999 at the hospital in Grand Falls-Windsor still reveal Sarcoid of my lungs. The attending physician had to phone my local doctor in Gander for an explanation and confirmation of the abnormality. I still have chest problems in the year 2001, and I am still on the waiting list for a bone scan test.

Researchers at Harvard and Emory universities revealed that constant exposure doubles the risk in non-smokers. Non-smokers in a smoke filled area have 91 per cent higher risk of heart attack compared to 51 per cent of non-smokers in a smoke-free environment.

In 1987 the federal government began enforcing no smoking regulations because of the mounting medical evidence that many diseases were linked to smoking. It was too late for us, the unsuspecting guinea pigs that prompted these regulations, but it is comforting to know that future generations will not have to toil and suffer in an unhealthy work situation.

I began taking up the campaign and writing letters on behalf of some of the workers in Gander who were affected by smoke. I wrote the Public Service Alliance of Canada, it used to be our union, and they came back with a reply saying: There is nothing that can be done as a

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

result of your grievance heard in 1986. They go on to say: And, it may have been that grievances, such as yours, had an impact on providing the legislation that led to the Non-smokers' Health Act in 1989.

I wrote the Federal Superannuate National Association, that is our association now because I am retired, they said: While sympathizing with Mr. Lush, it is not appropriate for this association to pursue this type of grievance. We are not equipped to do it justice and, in fact, may even be counterproductive, nor would it appear to be within our mandate. Please thank Mr. Lush for informing us of his most unacceptable condition that he and others lived through in the past. I congratulate him on the elegance of his presentation and I'm sorry that we cannot be more positive.

I wrote the Ombudsman, with assurances of the federal superannuate - they gave me the Ombudsman as their address. I wrote the Ombudsman and they said they do not take any complaints from civilians. They only look after D and D complaints. They asked me if I was a military and I said no.

I phoned the Human Rights Commission and they said if it is two years old - they do not investigate any complaints over two years old.

I wrote a letter to my MHA, the federal - correction, not the MHA. I wrote my federal member but I didn't get any response, none at all. I guess I am not a fisherman. That is what I said.

Anyway, I want to thank you very much for allowing me to present this paper. I will take some questions. If I can answer them for you I will.

CHAIR: And we want to thank you for making it.

Are there any questions for Mr. Lush by anybody on the Committee?

MR. JOYCE: Mr. Lush, did you ever smoke?

MR. LUSH: I have never smoked in my life.

MR. JOYCE: Never, ever smoked?

MR. LUSH: No.

MR. JOYCE: Did you at an early age - when you first started working were any complaints made or was it just during the later years of your work?

MR. LUSH: When we were working and people smoked we thought it was a fact of life. You just couldn't get away from it, but in 1986, when we realized we were getting sick - I was coming home and I was hoarse. I could hardly speak to my family. Some midnight shifts and so on, I had to report in sick. I couldn't get a squeak out. It was very important that we had a voice. Like I said, we had to communicate with aircraft on the North Atlantic. You just could not go in being hoarse.

In 1986 we realized there were problems. That is when we put in the grievance.

MR. JOYCE: Okay, thank you.

MR. SULLIVAN: I just have one question. Who do you primarily blame? Would it be the company for providing a potential hazard to your health or your employer, the federal government, for not protecting your health from those particular hazards?

MR. LUSH: I blame the federal government. As I said, they were supposed to be leaders in occupational safety but they allowed us there without any ventilation whatsoever, although they did say in a copy of the grievance that there was adequate ventilation. You can talk to any operator who worked on that station. We had to

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

go and pull down these windows at a forty-five degree angle just to get some fresh air into the building. That did not last very long in February and March and January, to pull down these windows, because people would complain that it was cold. It was the federal government, but somebody should go after the tobacco companies.

I don't know if that answers your question.

MR. SULLIVAN: That answers it. Thank you.

CHAIR: Are there any other questions of Mr. Lush?

Thank you very much, Mr. Lush, for taking the time to drive from Gander. It is an individual effort. I really appreciate that, and the Committee appreciates your interest and the work that you have been doing in pursuing this particular and very critical issue for you and for the rest of the country.

I want to thank you for coming out today. As I said earlier, we will be making a report to the House on May 14, and I look forward to you having a copy of that report.

Thank you for your input.

MR. LUSH: I am representing three other people as well, who are affected by the same working conditions. They are sick, too, by the way.

CHAIR: Thank you, very much.

MR. LUSH: Thank you.

Recess

CHAIR: Order, please!

We will probably get started. There are a couple of more members of the Committee who will be

joining us. They are delayed at another meeting, so I apologize for that; but, rather than have you people wait, we will move forward.

My name is Ross Wiseman, the MHA for Trinity North, and I am chairing this Committee. I will just go through a couple of housekeeping things. We structure these presentations so that you will be provided with about twenty minutes for your presentation, and then we will allow about ten minutes for questions. It should give us a good chance to get a good feel for your comments on this issue.

Before I get started, I will ask you, who is going to be speaking on behalf of the ARN? Will both of you?

MS CALVERT-SIMMS: Myself and also Brent Smith will be speaking.

CHAIR: Okay.

What I would ask you to do, if you would, because these proceedings are being recorded, as you speak, if you would identify yourself and your title and we will be able to pick it up then in the recording of the session.

If you want to go ahead and start now, if you would introduce yourselves then we can get right into your presentation, not to encroach on your time. Two other people from the panel will be joining us very shortly.

Thank you.

MS CALVERT-SIMMS: I would like to say thank you for the opportunity to present. My name is Dianne Calvert-Simms. I am president of the Association of Registered Nurses of Newfoundland and Labrador. On my right is Pegi Earle; she is our Health Policy and Communications Consultant. On my left is Brent Smith; he is with the Alliance for the Control of Tobacco.

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

ARNNL is a member of the Alliance for the Control of Tobacco and we have asked ACT to join us today to help present our position. We feel the issue is very important and we draw on expertise when presenting briefs such as this. I will start, and Brent will be speaking to the specifics of the tobacco industry.

Just very quickly, ARN is the association for Newfoundland and Labrador professional nurses. It is a professional and regulatory body for all registered nurses in the Province, and it is also the largest group of health care professionals in the Province, with over 6,000 members. Our mission is to protect the public by promoting and maintaining standards for nursing education, licensing and practice. We do this through advocating for healthy public policy and by supporting our ends to deliver high quality health services.

As the largest group of health professionals and front-line caregivers, the vast majority of our members are confronted daily with the impact of tobacco on population health and the determinants of health, as well as the economic burden of tobacco use in direct health expenses.

Just to give you a couple of examples: the impact of tobacco on population health is, it can contribute to poverty. People will spend their money on cigarettes rather than spending it on food. It can contribute to child development. We know, through research, that people who smoke have low birth weight babies. We know the effects of second-hand smoke on children. We also know that it contributes to employment because of lost work time, whether that is on the job or whether that is through illness.

The economic burden of tobacco use in direct healthcare expenses can be seen when we look at the disease mode, and we see people with asthma, chronic obstructive airway disease, cancer, and we look at the effects of second-

hand smoke, which causes allergies and also causes cancer.

The members of the Association of Registered Nurses of Newfoundland and Labrador believe that tobacco is the number one risk factor for preventable death and disease in Canada. The tobacco industry must be held accountable for their decades of irresponsible behaviour resulting in the death of millions and the expenditure of billions from governments around the world, including this Province.

I am going to ask Brent to speak to the details.

MR. SMITH: Thank you very much, Dianne.

Thank you again to the Committee for allowing us to address you this morning. The association has asked ACT to speak with them to deal with some of the specifics about this case, some of the specific points to rationalize action against the tobacco industry, so this presentation will build on some of the general evidence that we put forward this morning.

The first point is that this is an industry that is literally like no other. There is no other legal product that is sold in this country, that is sold in this Province, that is lethal when used exactly as intended by the manufacturer. It is important to understand the industry themselves. There are three main companies that sell tobacco in Canada. There is Imperial Tobacco; their major brands are du Maurier and Players. RBH - Rothmans, Benson & Hedges, and JTI-MacDonald, now owned by Japan Tobacco. It is important to note that the tobacco industry, as we describe them, are global corporations. They are trans-nationals and, as we will be disclosing shortly, there has been, from their own documents, clear evidence that there has been collusion between and among the major tobacco companies in the world. There have been agreements between tobacco companies in terms of how to market their product; also, in

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

terms of coming up with common public statements with regard to the health effects of smoking and the addictiveness of nicotine.

Let's look at them one by one. Imperial Tobacco is the biggest player in the country, 68 per cent market share. Imperial is owned by Imasco, which is a sister company with Brown & Williamson Tobacco from the States. Both Imasco, Imperial, and Brown & Williamson Tobacco, are all owned by the giant British-American Tobacco based in England.

RBH, 22 per cent market share in the Canadian markets. Rothmans, Benson & Hedges is owned by the Philip Morris giant in the United States, makers of Camel and Marlboro cigarettes, also partly owned by Rothmans International.

Finally, the smallest but still significant player in the market is JTI or Japan Tobacco, formerly of RJR-MacDonald.

Now, this next slide gives us an indication of the overall size and power of the industry that we are confronting. Worldwide revenues from the tobacco companies that are operating in Canada is \$168 billion. To put that into perspective, that is more than the individual GDP of 180 of our globe's 205 countries. That is the global tobacco industry. Let's focus now on the tobacco industry here in Newfoundland and Labrador.

The last two questions: First, what does the tobacco industry give to this Province? Then we will look at what they take. To begin with, what do they give? Tobacco is not grown here. There are no tobacco fields. Tobacco is not produced here. There is no manufacturing of tobacco. Direct employment: we have a question mark there. You will have a presentation tomorrow and I hope they will put on a number on the number of direct jobs produced by the tobacco industry here. By our calculation, we are looking at a handful of distribution jobs. There

are some sponsorship advertising revenues that come into the Province and, of course, there is approximately \$70 million in tobacco taxes.

The other side of the equation is: What does the tobacco industry take? There are 989 deaths per year, and that is calculated direct deaths caused by tobacco in this Province. Nearly 5,000 kids will start smoking in Newfoundland and Labrador this year. Half of those, should they continue to smoke, will eventually die from their addiction. As we said this morning, the health care and the other expenses caused by tobacco amounts to nearly \$400 million per year.

Now the health community has known for decades that tobacco kills, and there has certainly been a very strong suspicion for decades that the tobacco industry have been denying the health impacts of tobacco use and has been targeting kids in their marketing practices. The tobacco industry has and will continue to claim that much of this is speculation, and until very recently they were right. There really was not any proof. That changed a couple of years ago, thanks to our neighbors to the south. Due to the cost recovery efforts in the States, there is a significant volume of internal tobacco industry documents that came to light. They are called the Guildford and the Minnesota depositories. These depositories were set up in 1998 as a result, as I said, of the U.S. lawsuits, and there are 39 million pages of internal tobacco industry documentation. This is all available to the public through the Internet. Much of the evidence that will be presented today and in future presentations comes directly from these depositories, directly from the mouths of the tobacco industries themselves.

Industry secret number one is that this is an industry that has lied to the public in Canada and in this Province, and has denied. I mentioned there is evidence of collusion. This came out just recently. It was called the smoking gun of this whole debate. It ran on the front page of

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

The Globe and Mail a few month back. It came from evidence that in 1977 there was a tobacco industry summit that took place in Bath, England. At that summit, British American Tobacco, Philip Morris, and the three big tobacco industries from Canada were present. They are Imperial, RBH, and RJR-MacDonald. They met at a manor called Shockerwick House in Bath, England. At that meeting there was an agreement to collectively deny the known health effects of tobacco. There was an agreement to conceal the known toxicity of tar, nicotine and other chemicals in their product. From that agreement, there has been a collection of public statements that have shown that there has been a deliberate deceit and concealment of information.

Here are a couple of quotes from the Canadian tobacco industry. Mr. Rob Parker, who is with the Tobacco Manufacturers' Council, states the role any tobacco or smoking plays in the initiation and development of these diseases is very uncertain. The issue is still unresolved.

RBH states, in 1987, that science has not established that there is a causal relationship between smoking and illness. Contrast these public statements to the truth, by what the tobacco industry has known, as we said, for close to fifty years. Here is one from British-American Tobacco: In the case of carcinogens, smoke contains not just one but a galaxy of them. In RJR internal report: Obviously, the amount of evidence accumulated to indict cigarette smoke as a health hazard is overwhelming. The evidence challenging such an indictment is scant.

Industry secret number two: The tobacco industry markets the product to our children. Every year in Canada, this is an industry that loses 45,000 of their best customers to death. They lose thousands more because they quit. They have to replace these customers to remain viable, in order to stay in business. The tobacco

industry knows better than anyone else that adults very, very rarely initiate smoking. A statistic given this morning: 85 per cent of new smokers are sixteen years of age, or younger. Yet, the tobacco industry will continue to claim that they have no interest in getting children to begin smoking. Public statements, RJR-MacDonald: We do not market to children. In other RJR documents: We do not, under any circumstances, want kids to smoke.

Here is an internal chart from Imperial Tobacco. This shows the target groups in a marketing report for the major Imperial Tobacco brands. The number one group to be focused in on with advertising dollars by Imperial Tobacco for Players Filer is men, ages twelve to seventeen; Players Light: men and women, ages twelve to twenty-four; and du Maurier, again, men and women, ages twelve to twenty-four.

In an RJR-Macdonald marketing memo here: let's look at the growing importance of the young adult in the cigarette market. They represent tomorrow's cigarette business. As this fourteen to twenty-four age group matures, they will account for a key share of the total cigarette volume for at least the next twenty-five years. Thus, our strategy becomes clear for our established brands: direct advertising appeals to the younger smokers.

There is a great deal of evidence showing tobacco industry targeting of children. One of the most obvious ones is this one here: Joe Camel. In an independent study done in the United States of 2,000 preschoolers, these kids aged four, five and six were asked which of the following characters they knew best, who they could name, and who they could link to the product which that character sold. Joe Camel came out on top of both Ronald McDonald and Mickey Mouse. That is south of the border.

In Canada, the type of advertising that we see is a little more discrete. It comes in the form of

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

tobacco sponsorship advertising. This has come to characterize tobacco advertising in recent years. Tobacco sponsorship advertising involves the promotion of events and of lifestyles rather than cigarettes themselves. The tobacco industry is very, very careful to ensure that the brand is very closely identified with the event. So, as such, they choose events that suit their purposes well. For example, ‘extreme’ sports, like this one. This is a billboard from St. John’s that was advertising a mountain bike race that took place in Quebec several months before that billboard was up. Is this advertising the event, as the tobacco industry claims, or is it advertising Export A and the message: Go Your Own Way. Is it advertising, as the tobacco industry will claim, to the forty year old Players smoker who they are hoping to convert into an Export smoker by showing that mountain bikers prefer their brand? We certainly don’t think so.

Here is another example. This time it is wild water kayak racing in Burley Falls. I am not sure where that is. These advertisements, again, call for teenagers to: Go Your Own Way. A battle cry for freedom and for independence.

This is one of my favorites. This comes from Imperial Tobacco. This is a Players racing simulation video game. Again, the tobacco industry would, I suppose, claim that this is targeting the established adult smoker. Is it any coincidence that Players is the number one brand for teenage boys? The last time I checked, it was kids who liked video games.

There is another aspect to the tobacco industry’s power and influence that is, quite frankly, difficult for us to control. That comes from Hollywood itself. There is a collection of movie stars up there, and the thing they have in common is: each of these has been paid by the tobacco industry to smoke in a film. Sylvester Stallone, for example, was paid by the tobacco industry, \$500,000 to smoke in five of his films. The movie *Superman II*: Lois Lane, the character from the Superman comic strip, has

never smoked in the history of *Marvel Comics*. Yet, somehow, in *Superman II*, she becomes a chain smoker in times of stress. She was personally paid \$42,000 in American dollars to smoke in that film. Sharon Stone was paid \$50,000 and, believe it or not, the makers of *The Muppet Movie* were paid a significant amount of U.S. dollars to make sure that characters in that film smoked.

This is the type of thing we are up against. The Canadian industry will tell you: We had nothing to do with that. And, directly, they did not. Our point is that this is a conglomerate of tobacco industries; their parent companies did this and their sister companies did this.

The third industry secret is that the tobacco industry is clearly not in the tobacco business but they are in the nicotine delivery business. On public record they will say: I believe that nicotine is not addictive. They will say: We do not increase the level of nicotine in our products in order to addict smokers.

Internal tobacco industry documents tell a different story. From Brown & Williamson Tobacco, nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug effective in the release of stress mechanisms. From a document from BAT: BAT should learn to look at itself as a drug company rather than as a tobacco company.

The final point I want to focus in on is the tobacco industry’s claim that they have turned over a new leaf. They have made public claims that they will try to disassociate themselves with marketing practices from their sister and their parent companies, and they will try to separate themselves from their own past.

Some recent statements include these: What is the tobacco industry doing to discourage youth smoking? A lot. Operation ID is a commitment by the tobacco industry to be a part of the

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

solution, not a part of the problem, when it comes to tobacco access by young people.

I would like to focus in on Operation ID, because it is a good local example of how the tobacco industry influences youth smoking here in this Province. Operation ID is a signage, an education program that takes place at the point of sale. Right now, it is just in St. John's. You have probably noticed these signs up in most of the drug stores and most of the convenience stores and gas stations in the capital city. Ostensibly, this program is designed to reduce youth access to cigarettes, which is certainly an honourable goal; but, again, we have to ask the question: Does the tobacco industry really have a legitimate interest in reducing youth smoking; something that, if they were successful in doing, they would see their own destruction? Or are they more interested in appearing to be responsible, corporate citizens, in boosting their public image in times of trouble?

Internal statements from the industry: There needs to be either real ways to solve the problem, or at least the perception that the problem is being addressed. Specifically, from RJR-MacDonald, what they need is a program to discourage teens from smoking. The parenthesis is the important point here: Make sure it is shown to be an adult decision. This might prevent or further delay further regulation of the tobacco industry.

The tobacco industry's own documents reveal that there is a strategic decision made to move into good public relations programs that, in their own words, provide at least the perception that they are solving the problem and the perception that they are discouraging kids from smoking, but specifically to do so by very carefully, very deliberately, framing smoking as an adult decision, to frame smoking as something that only adults should do, and that it a surefire way to make sure that kids are not going to listen to that message.

Upon closer examination of this program and similar ones that this one is based on in the States, it becomes clear exactly what Operation ID is. It is a clever public relations scheme by the tobacco industry. The messaging is very deliberate. Do not attack smoking per se; certainly do not attack the tobacco industry. Just send a message that smoking is not for kids. Send a message that smoking is an adult pastime. What does this message achieve? In fact, it actually enforces the tobacco industry's own marketing message that smoking is an adult thing to do. It is cool, it is sexy, it is a graduation into adulthood. You get your driver's licence when you are sixteen; when you are nineteen, you get to smoke.

What this does is, this deliberately adds to the allure of smoking to the young smoker, it provides the industry with positive public exposure, and it gives a sense that this is an industry that has turned over a new leaf. As said in their own documents, it serves to delay or derail more legitimate attempts by regulators to control sales to minors.

Their message to government is very clear: We are handling this, you do not need to.

To summarize, the tobacco industry must be held accountable for fifty years of deception and wrongful action in this Province. The four reasons again to sue this industry: It is a matter of justice. This is an industry that needs to be held accountable before the law. Truth; we need to see the public disclosure of internal tobacco industry documents. What have they been doing here? We know what they did in the States; we know what they have been doing elsewhere in Canada. What type of marketing practices, what type of research, have they done on kids down at Holy Heart of Mary High School? Compensation for the health care costs, and finally the matter of health, forcing this industry to stop acting in ways that are detrimental to

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

public health, to get out of the way of people who want to solve this problem.

I will turn it back to Dianne to finish.

MS CALVERT-SIMMS: Thank you, Brent.

You have heard the facts, and it is the position of the Association of Registered Nurses of Newfoundland and Labrador that legislation be enacted that will enable this Province to pursue litigation against the tobacco industry.

Thank you.

CHAIR: Thank you, very much.

I will ask the members of the Committee: Are there any questions for the Association of Registered Nurses?

Mr. Joyce.

MR. JOYCE: First of all, I apologize for missing the first few minutes. We just got out of a meeting.

In your statement, you mentioned that 4,500 kids will start smoking. Is that from Newfoundland?

MR. SMITH: Yes, that is an interpellated figure from national data; that is just in Newfoundland.

MR. JOYCE: Forty-five hundred kids?

MR. SMITH: Forty-five hundred kids will start smoking this year.

MR. JOYCE: The second thing - and this is just a question, I guess, from my own point of view, of the Legislature itself - we have a policy in place where you cannot drink or serve alcohol until you are nineteen years of age. I know on many occasions when this happens and someone is caught, it is a big public array. It seems like the legislation does not work for kids who are

not supposed to smoke, or go out and buy cigarettes, until they are nineteen. Do you have any suggestions? If someone gets caught selling alcohol to a minor, their licence is taken away and it is a big deal. I was just wondering, do you have any facts or studies to show why there is such a discrepancy, or is it just that society accepts it?

MR. SMITH: Well, I think there are two things. The current legislation puts the onus on the seller and not on the user; so it is an offence to supply, to sell or to furnish, tobacco to a minor. Some provinces, such as Alberta, are looking at the idea of putting the onus on the youth themselves. The jury is kind of out on that one. The tobacco industry is all for this, which immediately causes us to raise some suspicion. It would seem that the tobacco industry is interested in taking the onus away from the marketer, away from the seller, and putting it on the youth themselves because that would protect them in further court action.

Which one works better? We are not sure. Florida has had a law in place that allows them to ticket kids for possession of tobacco. They have seen a significant decline in tobacco use in the last couple of years, especially among kids. To what degree that is responsible, or the enormous marketing campaign they have put out, we are not sure.

MR. JOYCE: Just a last question, Mr. Chairman.

Is your committee aware of any state or any province in Canada that has legislation where it prohibits the tobacco company from directly - indirectly, through some kind of biking event, is hard - but directly targeting the youth for smoking? If there is, do you have any statistics that show the number of smokers has decreased in youth?

MR. SMITH: Well, on the matter of

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

sponsorship advertising, that is being handled by Health Canada. Federal legislation is being phased in which is going to ban sponsorship advertising. I think it was last October that the billboards advertising events that were taking place elsewhere were phased out. Now, that type of advertising is taking place at the event itself, so that the feds are moving on that. It has been a move that has been very strongly challenged by the tobacco industry. They fought that for the last ten years. It looks as though Health Canada is going to follow through on it. I am not aware of any provincial legislation that addresses that issue, though.

MR. JOYCE: Okay.

Thank you.

CHAIR: Mr. Collins.

MR. COLLINS: Thank you, Mr. Chairman.

First of all, thank you again for an excellent presentation this morning. I know what the answer to this question is going to be, but I just want to ask the question and get a response for the record because of some of the things I have encountered over the last couple of years, particularly, since I have been in the position of MHA. I want to ask the question: Does your organization consider smoking to be a lifestyle choice or an addiction?

MS CALVERT-SIMMS: I think that I would say our association would see it as an addiction, quite clearly. Although it is a lifestyle choice, in making the choice, just by nature of smoking the product, you become addicted.

MR. SMITH: Certainly, ACT would back that up. One of the claims of the tobacco industry that we have seen in other places, and I am sure it is going to come out here, is the phrasing that smoking is an adult pastime. There is a great deal of reluctance by the industry to call this an

addiction. It is an addiction in the truest sense of the word, though. Clinical studies have compared the level of addiction of nicotine to the drugs that we shudder at, crack cocaine and heroine, and the level of addiction from nicotine, as it exists in today's cigarette, is a stronger addiction than those hard street drugs. I emphasize the point that it is today's tobacco because the cigarette of today is very different from the cigarette of thirty to forty years ago. This is a deliberately manufactured nicotine delivery device; 699 chemicals deliberately added to the product to enhance the addictiveness of it.

MR. COLLINS: I guess, to summarize the answer, the decision to smoke in the first place may be a lifestyle choice but to continue smoking is because of an addiction.

MR. SMITH: Yes.

MS CALVERT-SIMMS: I was just going to say, if I could just add one more piece, that many of the activities that we engage in, as health care professionals, would be the same activities that we would engage in for any other addiction, specifically looking at prevention, looking at cessation, and then looking at protection. That would be the same if we were looking at alcohol or other drug abuse.

MR. SMITH: I think it would be interesting if the Committee were to ask the tobacco industry, when they present, if they believe that what they are selling in this Province is an addictive product.

MR. COLLINS: Just one short comment. This is more of a bit of a trivia for you. I noticed when you were going through the movie stars - I am not sure if you know, but it is interesting to note that Margot Kidder, one of the actresses that you highlighted, is a former resident of Labrador City and graduated from Labrador City Collegiate. Just a bit of trivia.

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

MR. SULLIVAN: Does she smoke?

MR. COLLINS: She does and she gets paid for it anyway, obviously.

MR. SULLIVAN: The price (inaudible) anybody from Labrador City.

WITNESS: I think your principal should call her in and scold her.

MR. SULLIVAN: I have three questions on three different topics. The first issue - well, legislation has come up in the House in the past here. I have asked the minister: Why is it that it is illegal to sell or buy alcohol under nineteen and to consume it, and it is illegal to buy cigarettes but it is not illegal to consume? Cigarettes, tobacco in general, are considered to be - from figures and projections put forth by the Alliance for the Control of Tobacco and others - significant costs to our health care system, we are being told, more so than alcohol. One of the biggest costs to our system, we are hearing. Why is that so? Do you support - I know Randy made reference to it in a question - making that illegal?

The minister's response, basically, is that we are going to make criminals out of young people. We are going to do with alcohol - that may not be as injurious in the long-term on their health but it may very well be. Why do we do it on one and not the other? Is there an inconsistency there? Do you feel that should be addressed?

MR. SMITH: I think there is an inconsistency there. The statement that it would criminalize youth, I think there is certainly some truth to that. What the effect of that would be, we are not sure. There have been too few jurisdictions that have gone down that road right now. There is the fear by the health community that once you label tobacco as a taboo for kids only, that that may, in fact, add to the appeal of smoking. It adds to that rebellious black sheep, that

rational for kids taking up the product in the first place. Arguments that I have heard from policy makers is that it might work but it would be a real doozy to enforce. There is not the enforcement regime in place right now to effectively do it. They would not want to bring the legislation in and have it, basically, unenforceable. Far more resources would be required to enforce something like that.

MR. SULLIVAN: So we follow that rule: Drop it at twelve and it will not be as enticing.

Anyway, I will move on to my second question. My second one is pertaining to: What does the tobacco industry take from Newfoundland and Labrador? In your last note there in that section: Health care and other expenses account for \$370 million in annual expenditures. I know the health care budget was generally in the \$700 million to \$800 million range. It is now around \$1.2-something. It includes things like child protection, family rehabilitative services, and other services that were with other departments basically. When you factor all these in we are looking at - that figure would represent close to 40 per cent - from one-third to 40 per cent - of every dollar spent in this Province on health care. Do you have an analysis, a breakdown, or backup information that would provide let me see how those costs were arrived at in terms of their impact on our total system?

MR. SMITH: Thank you for asking that. It is an important point to clarify. The \$370 million, that is an interpolation from a national independent study. It is based purely on population, so it is an estimate. The \$370 million breaks down, more or less, as follows: about \$60 million in direct health care costs. The other costs that make up that \$370 million are lost productivity. Studies have shown that smokers in the workplace account for lower productivity in the workplace due to smoke breaks, et cetera; increased absenteeism. On average smokers take, I think, two or three extra

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

sick days a year, statistically as a group, than non-smokers. A big piece of that is the lost future income. That is the cost to our society when the fifty-one-year-old smoker, father of two, dies and leaves his job. It is a lost tax income. It is the lost contribution of that person dying prematurely. That is where the \$370 million comes from. I will certainly provide you with the national study that we took that from and our own calculations for how we arrived at that figure.

MR. SULLIVAN: Our Province is done on a percent of the Canadian population, roughly at 2 per cent and 1.9 per cent. Is that how you arrived at it?

MR. SMITH: Yes, that is right.

MR. SULLIVAN: I guess it would be accurate to say then that this \$370 million would be \$60 million in health care costs and \$310 million in other costs. That would be accurate?

MR. SMITH: Yes, that would be fair.

MR. SULLIVAN: I have just one other question on the source of - under one of the ones you showed there, the truth; target groups for Imperial Tobacco, that one there, their target groups. Did this come from their own internal documents? I know a few years ago in the media, they were (inaudible) with that. Is that the source?

MR. SMITH: That is the source of that document, yes; from Imperial Tobacco themselves.

We have abbreviated the table. I can certainly provide you with the original table, but we just restructured the table. That data is directly from Imperial Tobacco.

MR. SULLIVAN: Yes, I would like to have that if possible, and the study with the breakdowns on the costs associated too.

Thank you.

CHAIR: Mr. Ottenheimer.

MR. OTTENHEIMER: I thank you for your presentation.

Just a quick question, if I may, and it is with respect to Operation ID. Mr. Smith, in your role with ACT, have you actually taken issue with Operation ID and have you confronted this organization with the points that you have raised? Secondly, I notice in the logo it says: St. John's supports. It is written right on the logo. Is that a formal endorsement by the City of St. John's? Can you just elaborate on that, please?

MR. SMITH: Sure. ACT does have a position against Operation ID for the reasons that I have outlined. We have confronted the organization on that one.

When they say: St. John's supports. The tobacco industry is very deliberate in where they seek support. When Operation ID came to Newfoundland I was working with the Canadian Cancer Society. We knew nothing about Operation ID. They would not come to the Cancer Society, they would not go to the Lung Association or the Heart and Stroke Foundation. They would not go to the Department of Health and Community Services. They will not approach those groups that have a history and a knowledge of the youth and smoking issue. What they will do is approach very credible community organizations that have an interest in this area but no direct experience in it. As a result they approached Big Brothers Big Sisters, they approached the Boys and Girls Club, for example, and they approached the YMCA.

If you are the CEO of the YMCA and somebody comes to you with a program that says: Here, this is to prevent youth smoking. You are probably going to jump onboard. You do not

Select Committee Respecting Bill 9
“An Act To Provide For The Recovery Of Tobacco Related Health Care Costs”
April 30, 2001 Issue 1

have the resources as the Canadian Cancer Society or ACT would have to investigate it and to uncover its true purposes. As a result, the program as it exists now does have the endorsement of a number of very credible community organizations that have an interest in seeing youth smoking decline but, unfortunately, you did not have access to an organization like the Cancer Society or ACT.

MR. OTTENHEIMER: But again, as part of the logo it says: St. John's supports. Is that something that they have voluntarily just placed on their logo or is this done with some endorsement? Are you familiar with that?

MR. SMITH: To my knowledge, the City of St. John's has not endorsed this. I do know that they are very interested in spreading Operation ID around the Province. There are about eight communities in the country, to put it boldly, were duped into this program. St. John's was unfortunately one of them. The tobacco industry is very interested in seeing this spread out to Corner Brook, Grand Falls, Labrador City, or wherever else they can get it. We are going to do everything that we can to prevent that from happening.

CHAIR: Are there any other questions by members of the Committee?

Thank you very much for your presentation this morning.

Just to give you some sense of where we are as a Committee, this is our first day. We will conclude the hearings on May 8. We have been asked by the House to return a report to the House of Assembly by May 14, at which time there will be a debate in the Legislature on the legislation. I really appreciate your comments and the input that you provided. It will be of some assistance to us as we conclude the writing of that report.

Thank you very much for your time today and

thank you for your presentation.

On motion, the Committee adjourned.