
History of tobacco control in Canada

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In the beginning... ..

“Four Clouds filled the pipe, gave it to Spotted-one, and lighted it while he puffed. Spotted-one, then, as master of ceremonies, for he is a distinguished old man, smoked a few puffs and then offered the mouthpiece skyward praying that the day should be propitious and that no one should be injured while the sun shone. He then offered it to the ground with a prayer that the powers of darkness should be equally kind to men, then to the four world quarters with prayers to the winds, and last of all to the bear, telling it that it had been slain to furnish food. He then passed back the pipe which was relighted and passed to the rest.”

An account a tobacco pipe ceremony on the occasion of a bear feast celebrated by the Plains Cree of Saskatchewan in the early twentieth century.¹

No one knows for sure when tobacco use began in what is now Canada. Evidence in the form of tobacco seeds recovered from an archaeological site in southwestern Ontario places the earliest evidence of known use in the eighth century.² *Nicotiana rustica*, the tobacco species once used most widely in North America, is native to South America. Its use slowly diffused northward through trade; by the time Jacques Cartier arrived in Canada in the sixteenth century, tobacco was used by First Nations peoples from east to west, but had not reached latitudes north of James Bay. Ironically, northern First Nations peoples were introduced to tobacco not by their southern neighbours, but through trade with Europeans. As early as 1597, Basque sailors were offering tobacco to Newfoundland Beothuks in exchange for furs.³ Inuit were introduced to tobacco in the late 17th and early 18th centuries by Siberian natives, Russian fur-traders, English and American whalers and Danish colonists from Greenland.^{4,5}

The predominant form of tobacco use in First Nations communities was pipe smoking. *N. rustica* is quite different from *N. tabacum*, the species that accounts for almost all of today’s commercially produced tobacco. Both *N. rustica* and *N. tabacum*

are native only to South America. They diffused slowly northward to North America over centuries. But it was *Nicotiana tabacum* that diffused astonishingly quickly after the European discovery of North America. In less than a century, *N. tabacum* diffused all around the world. It could be found in nearly every part of the globe by the seventeenth century. *N. tabacum* is a subtropical species that can be grown in temperate latitudes only if it is started in greenhouses in the early spring and transplanted when the soil is warm. It is unlikely that such knowledge and technology were available to First Nations peoples in earlier times. *N. rustica*, on the other hand, is a hardier species that can be brought from seed to smoke in a single season in temperate regions. *N. rustica* has about double the nicotine content of *N. tabacum* (2.47% of dry leaf weight for *rustica* and 1.23% for *tabacum*).⁶

N. rustica, when smoked in a pipe, will reliably produce mild intoxicating and hallucinogenic effects. These pharmacological properties were compatible with the practice of animistic belief systems common to many First Nations peoples. In these belief systems, a reciprocity was perceived between the spirit world and the natural world, by which the spirit world provided peace and harmony, protection from illness and even cures for illness, provided that suitable offerings were made to the spirit world. Tobacco assumed a central place in these beliefs, both as a gift to be offered to the spirit world, and as a means of communication between humans and spirits.

A theme that runs through many legends and myths of Aboriginal peoples is that tobacco was originally a gift to man from the gods, but that since tobacco could not be grown in the spirit world, it was necessary to offer it to the spirits in exchange for their protection and continued harmony between the natural and the spirit world.

The pharmacological effects of intoxication, hallucination and addiction, which were most certainly present then as we understand them now, were, of course, not at all understood nor interpreted as pharmacological effects, but were viewed in spiritual

terms as symbolically charged occasions of important communication with the spirit world. The pipe ceremony described above is just one of many recorded examples of a ceremonial occasion that combined both tobacco as an offering and tobacco as communication with the spirit world.⁷

Who controlled the intercourse with the spirit world? In many South American native societies, the use of tobacco – the gateway to the spirit world – was often limited to shamans and prospective shamans.⁸ This, of course, was an important form of tobacco control. One consequence of this relatively limited use of tobacco would have been that only a small fraction of the population would be exposed to its risks.

This restricted access to tobacco – an early, culturally determined form of the control of tobacco – was not the case in North America. A popular misconception is that tobacco use among North American Aboriginal peoples was reserved for religious and ceremonial occasions or the “peace pipe” of popular imagery, and that its use was restricted to shamans and elders. It is true that tobacco was used on ceremonial occasions in special ways. These could include burning tobacco in open fires as offerings to the spirits, placing tobacco in special places, as well as in communal smoking ceremonies. But it was also an ever-present feature of every day life. There can be no doubt that much of the male Indian population was addicted to tobacco and engaged in drug-seeking behaviour, the hallmark of the addicted. Of course the concepts of addiction and drug-seeking behaviour were unknown at the time. Tobacco’s effects, known now to be pharmacological, were, to tobacco users of 16th century North America, imbued with powerful spiritual meaning. The ethnographic literature is replete with accounts of such behaviours which we would now know describe as drug-seeking behaviour. In one of these, Jesuit missionary Paul le Jeune records his observations of Montagnais (Innu) Indians in 1634:

“The fondness they have for this herb is beyond all belief. They go to sleep with the reed pipes in their mouths, they sometimes get up in the night to smoke; they often stop in their journeys

for the same purpose, and it is the first thing they do when they re-enter their cabins. I have lighted tinder, so as to allow them to smoke while paddling a canoe; I have often seen them gnaw at the stems of pipes when they have no more tobacco. I have seen them scrape and pulverise a wooden pipe to smoke it.”⁹

What might have started as use of tobacco by shamans only was democratized to the entire male population. Von Gernet, based on available evidence, argues that tobacco use, in becoming quotidian among the male population, became even more sacred. Animist belief systems held that the spirit world was ever present, and it was the duty of every man to maintain peace and harmony with the spirit world. If smoking tobacco was important to shamans for communication with the spirit world, it was no less important to every man. Von Gernet has called the use of tobacco among North American First Nations “democratic shamanism.”¹⁰ It should not be surprising that First Nations members who practised traditional ways did not, when asked, agree that they were addicted to tobacco. Every aspect of their tobacco use, including behaviour that we would recognize today as craving and drug-seeking behaviour, had a social or sacred meaning.¹¹

Yet this democratic shamanism did not extend to the female half of the population. Among most First Nations of eastern North America, women were largely excluded from tobacco use. Despite the fact that women were exclusively responsible for all other agricultural work, they were often excluded from tobacco growing. Growing, harvesting and smoking tobacco were all largely male preserves. While the reasons for this divide between the sexes are unclear, it seems to have been the norm among the Huron, Iroquois and other First Nations of eastern North America and thus served as a form of tobacco control that had the unknown and unintended effect of protecting women from tobacco addiction and other hazards of tobacco use.¹² Proscription of tobacco use by women was just one of many social norms and divisions of labour that defined the differences between the sexes in First Nations societies. It was nevertheless an early form of tobacco control. In later times, in other social groupings, there would be other forms of tobacco control based, not on health, but on social class and gender.

Later a mixture of health concerns and moral opprobrium would be the source of tobacco control. It would not be until the last half of the twentieth century that tobacco control would become a systematic enterprise driven almost entirely by health concerns.

The earliest tobacco growers—

N. rustica required little tending and was grown by most Indians, including hunter-gatherers and foragers such as the Mik'maq. Tobacco growing was likely the earliest form of agriculture in North America. Even among horticulturalists, like the Huron and the Iroquois, tobacco cultivation likely preceded by several centuries the cultivation of the food crops of corn, beans and squash.¹³

The most prolific early producers of tobacco in Canada were members of the Huron nation of present-day southern Ontario – the Wendats, the Tionnontates and the Attiwandorons. The Attiwandorons grew tobacco along the north shore of Lake Erie, exactly where it is grown today. These three tribes produced more tobacco than they could use, trading the surplus to northern nations for furs and other goods.

However, growing tobacco along the north shore of Lake Erie is not an unbroken tradition. In 1649, Iroquois raiders from south of Lake Ontario attacked and destroyed Wendat communities and by 1651 had dispersed the Tionnontates and Attiwandorons tribes too. (The remnants of those tribes fled to northern Michigan, regrouped with the Ottawas, and spent centuries being pushed from place to place in the United States. About 3,500 of them survive and thrive to this day as the Wyandotte Nation of Oklahoma.) Except for nomadic hunters, southwestern Ontario remained largely uninhabited for the next century, and tobacco growing returned only in the early 1800s to the northwestern shore of Lake Erie (Essex and Kent counties) and to the north-central shore (the Norfolk Sand Plain) in 1926, this time as commercial production of *N. tabacum*.¹⁴

Tobacco use in early French Canada

In the 17th and 18th centuries, while the forest returned to the previously cultivated areas of southern Ontario that had been previously occupied by the Huron nations, the new French colony was growing and expanding in the valleys of the Saint Lawrence and Ottawa rivers. As early as 1535, Jacques Cartier had observed pipe-smoking by indigenous men he encountered along the St. Lawrence River at the site of present-day Montreal.

“[T]hey have a plant [tobacco], of which a large supply is collected in summer for winter’s consumption. They hold it in high esteem, the men alone make use of it in the following manner. After drying it in the sun, they carry it about their necks in a small skin pouch in lieu of a bag, together with a hollow bit of stone or wood. Then at frequent intervals they crumble this plant into a powder, which they place in one of the openings of the hollow instrument, and laying a live coal on top, suck at the other end to such an extent, that they fill their bodies so full of smoke, that it streams out of their mouth and nostrils as from a chimney. They say it keeps them warm and in good health, and never go about without these things. We made a trial of this smoke. When it is in one’s mouth, one would think one had taken powdered pepper, it is so hot.”¹⁵

As the French colony grew, new settlers adopted this habit. From the 17th to the early 20th century it was common for French-Canadian farmers to grow *N. rustica* in their own gardens for personal use as pipe tobacco. Among French-Canadian colonists, as among the First Nations, pipe smoking was common among men and almost unknown among women, at least initially. There is some evidence that some rural French-Canadian women smoked pipes in the early half of the 19th century. Home-grown tobacco thrived despite, or perhaps because of, official restrictions on its use. At various times from the very earliest days of the French colony in the early 1600s, French colonists faced stiff duties on tobacco, as well as prohibitions against public smoking, carrying tobacco and the retail sale of tobacco.^{16 17} By growing and using tobacco at home, the colonists effectively circumvented these restrictions, a situation that continued until late in the 19th century.

For over one hundred years, from the early 1600s until 1735, the French government prohibited the retail sale of tobacco in New France. This prohibition reinforced the

practice learned from First Nations peoples of cultivating small patches of tobacco for home use and then air-drying it before smoking it in pipes. Even after the prohibition on retail sale was relaxed, the tradition of smoking home-grown *N. rustica*, “le tabac canadien,” continued for another century and a half.¹⁸

Attempts in the early post-Confederation period to tax tobacco were largely ineffective too. In the 1870s, tobacco leaf was taxed only when it entered factories. At the time, those factories were manufacturing mainly pipe tobacco, cigar tobacco and chewing tobacco. Cigarettes were largely unknown. At that time most tobacco was cultivated in Quebec for the grower’s consumption and never entered into commerce. The 1871 census recorded 1.2 million pounds of tobacco being grown in Quebec. In 1872, excise taxes were collected on just 55,000 pounds of tobacco in the province.¹⁹ Then, as now, taxation would have served as a control measure to help discourage consumption and raise revenue for the state too. The main purpose in the 1870s was undoubtedly to raise revenue for the state through taxing a product that was seen by many to be an unnecessary luxury, or unhealthy, or immoral (or all three), meaning that some segments of society would support the discouragement of its consumption. However, in the 1870s, just as in the 21st century, the taxes actually have to be paid on all the tobacco sold for the state to achieve both increased revenue and discouragement of consumption. When tobacco is diverted before taxes are paid, as it was in the 1870s in Quebec, taxation is not effective at either raising revenue or discouraging consumption.

Tobacco use in Canada in the late 19th and early 20th centuries

Around the turn of the 20th century, Montreal was Canada's trend-setting metropolis. It was also — and still is — the centre of Canada's tobacco industry. Pipes and cigars were the predominant forms of tobacco consumption. Chewing tobacco and snuff were also popular. In Victorian times, cigarettes were a new product, and not widely used.

In turn-of-the-century Montreal, as in early French-Canadian rural society and as in First Nations societies of earlier times, smoking by women was strongly proscribed by social convention. Smoking was the largely the preserve of men. What is more, smoking helped to define physical places where men could go and women could not. Women were discouraged from entering politics or journalism. The “reason” frequently given was to keep them away from tobacco smoke, of which there was a great deal where politicians and journalists gathered. Women were not to be found in smoking rooms, men's clubs, cigar stores, or in the last four rows of Montreal's tram cars. By the same token, it was considered unseemly for men to smoke in the presence of women. It was this latter social norm that led smoking to be completely banned on Montreal's tram cars in 1901 after a substantial lobbying campaign by the Women's Christian Temperance Union. However, the two norms, the one that men could smoke in their own homosocial spaces and the other that men could not smoke in the presence of women, were in conflict on the tram cars. Both men and women took the tram and, of course, all the air was shared on the tram cars. But men did not easily give up their smoking areas. The ban was not fully respected, and men continued to smoke with impunity at the back of the tram cars even after the ban.²⁰

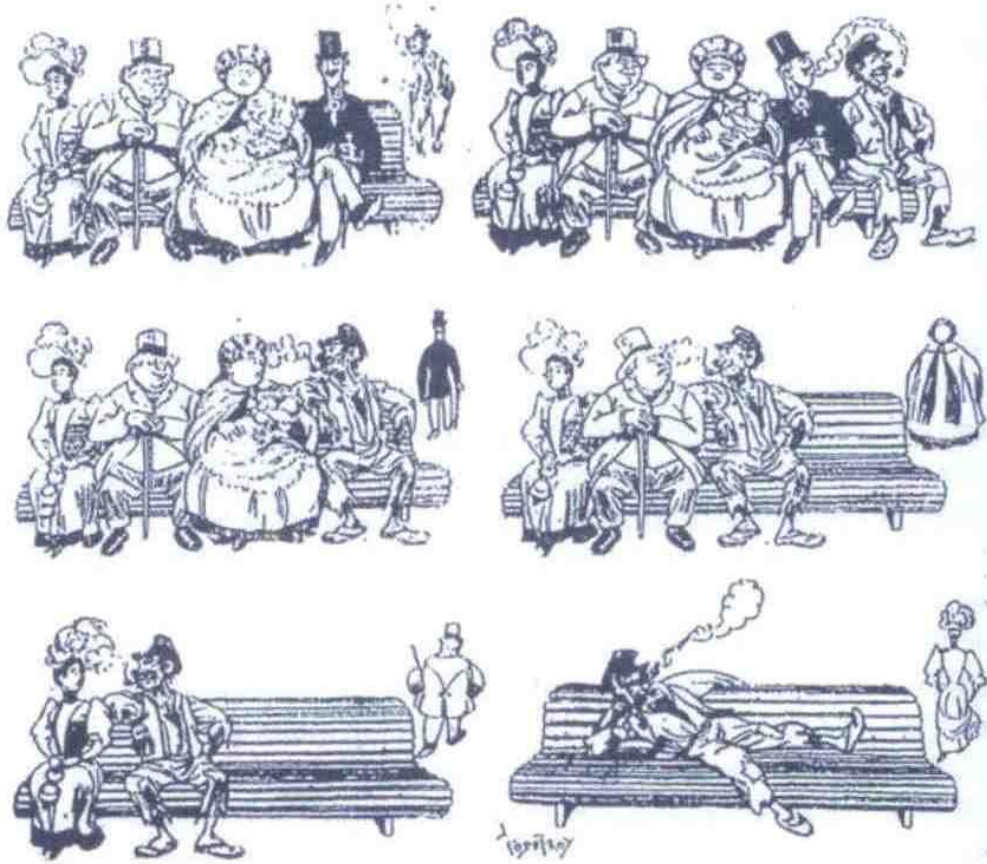
Smoking not only sharply defined different spheres of existence by gender, but was also an important signifier of class distinctions. Smoking Cuban cigars was clearly a marker of refinement and success. Tobaccos of other origins were assigned lower ranks on a clearly graded scale of class distinctions. At the bottom of the scale was *le tabac canadien*, the home-grown *N. rustica* of rural French-Canadians, many of whom were



2.2 The cigar as wealth:
"Contraste," *La Presse* (1910)

migrating to the Montreal metropolis and bringing their tobacco with them. The top and bottom of the social order is illustrated in these turn-of-the-century Montreal editorial cartoons.²¹

Une bonne pipe de tabac canadien !



La place est libre, même de maringouins

3.6 Middle-class francophone view of *le tabac canadien*, from *L'Album universel* (1906)

Tobacco control attempts in the early 20th century

No. 128.]

B I L L .

[1904

An Act to prohibit the importation, manufacture,
or sale of cigarettes.

Lobbying against cigarettes was particularly active early in the 20th century. The most formidable and effective agency of the day was the Women's Christian Temperance Union (WCTU), an organization that started in the United States, but that also had branches all over Canada. Undoubtedly, members of the WCTU were moral crusaders. With single-minded determination, they were driven to stamp out alcohol use, tobacco use (especially cigarettes), drug use and other vices, which were seen to be both immoral and unhealthy. To the WCTU and many other citizens of Victorian and Edwardian Canada, high moral standing and good health were very much the same phenomenon – like two sides of the same coin. In the late 19th and early 20th centuries, little distinction was made between public health campaigns and moral crusades. The lines between the two were not sharply drawn; moral reform and public health campaigning were integrated activities.²²

The WCTU was also large and moderately successful in its similar efforts in the United States during the early part of the twentieth century. At their urging, coupled with the urgings of the American Anti-Cigarette Leagues and other voices, seven states had banned cigarettes by 1909. The total swelled to sixteen states by 1922. However, enforcement of these laws was erratic and weak. Following World War I, cigarettes had become legitimate and very popular. The moralizing of the WCTU, once well respected, was increasingly

viewed as shrill and was falling out of favour, in both Canada and the United States. In these circumstances, all sixteen state laws quickly fell into disuse and were eventually repealed.²³

In the early twentieth century in Canada, few women smoked because smoking by women was strongly proscribed by social convention. What is more, women could not vote or stand for political office. It was men who smoked, men who voted, and men who held seats in Parliament. Clearly, women who lobbied against cigarettes would face an uphill battle. But the women of the WCTU in the early 20th century were plucky, smart, fearless and strategic. In 1903 they succeeded in convincing many members of the all-male Parliament to vote in the majority for a bill to ban cigarettes. The speaker later ruled the bill out of order since it had been improperly introduced. Undaunted, the WCTU continued the pressure and encouraged William MacLaren, M.P. to introduce a similar bill to ban cigarettes in 1904. This time it was properly introduced and quickly passed first and second reading. The government tried to weaken it with amendments during debate in Committee of the Whole on June 20, 1904. But each of the government's proposed weakening amendments was voted down, one after the other, by seven majority votes. The Liberal government of the day had a comfortable majority, but many government backbenchers repeatedly voted for the bill, in clear opposition to the wishes of the Cabinet. When the Bill was reported, Mr. Sproule, an opposition M.P. was led to remark, "The House has been led tonight by the Minister of Justice and the government have been defeated so often that we ought to have some statement from them as to whether they propose to resign or whether they are not willing to resign." The government did not respond to this taunt, nor did they ever call for third reading and adoption of Bill 128, the proposed ban on cigarettes. The bill was reported, but that was as close as it came to being adopted as law.

The WCTU's call to ban cigarettes was preventive and strategic. At the time, cigarettes were a new product, not widely used, but there was a fear that they would tempt boys to take up tobacco use. The ban on cigarettes, it was reasoned, would not greatly affect men (the voters and Members of Parliament), since they would still have their pipes and cigars. So it was a proposed law that even men could support.²⁴

The WCTU, from the limited scientific knowledge available at the time accurately understood enough about the potential public health danger of cigarettes to raise precautionary alarms about the use of cigarettes. Their newsletter *The Witness* pointed out correctly that cigarettes had a high potential for abuse because, as a milder form of tobacco, the cigarette “whets without satisfying the appetite.” Furthermore the newsletter continued, again correctly, that cigarette smoke was more likely to be inhaled with its poisonous nicotine drawn “into the infinitely delicate lung tissues.”²⁵

The WCTU was not alone in accurately describing some of ill health effects of tobacco use. At least some of the popular opinion was correct. The descriptions of cigarettes as “coffin nails” and “little white slavers” were further popularized by the WCTU and Henry Ford from the late 19th century to the early 20th century,²⁶ and medical opinion of this period was accurate in its assessment of some directly observable ill health effects of tobacco use. However, shrewd clinical observations were often presented together with inaccurate ones. Here is an example from a report to the Michigan State Legislature in 1889 by a Dr. Hammond of New York:

“That no speedier method for rendering existence painful is more efficacious than to smoke cigarettes and inhale the fumes into the lungs. The action of the brain is impaired thereby, the ability to think, and in fact all mental concentration is weakened. Neuralgia, especially about the face, throat diseases, nasal catarrh, serious affections of the eyes, dyspepsia, and above all, interruption in the normal action of the heart are among the consequences resulting from cigarette smoking.”²⁷

Teaching about the dangers of tobacco and tobacco smoke formed an integral part of school curricula in Canada in the early 20th century. As in the United States, some of the information was accurate, and some was not.

“When nicotine thus enters the blood, it slows down the rate and lessens the strength of the heart beat, and when heavy smoking has been indulged in for years, it sometimes brings on a disease that is called “Tobacco heart.” It also produces a disease of the throat known as “Smoker’s sore throat.” But, of course, many moderate smokers go through life without getting either of these diseases.”²⁸

For all their political acumen and popular support in Canada, with respect to their tobacco control objectives, the WCTU could not overcome the political power of men, nor the lobbying tactics of the tobacco industry. Already in 1903, tobacco industry lobbying was a force to be reckoned with. Mortimer Davis was the President of the American Tobacco Company of Canada, later to become Imperial Tobacco. Even though they were still not in wide use, Mortimer Davis saw a future for cigarettes. During the 1903 debate on banning cigarettes, he wrote to the Minister of Fisheries, reminding him of his long support for the Liberal Party and of the large number of male voters who would be upset if cigarettes were outlawed. He claimed that 36,000 merchants and wholesalers opposed the bill, and their tobacco shops were a “rendez-vous, really, for store-keeper’s customers, to hang around the store and discuss politics, etc. with their friends.”²⁹

Health evidence was frequently cited in the debate, but in the early twentieth century, such evidence was poorly or erroneously understood in Parliament. The debate was also fuelled by issues of personal preference, economics, rights and morals. Sir Wilfrid Laurier, the Liberal Prime Minister, in 1904 reflected a

generally held view that cigarette smoking was dangerous for youth, but not for adults:

“The use of cigarettes is universally admitted to have very injurious effects, both physical and mental, on immature youth. I would be disposed to go further than my honourable friend and say that the use of tobacco in any form is very detrimental to the health of young people. But the physicians generally agree that it is innocuous to grown-up people, whether in the form of cigarettes or cigars or smoked in pipes.”³⁰

Nevertheless, some of the observations made in Parliament were quite accurate. Mr. Richardson, MP, reported in 1904 that he had been told by his colleague Dr. Christie, a physician member of parliament:

“I believe it is almost the universal opinion of medical men that the cigarette habit is deleterious to the young, producing impairment of growth and physical degradation before the full maturity of the system is obtained. Even the smallest amount of smoking is hurtful, as it often produces nervous functional diseases of the stomach, debility and irregular action of the heart, impaired vision and irritation of the throat, sometimes called smoker’s sore throat.”³¹

Yet, despite the strength of the WCTU’s lobbying, the evident popular support for a ban on cigarettes, and majority votes by Parliament at second reading and in Committee of the Whole in favour of such a ban, in the end the wishes of the Prime Minister, his Cabinet and the tobacco industry prevailed. These wishes were expressed during the Parliamentary debate. The WCTU wanted a total ban on cigarettes and opposed a ban on sale to minors as ineffective. However, this latter proposition, favoured by the tobacco industry, and was the one eventually adopted as the *Tobacco Restraint Act* of 1908. Mr. Clarke, a Toronto-area Member of Parliament told Parliament of the wishes of the tobacco industry in 1904:

“I had the honour of introducing a deputation of men engaged in the tobacco trade to the Minister of Justice last year. They laid their case before him respecting this or a similar Bill, if I remember correctly. These traders expressed their willingness that a law should be enacted prohibiting the sale of cigarettes to minors.”³²

As for Prime Minister Laurier, he expressed a preference for education over legislation, and wished “the ladies” (the WCTU) would pay more attention to education:

“[T]he ladies who are promoting this legislation could do more good by giving their attention to the matter of education than by seeking legislation on the subject. More can be done by the beneficial influence of women in teaching and educating our youth than in seeking legislation in this respect.”³³

In the end, Parliament, the government and the tobacco industry prevailed over the WCTU, popular sentiment and favourable majority votes for a ban on cigarettes in 1903 and 1904. From 1905 to 1908, the government was frequently asked in the House of Commons about progress on Bill 128. In response, the government kept stalling but finally responded with the *Tobacco Restraint Act*, which was introduced and passed by Parliament in 1908. It prohibited sale of tobacco to minors and possession of tobacco by minors. A first offence for possession drew a penalty of “a reprimand.” For a second offence the fine was one dollar. The *Tobacco Restraint Act* was a pale shadow of what Parliament had debated and passed at second reading and report stage in 1904, “Bill 128, An Act to prohibit the importation, manufacture or sale of cigarettes.”

As the WCTU foresaw, the *Tobacco Restraint Act* could not be effectively enforced.³⁴ Police techniques included using underage purchasers working in collaboration with the police, but this, too, proved ineffective. The WCTU continued its campaign for cigarette prohibition after 1908, but this effort was defused by the Conservative government, which had assumed power in 1911, and appointed a House Commons Select Committee on Cigarette Evils in 1914 to study the matter. The Committee managed to keep WCTU members off its list of invited witnesses, issued two interim reports, and never made any recommendations. The Committee died along with the Parliamentary session

in June 1914 and was never heard from again. Subsequently, the *Tobacco Restraint Act* quickly fell into disuse. (It was not formally repealed until 1993.) By mid-1914, public attention was focused on World War I, and Parliament would not again seriously debate tobacco control for another sixty years. With the threat of a ban on cigarettes now removed, Mortimer Davis and other captains of the Canadian tobacco industry could now get down to the serious and lucrative business of popularizing and selling this novel tobacco product – the cigarette.

The rise of cigarette smoking in the early twentieth century

Exactly at the time that the WCTU was seeking to have cigarettes outlawed, the American Tobacco Company of Canada (ATCC), under the direction of Mortimer Davis, was transforming the Canadian tobacco industry into one based on a uniform, Canadian-grown crop to be industrially manufactured and marketed to the masses. He methodically set out to control every aspect of the business from seed to smoke. Along the way, he acquired an enthusiastic ally in the form of the federal Department of Agriculture. In 1905, the Department established a Tobacco Division that provided advice to Ontario and Quebec growers on new techniques of tobacco cultivation that would satisfy the new industrial buyers (of which the largest by far was the ATCC). The ATCC provided advice and supplies to tobacco farmers, and favoured those who followed their advice by buying their tobacco. ATCC also sought to control wholesale and retail trade in tobacco by engaging wholesalers and retailers in exclusive contracts. In their capacity to mass produce cigarettes, Mortimer Davis' family had the edge on the competition. In 1888, they were the first in Canada to licence a new industrial marvel, a cigarette-making machine

invented by James Bonsack in the United States in 1881. To fuel their carefully constructed supply system, there had to be demand. And Mortimer Davis was proud to claim that he helped to create such demand.³⁵ In 1908, he credited his own company for creating a new-found acceptance for the new and improved Canadian tobacco, *N. tabacum* grown in southern Ontario that he was using in his products, and claimed that this acceptance was partly brought about by one million dollars worth of advertising.³⁶

Demand had already been created for cigarettes by the time of World War I. But World War I was a true bonanza for the fledgling cigarette business. Tobacco companies donated large sums of money to the war effort, and also sent free cigarettes to the troops in Europe. On the home front, their advertising linked cigarettes to patriotism, and sales boomed as a result. Cigarettes were a novelty item in 1896, with total sales of 87 million sticks. By the early 1920s, sales had increased by 28 times to 2.4 billion.³⁷

World War I also marked a transformation of the role of women in Canadian society. Women won the right to vote in 1916. They moved into office and factory jobs during the war, and the numbers of women in the workplace continued to increase after the Armistice. For many women, taking up smoking was a symbol of new-found freedom. Tobacco companies were quick to seize on this sentiment as a marketing opportunity. In 1920, Imperial Tobacco (from 1912, the new name of the American Tobacco Company of Canada), advertised its Pall Mall brand in the women's magazine *La Revue Moderne* as "the best cigarette after tea."³⁸ By 1927, Player's Navy Cut cigarettes were being advertised in newspapers with the tag line "His favourite brand – and mine."³⁹

Three golden decades for cigarettes: 1920–1950

The WCTU continued to oppose tobacco use after World War I (and continues to do so to this day), but as cigarette use grew in popularity, even among women, their campaigns lost effectiveness and were increasingly ignored. Increasingly, moral crusaders were falling out of favour. Even though scientists and medical authorities continued to raise concerns about the health hazards of tobacco, they failed to stop or even slow the decades of most rapid growth in cigarette use. In 1938, demographer Raymond Pearl published smoker and non-smoker life tables in *Science*, clearly demonstrating much more frequent early death among smokers.⁴⁰ Yet this and other evidence published from the 1920s to the 1940s by physicians and other scientists failed to have any public impact.

Women continued to take up smoking, and tobacco advertisers continued to encourage them to do so. The 1940s was also the golden age of movies. Movies of the era glamorized smoking by both men and women, further boosting its popularity.

World War I had been good for the tobacco business; World War II was even better. Marketing techniques developed during World War I were honed to perfection in World War II.

One MacDonald advertisement proudly proclaimed shipments of cigarettes to the troops, while in another the by then familiar Macdonald lassie took on a decidedly warlike appearance. Cigarettes were even custom-packaged for the soldiers.⁴¹



We're shipping Millions of 'em

Every day during 1944 Macdonald's shipped an average of two and a half million cigarettes to our Armed Forces overseas. For the year these daily shipments add up to the staggering total of approximately 900,000,000 smokes enjoyed by our fighting Canadians.

We are justly proud of our part in supplying Canada's active forces with their favourite smokes and feel that every member of the staff has reason also to be proud of the part they have played in this important undertaking

Nous les envoyons par Millions

Depuis le début de l'année 1944, Macdonald a expédié chaque jour, à nos forces armées outremer, une moyenne de deux millions et demi de cigarettes. Ces envois journaliers, très appréciés de nos combattants canadiens, se chiffrent approximativement au total imposant de 900,000,000 de cigarettes pour l'année.

Nous sommes justement fiers du rôle que nous jouons dans l'approvisionnement des forces actives Canadiennes de leurs cigarettes préférées et nous sentons que chaque membre du personnel a aussi le droit d'être fier de la part qu'il a jouée dans cette importante entreprise.

MACDONALD'S

Quality Tobacco Products - Since 1858



"EXPORT"
CANADA'S FINEST CIGARETTE

MACDONALDS
TOBACCOS and CIGARETTES

Distributors for Ontario

L. R. GREENE LIMITED

97 RICHMOND ST. WEST

TORONTO 1

1945 JANUARY							FEBRUARY 1945						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
☾	☽	2	3	4	5	6	☾	☽	☾	☽	1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31	☾	☽	☾	25	26	27	28	-	-	-



Growth of cigarette consumption during this period was unchecked by any abiding concern for health or morals that had been so prominent in the debates before World War One. The early 1920s to the late 1940s was a time of extraordinary increase in cigarette consumption. The number of cigarettes consumed annually increased by a factor of 10 from 1921 to 1949 reaching 28 billion by 1949, while per capita annual consumption more than doubled to 3000 cigarettes per adult by 1949.⁴² A 1947 survey showed that 49% of Montreal women were smokers.⁴³ This survey result is in substantial agreement with a reconstructed cohort analysis by Ferrence.⁴⁴ In round numbers, three-quarters of men and half of women who were in their twenties and thirties during World War II were smokers. It was a public health disaster waiting to happen.

The 1950s: the Cancer Scare

There had been a study published in 1939 linking smoking to lung cancer.⁴⁵ However, it was in a German publication and was mostly ignored. The next chapter in discovering and documenting the link between smoking and lung

cancer was written by an unsung Canadian hero, Dr. Norman Delarue. In 1947, Delarue was a postgraduate medical student working under the tutelage of Dr. Ewerts Graham in St. Louis, Missouri. Graham was stumped. He could not figure out why there had been a rapid increase in the number of lung cancer patients admitted to the hospital and in frustration pleaded, “Will someone please find out what is causing this epidemic?” Delarue took up the challenge. He did a hospital-based case-control study with 50 cases and 50 controls. The result was quickly obvious. More than 90% of the lung cancer patients had ever smoked, while only 50% of the controls had been smokers. When he showed the results to Graham, a chain-smoker, the older man dismissed them out of hand as nonsense. The study results were not made public.⁴⁶ However, a few years later, Ernst Wynder, another medical student in St. Louis, looked at the Delarue’s research and replicated it in a larger study with 684 cases. This study was published under the names of Wynder and Graham (but not Delarue) in 1950,⁴⁷ and, along with another study published in the same year by Doll and Hill,⁴⁸ formed the basis of the cancer scare of the early 1950s.

Norman Delarue, * a thoracic surgeon, went on to be a tireless campaigner for tobacco control in Canada in the 1950s, 1960s and 1970s, at a time when such work was decidedly thankless and unpopular.⁴⁹ He continued an active professional life until his death in 1992.

The publications by Doll & Hill and Wynder & Graham and related publicity did provoke some public concern about the dangers of smoking in the 1950s.

But such concern was short-lived.

* In honour of Dr Delarue, Physicians for a Smoke-Free Canada has created the Norman Delarue Award, which is awarded periodically to deserving individuals in Canada for outstanding work in tobacco control. A recent recipient was the late Heather Crowe, who died in 2006. Dr Ewerts Graham, the chain-smoker, died of lung cancer in 1957. Dr. Ernst Wynder went on to found and direct the American Health Foundation, where he presided until his death in 1999.

These scientific publications prompted Daniel McIvor, a backbench Liberal MP, to propose a motion in Parliament in 1951 calling for the creation of a special committee on cigarettes. During the debate concerns were raised that cigarettes were being deliberately engineered to keep the cigarettes burning, thus creating a fire hazard. (This subject would be raised many more times over the next 50 years, until regulations were adopted in 2005 that required reduced ignition propensity cigarettes.) McIvor's motion was defeated. The Health Minister, Paul Martin Sr., voted against the motion and said that "for the time being the matter could be given consideration at the departmental level."⁵⁰

This "consideration" turned out to be the launch in 1955 of the prospective Canadian Veterans Study of smoking and health. Veterans were questioned about their smoking habits, and their responses were linked to mortality of veterans of the two world wars and the Korean War during the period 1956 to 1962. Preliminary reports prepared in 1961, 1963 and 1964 and the final report in 1966 all showed excess risk of disease among smokers for lung cancer and heart disease.⁵¹ But the final report was not issued until 16 years after the initial cancer scare in 1950. Policy action to control tobacco was begun by the government in 1963.

During the early 1950s, the government and the tobacco industry sparred over cigarette taxes and prices. The government increased taxes in 1951 by three cents a pack, and manufacturers added a further two-cent-a-pack increase. Sales of contraband increased. A strike at Imperial Tobacco caused a shortage of some brands, and further increased contraband sales. By 1953, the tobacco industry intimidation tactics succeeded. Taxes were rolled back; the

manufacturers' price increase was rescinded and the price of cigarettes was lower than it had been in 1951, before the 1951 tax increase.⁵²

While this was going on, there was increasing concern about the health consequences of tobacco use. The general public in the 1950s did not read medical journals (any more than they do today), but they did read the *Reader's Digest*. A December 1952 article, "Cancer by the carton," alerted the general public to the recent scientific findings linking smoking to lung cancer.⁵³

When "Cancer by the carton" appeared, the tobacco industry reacted. An early attempt to assuage public fears was to place filters on cigarettes and market them, at least implicitly, as health protection devices. The strategy succeeded to such an extent that sales continued to increase. Yet there was no evidence that filters were protective. Minutes of an internal 1962 meeting of British-American Tobacco recorded an observation by R.M. Gibb, a senior scientist at Imperial Tobacco Company of Canada.

"Mr. R.M. Gibb pointed out that the industry had made one very obvious reaction to the health question that filters had been put on all over the world at various levels of filtration, but nobody seemed to know whether this had the desired effect and it was not a very easy thing to find out."⁵⁴

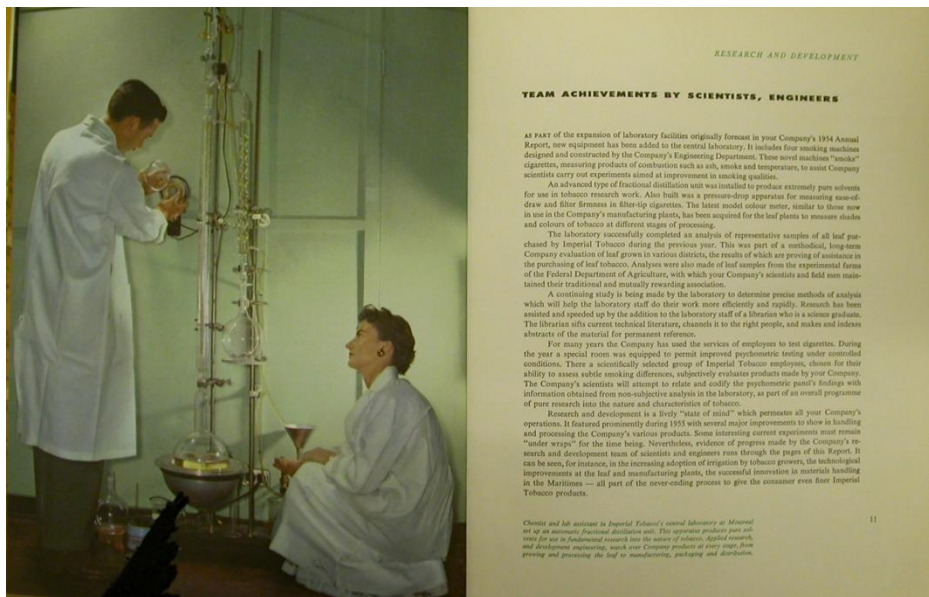
In the 1950s and early 1960s, the Canadian tobacco industry deliberately decided that they could stall for time on the smoking and health issue. This tactical decision was operationalized in three ways. First, they rapidly built up their research and development capacity, and deliberately set about to keep most of their research secret. Second, they maintained a policy of discreet silence in their public pronouncements, preferring to leave loud public defences of the tobacco industry to their American colleagues and third, they developed a strategy of discreet co-operation with government, and found

willing partners among senior government officials in this policy of discreet cooperation with government.

Imperial Tobacco rapidly expanded its research capacity in the 1950s. Prior to the 1950s, it had almost none. By 1959, its Montreal research laboratory occupied “13,000 square feet in several locations at the Montreal cigarette plant, and the staff numbered 40 scientists and technicians.”⁵⁵

Research was clearly highly valued, but not to be revealed in any great detail to the shareholders. Here is what was said about research in the 1955 Imperial Tobacco annual report.

“Research and development is a lively ‘state of mind’ which permeates all your Company’s operations. ... Some interesting current experiments must remain ‘under wraps’ for the time being.”⁵⁶



Included among that early work that was kept ‘under wraps’ was clear identification in 1956 in Canadian tobacco of benzo(a)pyrene, a known carcinogen,⁵⁷ and 1959 experiments with perforating cigarette filters that

showed such perforation to have the effect of increasing the nicotine-tar ratio.⁵⁸ Imperial Tobacco never told their consumers or the public about these important research findings from the 1950s. In the 1950s, the Department of National Health and Welfare had no research capacity on the chemistry of tobacco and tobacco smoke. Capacity would be developed over the years, but it would never catch up to the tobacco industry. In 1954, the Canadian tobacco companies gave money for cancer research to the National Cancer Institute of Canada, but said nothing about it publicly until 1963.⁵⁹ This policy of discreet silence was deliberate and was summed up in an Imperial Tobacco strategy document prepared in 1965.

“Since the inception of the Smoking and Health controversy, the Canadian tobacco manufacturing industry has followed a planned policy of conservatism in its relation with its various publics.”

“In its dealings with Government, at both Federal and Provincial levels, it has maintained an attitude of fullest co-operation. As for the general public, its policy has largely been one of discreet silence.

.....

“There have been no public embarrassments. There has been no rash of publicity contradicting statements made by the critics, or trumpeting the economic virtues of the industry. Instead the industry has discreetly notified those who were in error and, hopefully, continued to impress even its opponents with its tactfulness and high degree of responsibility.

“To date the Canadian industry’s actions would appear to have been satisfactory. Miss LaMarsh [the Minister of National Health and Welfare] and other Government leaders have apparently been pleased with the co-operation they have received and there has not been any overwhelming public demand for anti-smoking legislation.”⁶⁰

Government officials, following the general practice of the day in the dealings of the Department of National Health and Welfare with food and drug industries, co-operated with the tobacco industry in maintaining discreet public silence on the tobacco or health issue.

Dr. G.D.W. Cameron was Deputy Minister of National Health and Welfare from the 1950s to 1965. As a medical doctor, Cameron was no stranger to the facts about tobacco. He wrote in a 1962 memorandum to his Minister:

“The connected fact is that there is overwhelming evidence that smoking damages the lungs whether it be by the production of bronchitis, emphysema, asthma or cancer. There is also a great deal of evidence linking smoking with cardiovascular trouble.”

In the same memorandum, Cameron wrote:

“We have been able to take a passive role so far and I still believe that ultimately the question to smoke or not to smoke must be answered by individuals making personal decisions. However, there still remains a job of public information and this is one that, I think, we can no longer duck.”⁶¹

Leo Laporte had become Vice-President of Research and Development with Imperial Tobacco by the 1960s. He reported on a meeting that he and his colleague, Norman Dann, Imperial Tobacco’s Public Relations Manager, had with the Deputy Minister on May 11, 1965:

“2) He feels that Canada should wait until it is possible to assess the effectiveness of whatever is done in the United States. If such labelling in the U.S.A. is significantly effective in reducing smoking, then Canada might logically follow suit.

“3) Should the U.S. Congress pass any legislation, Dr. Cameron believes there undoubtedly will be a build up of pressure in Canada to do something along similar lines. These pressures may force the Department to make at least the ‘wait and see’ statement indicated in (2) above.”⁶²

Once Cameron retired, Leo Laporte and Norman Dann were able to establish the same sort of cordial informal relationship with his successor, Dr. J.N. Crawford. Norman Dann’s record of their November 1, 1965 meeting with Crawford states:

“Mr. Laporte suggested that we would like to continue the informal type of relationship which we had with Dr. Cameron. Dr. Crawford agreed and said that this was also his idea of working with people in industry.”⁶³

Dann observed of Crawford, “He is a man of impressive appearance, 6’6” tall, of military bearing and smokes a pipe.” and concluded from their meeting that “Dr. Crawford will consult with the industry when anything important is under consideration.”

The tobacco industry met with the Ontario Minister of Health as well. There too, they found no reason to fear precipitous action to protect public health. On February 5, 1964, Mr. Keith, Imperial Tobacco’s President, Leo Laporte, Norman Dann and their public relations counsel, Tom Wheeler, met with Dr. Matthew Dymond, a medical doctor and Ontario’s Minister of Health.⁶⁴ The tobacco industry’s record of the meeting stated that Dymond “was definitely against legislation against smoking.” Norman Dann’s record of the meeting concluded:

“We left the meeting on good terms, if slightly formal, and felt reassured that there would be no precipitous action by the Ontario Provincial Government.”

The Canadian tobacco industry succeeded in remaining largely publicly invisible and working quietly behind the scenes with governments and officials for many years. This policy was pursued from the early 1950s to the mid-1960s. Its success is clear: despite emerging scientific knowledge of the health hazards of tobacco, per capita annual tobacco consumption in Canada increased from 3,000 cigarettes per adult in 1950 to 4,000 in 1963.

The 1960s: the voices of science and public health grow louder

Although scientific evidence linking smoking to lung cancer and heart disease had emerged from several scientific studies published in the 1950s, it was not yet consolidated as a single body of authoritative knowledge. That bugbear was put to rest when the United Kingdom Royal College of Physicians⁶⁵ published a report in 1962, followed by a report of the United States Surgeon General in 1964.⁶⁶ Both were thorough, authoritative reviews of the scientific evidence. Both identified smoking as a cause of lung cancer and chronic bronchitis and indicated that it could be a cause of other diseases as well. Key to the evidence in the Surgeon General's report were the remarkably consistent results from seven epidemiological studies, five from the United States, one from the United Kingdom, and one from Canada: the Canadian government's Veterans Study. The latter report showed the highest risks of smoking for lung cancer of any of the seven studies. Canadian veterans who had ever smoked had 25 times the risk of dying of lung cancer compared to veterans who had never smoked.⁶⁷ The evidence was clear. In the words of Dr. Cameron, Deputy Minister of National Health and Welfare, it was a file that the government could "no longer duck."⁶⁸

The government's initial response was cautious. In November, 1963 representatives of the tobacco industry and health groups were called together for a meeting in Parliament. As was the custom at the time, smoking was permitted throughout the meeting. Predictably, health interests said the evidence linking smoking and ill health was clear, and the tobacco interests said it wasn't.⁶⁹ The health groups were right, but naïve.

Beginning in 1962, British American Tobacco had specific instructions for employees on how the question of smoking and health was to be presented in public. Heavy emphasis was to be given to information that would create doubt about the link between smoking and ill health. For its stellar performance in preparing a brief for the 1963 meeting on smoking and health that toed the party line, the Canadian tobacco industry received an admiring report from Anthony McCormick, a senior official at British American Tobacco headquarters in England:

“The Canadian Minister of Health called a Conference in Ottawa on November 25th and 26th to consider the whole smoking and health question and, prior to the Conference the Canadian Tobacco Industry submitted a brief which sets out very well the scientific evidence that contradicts or does not support the anti-smoking charges.”⁷⁰

The tobacco industry representatives were firing the opening salvos in a propaganda war with the aim of manufacturing doubt and controversy about the scientific evidence about smoking and ill health where, in fact, no doubt existed. They would be successful in this endeavour for many years to come.

Following the meeting, the government established in 1964 its Smoking and Health Program with a five-year budget of \$600,000. The program was informational only. It was designed to inform the public of the health risks, to encourage smokers to quit and to dissuade non-smokers from starting. No tobacco control legislation was contemplated.⁷¹

Moreover, government spending on the Smoking and Health Program was modest in comparison to its assistance to research on tobacco growing. The federal government had already been providing assistance to tobacco farmers since 1905 and continues to do so to this day. In 1964, government spending on assistance to tobacco growers was nearly five times the level of spending on the new Smoking and Health Program.⁷² By the 21st century, government

spending on tobacco control would surpass government spending on support to tobacco agriculture for a brief period. However, as recently as 2009, the federal government was once again spending money on assisting tobacco farmers. The government spent \$300 million in support of tobacco farmers and their communities in 2009.⁷³

While the government was unwilling to make further policy changes to control tobacco, the opposition parties, especially the New Democratic Party, were unrelenting in their calls for further controls on tobacco. More than twenty private members bills to control tobacco packaging, labelling and advertising were introduced by opposition members in the 1960s. More than half of them were introduced by NDP MP Barry Mather. To relieve the public pressure of repeated calls for a ban on tobacco advertising and other tobacco control measures, the government referred all the outstanding private members bills on tobacco to the Standing Committee on Health, Welfare and Social Affairs in November 1968.⁷⁴

The 1960s also saw the development of more formal lobbying organizations, both by the tobacco industry and health groups. Canada's six tobacco companies entered into a secret agreement in 1962 not to make any public statements about tar and nicotine levels.⁷⁵ Its purpose was to de-emphasize as much as possible public concern about smoking and health issues. While the tobacco industry did its best to maintain the previous policy of "discreet public silence" on smoking and health issues, public concern had reached such a height that they needed to supplement this policy with better systems of issue management and inter-company collaboration on issues of public concern. Thus the Canadian Tobacco Manufacturers' Council was born in 1963. In 1964, it issued the tobacco industry's first voluntary code in Canada to restrict tobacco advertising. It had good public relations value for the tobacco

industry, but its actual effectiveness at restricting tobacco advertising was illusory.⁷⁶ Throughout the next 40 years, the CTMC companies would employ as their senior officials or contractors people who had been or currently were strategically placed officials in the government, thus maintaining ready access to influence government policy in their favour. The list of such people was impressive. It included at various times from the 1950s to the present day:

- Prime Minister: Louis St. Laurent
- Senators: Roch Bolduc and William Kelly
- Cabinet Ministers: Robert Winters, Maurice Sauvé, Alistair Gillespie, Paul Martin, Jr.
- Members of Parliament: Robert Parker, Leo Duguay
- Senior advisers to governments: Torrance Wylie, Jodi White, Marie-Josée Lapointe, Brian Levitt, Rod Love, Mark Resnick, Norman Spector, Nancy Daigneault, David Small, William Neville
- Former government officials from departments of health: Albert Liston, Luc Martial, Karen Proud, Yves-Thomas Dorval

The health groups got off to a shakier start in their efforts to construct effective lobbying organizations. In fact, non-governmental health agencies were kick-started into collaboration by the Department of National Health and Welfare. Following the 1963 conference, the Department constituted representatives of leading non-governmental health agencies as the “Technical Advisory Committee to the Minister on Health Education Concerning Smoking and Health.” The government paid for the group to meet periodically and used the advice received from them to advance the efforts of its fledgling Smoking and Health Program. Norman Delarue was a key member of the Technical Advisory Committee. However, the entire focus of government and non-governmental agencies in the 1960s was on education. In reflecting on the lessons of the 1960s Norman Delarue wrote in 1974:

“What have we learned in our attempts to alter the smoking habits of Canadians? In the first place, we now realize that traditional education has been ineffective. The lack of success stems from the fact that the passive transfer of information – designed to create a fund of knowledge on which basis the recipient may be expected to act intelligently – does not change behaviour unless it is reinforced by additional educational experiences.”⁷⁷

Despite the limits of health education in solving the tobacco problem, and despite weaknesses in the non-governmental organization sector, the mid-1960s at least marked the end of the increase in per capita tobacco consumption. In 1966, it reached its historic peak in annual per capita consumption among adults of 4100 cigarettes. It would never go higher. By 1968 it had plateaued at 3900 cigarettes per adult.

1968-1971: The Isabelle Committee and its sequelae

The Standing Committee on Health, Welfare and Social Affairs, which came to be known as the Isabelle Committee, was chaired by Dr. Gaston Isabelle, Liberal Member of Parliament for Hull, Quebec. The Committee began its work on November 18, 1968, and presented its final report to Parliament on December 18, 1969. It was the first thorough public airing of the tobacco and health issue in Parliament since 1908. Witnesses were heard from tobacco interests and health interests. But, by 1969, tobacco industry protestations that there was no certain evidence that smoking caused diseases was ringing hollow in the face of overwhelming evidence to the contrary. When Mr. Paul Paré, the President of Imperial Tobacco, told the committee, “Our view is that there has never been any evidence so far demonstrated that the smoke of cigarettes has produced any diseases,”⁷⁸ it cut little ice with committee members. It is interesting that a few years later a senior scientist with British American Tobacco, the parent company of Imperial Tobacco Canada, Dr. S.J. Green,

expressed quite a different conclusion about the state of science on smoking and health in an internal memorandum not intended for publication:

“In view of the known toxicity and the strong association of smoking and disease, I believe any attempt to increase the smoking habit is irresponsible.”⁷⁹

The Isabelle Committee carefully considered evidence put forward by the tobacco industry and rejected it. Their 1969 list of recommendations was comprehensive and far-reaching and, if implemented, would have represented a significant public health advance.⁸⁰ The recommendations included:

- A complete ban on cigarette advertising and promotion to be phased in over four years
- Increasing educational efforts to discourage cigarette smoking
- Health warnings on all cigarette packages and cartons, in all cigarette advertising and promotional material and on all cigarette vending machines – one year from enactment of legislation
- Maximum levels of tar and nicotine
- Continued publication of tables of tar and nicotine levels
- Government-authorized statements of tar and nicotine levels on all cigarette packages and cartons, in all cigarette advertising and promotional material and on all cigarette vending machines – one year from enactment of legislation
- Wide promotion of measures designed to reduce the intake of cigarette smoke constituents by cigarette smokers

- Increased research into less hazardous products and ways to smoke
- More help for victims of smoking
- More help for smoking cessation
- Support and recognition for health and education workers to continue and strengthen their roles as exemplars
- Gradually increasing no-smoking zones in public places
- That health institutions consider discontinuing tobacco sales
- That cigarette vending machines be placed only where they can be under continuing observation by responsible persons and prominent display of cigarettes be discouraged
- Provision of coordinated government assistance to tobacco growers and workers in the tobacco industry
- Research to develop standards for fire-safe cigarettes
- Implementation of by all levels of government of all recommendations falling within their jurisdiction.

However, only a few of the recommendations would be effectively implemented in the 1970s. Significantly, none of the legislative recommendations would be implemented for almost 20 years.

The government did follow up on the recommendations of the Isabelle Committee. The subject of tobacco control was debated at several cabinet meetings in 1970 and 1971. The strongest advocate of the Committee's recommendations was John Munro, the Minister of National Health and Welfare. However, other Cabinet members were opposed to or were only mildly supportive of a ban on tobacco advertising. One example of such lack of enthusiasm can be found in the minutes of the Cabinet Meeting of February 18, 1971, taken during a discussion of the proposed *Cigarette Products Act*.

“The Leader of the Government in the House [the Honourable Allan MacEachen, formerly Minister of National Health and Welfare] indicated that as far as he was concerned he had enough controversial legislation in the House or going to the House for the current session and that he could do without any additional troublesome items.”⁸¹

In the end (June 7, 1971) the Cabinet’s approval was limited to support for first reading only.

“The Cabinet, on the understanding that the Bill would be introduced for first reading only at this time, approved for introduction in the House in the first instance, the draft Bill of an Act Respecting the Promotion and Sale of Cigarettes.”⁸²

And first reading was all the Bill ever got. It was never even debated in Parliament. The poorly organized and ineffective health lobby was outgunned by the tobacco lobby and its allies in the publishing industry and elsewhere. Throughout 1970 and 1971, while health agencies were sitting back and trusting the government to implement the Isabelle committee recommendations, the tobacco industry was vigorously lobbying the government to do the exact opposite. Tobacco industry officials met with the Minister of Health in January 1970 and held other meetings with government Ministers and officials throughout 1970 and 1971. A history of the period prepared for internal use within Imperial Tobacco makes clear what was really going on:

“Our strategy as an Industry then became one of making some concessions, to lose the battle in order to win the war, or in other words, to throw the Government a bone.”⁸³

An early “bone” thrown to government was a voluntary ban in 1970 on coupon incentive schemes that had been popular. For example, one could collect coupons from cigarette packages (like the brand Mark Ten) and redeem them for merchandise. However, as the internal history of the period makes

clear, this ban was not onerous for the tobacco industry. There were significant exceptions and an adaptive strategy already in place:

“So in June 1970, incentives and coupon schemes, with the exception of Mark 10 from Benson & Hedges would be dropped (There was a concession made to Benson & Hedges to keep the Ad Hoc Committee together.)

“Following the abolition of incentives, the Industry moved fast to mount campaigns on previous brands which had received little or no support during the incentive period, and also to mount new programmes behind various previous brands to reaffirm consumer acceptance.”⁸⁴

When John Munro carried out the Cabinet direction and introduced Bill C-248, the *Cigarette Products Bill* in Parliament on June 10, 1971, the tobacco industry announced its opposition at a news conference the very same day. No health groups raised their voices in support. Then the tobacco industry lobbying efforts switched into high gear. According to the tobacco industry’s historical account:

“This Bill was given first reading, but did not proceed to debate in the house prior to the regular closing of Parliament. A high level “lobbying” activity was initiated and cabinet support was not forthcoming for second reading.”⁸⁵

Industry lobbying was so effective, they even managed to convince the Prime Minister to oblige his Health Minister to publicly apologize for unnecessarily harassing the tobacco industry!⁸⁶ On September 21, 1971 the Canadian Tobacco Manufacturers’ Council announced a revision of their advertising code.⁸⁷ As with the initial code in 1964, the revision contained more illusion than reality. They agreed to a voluntary ban on broadcast advertising commencing in January, 1972. However, this was largely symbolic since the CBC and some private stations had had a policy of refusing tobacco advertising since 1969. Significantly, print advertising would continue unabated. *The Cigarette Products Act*, however, would have banned all forms of tobacco advertising and promotion, including print advertising. Nevertheless, adoption of the voluntary code by the tobacco industry effectively brought to an end

consideration by government of tobacco control legislation. It would not come up again on the government's agenda until 1987.

During the 1968–1971 period, tobacco consumption remained steady at 3800 cigarettes per adult.

1972–1980: Dark days for tobacco control

By failing to advance the *Cigarette Products Act*, the government closed off the possibility of implementing the legislative recommendations of the Isabelle Committee. In the absence of a legislative option, government officials attempted to negotiate voluntary agreements with the tobacco industry to achieve at least some of the legislative recommendations of the Isabelle Committee by other means.

Officials of the Department of National Health and Welfare met frequently with tobacco company officials during the 1970s and many pieces of correspondence were exchanged as government officials sought voluntary agreements to lower tar, nicotine and carbon monoxide levels in cigarettes. After a good deal of exchange of correspondence, the government proposed the changes it would like to see in tobacco products. The CTMC was asked to reduce levels of toxic constituents as follows by December 31, 1984:^{88 89}

- Tar: 15 mg or less per cigarette for all brands
- Nicotine: 1 mg or less per cigarette for all brands
- Sales weighted average carbon monoxide: 12 mg or less
- Sales weighted average tar: 12 mg or less

The CTMC agreed only to the last of these targets, and it was the only one to be achieved by the target date.

Programs to support health education about smoking and cessation were scaled back. Public education about smoking from the Department of National Health and Welfare that had been very visible in the 1960s became much less visible in the 1970s as financial support from the government shrank for these kinds of activities.

In the 1970s, the Department of National Health and Welfare did, however, support research on tobacco smoke chemistry, tobacco agricultural practices that might create less hazardous cigarettes, research on the biological activity of tobacco smoke, research on the health effects of tobacco smoke and research on knowledge attitudes and behaviour pertaining to tobacco smoke.⁹⁰

This research program of the Department of National Health and Welfare on less hazardous cigarettes was described in derisive terms in an internal tobacco industry document of the period.

“Their whole philosophy is riddled with holes, their knowledge is extremely limited, their findings to date are minimal and do not throw any light on the subject. They are looking for guidance from the industry which we would give if they were prepared to embark on a realistic programme. They cannot define what they term a less hazardous cigarette. They are conversant with all the published literature; they have heard of CO, acrolein, HCN, NOx, etc.; they know there should be bio testing of some form, shorter butt lengths must be a good thing (!), lower tars, etc., etc., but putting this together in a logical meaningful, scientific and prioritized manner is seemingly beyond them.”⁹¹

After a brief flurry of active lobbying to deal with the Isabelle Committee and the proposed *Cigarette Products Act*, the tobacco industry was able to successfully re-establish their policy of discreet public silence and quiet co-operation with government officials during the 1970s. This policy was

described in the minutes of an internal British American Tobacco smoking and health conference held in England in 1975.

“Industry relations with the current Health Minister and with his Deputy Minister were good and the industry did not anticipate any serious problems in the near future. Meetings with the Minister took place about every six months and the industry had been able to give way slowly when asked to make concessions – for example, it had been enabled to delay the printing of tar and nicotine figures on packs for a period of over three years.”⁹²

In the non-governmental organization sector, the 1970s was a time of taking stock and re-organizing. The health agencies banded together to form a new agency, the Canadian Council on Smoking and Health, in 1974. It would be managed and funded by a coalition of health agencies, with most of the funding coming from the Cancer Society, the Heart Foundation and TB and Respiratory Disease Association [later to be renamed the Canadian Lung Association]. The newly formed CCSH did have a great deal of potential for effectiveness that was immediately recognized by Norman Delarue.⁹³ Regrettably, for most of the 1970s, the potential for effectiveness identified by Delarue went unrealized, largely because of rivalry, competition and squabbling among the major health charities that funded it. It would, however, become a key player in lobbying for tobacco control later, in the 1980s. However, during the 1970s, tobacco industry lobbying of government was more effective than lobbying by the CCSH and other health agencies.

During the 1972–1980 period, cigarette consumption remained essentially unchanged at 3700–3900 cigarettes per adult per year.

1981–1986: Tobacco control re-awakens

The early 1980s were marked by some significant changes in the smoking and health debate. In 1981, important epidemiological studies were published that linked passive smoking to lung cancer. In 1986, the accumulated evidence was reviewed and published in a United States Surgeon General’s report that concluded, “Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.”⁹⁴

The passive smoking issue was of great concern to the tobacco industry. In 1978, the Roper Organization, a United States polling organisation,” was commissioned to study the issue for the tobacco industry. Their report stated:

“The anti-smoking forces’ latest tack, however—on the passive smoking issue—is another matter. What the smoker does to himself may be his business, but what the smoker does to the non-smoker is quite a different matter.. six out of ten believe that smoking is hazardous to the nonsmoker's health, up sharply over the last four years. More than two-thirds of non-smokers believe it; nearly half of all smokers believe it.

“This we see as the most dangerous development yet to the viability of the tobacco industry that has yet occurred.”⁹⁵

In the 1970s, some municipalities had passed by-laws to restrict smoking in some public places. In the 1980s, with new concerns about second-hand smoke raised by the new scientific research, more municipal by-laws were passed.

In the fall of 1986, an NDP Member of Parliament introduced a private members bill, the Non-Smokers’ Health Act (Bill C-204), to ban tobacco advertising and ban smoking in workplaces under federal jurisdiction. Unlike most private members bills that die a quick death in Parliament, it would be

debated for years to come in Parliament and go on to become law in modified form in 1988. More will be said on Bill C-204 in the next section.

Federal government departments began to restrict smoking in the workplace to smoking areas only. Ironically, the first department to develop such policies was not the Department of National Health and Welfare, but the Office of the Auditor General in 1985.⁹⁶ In fact, in 1984 when one of its own clerks, Peter Wilson, filed a formal complaint about the presence of tobacco smoke, a known health hazard in his workplace, the Department of Health and Welfare opposed his complaint. The matter was taken to a labour relations tribunal. Wilson's union hired James Repace, an expert environmental physicist to testify as an expert witness on his behalf. The Department of National Health and Welfare hired Theodore Sterling, an apologist for the tobacco industry as their expert witness. Wilson won his case in the first instance, although the ruling was later reversed by the Federal Court of Canada on a technicality.⁹⁷ It was media reports of the tribunal proceedings that prompted the Auditor General to act to restrict smoking in his department in 1985. The Department of National Health and Welfare instituted a similar policy the following year.

Other tobacco control issues came to the fore in the early 1980s. Federal and provincial governments engaged in successive rounds of increasing taxation on tobacco products. Well-researched and compelling briefs from NGOs to federal and provincial finance departments were instrumental in prompting governments to raise tobacco taxes successively throughout the 1980s.⁹⁸

During the early 1980s, there was rising public outrage about continuing unrestricted tobacco advertising and promotion. In the early 1980s, in contrast to previous decades, health organizations came to recognize that they had to go beyond the public education that they practised in the 1960s and 1970s and

become public advocates. In their new-found role as advocates, health agencies succeeded in giving voice to this public outrage and making sure that the voice was heard in the halls of Parliament.

There was public outrage when the Canadian Ski Association entered into a sponsorship agreement with RJR-MacDonald Tobacco in 1983. The Non-Smokers' Rights Association (NSRA), the Canadian Cancer Society, the Canadian Council on Smoking and the Canadian Ski Association's own medical committee joined forces to call for this sponsorship agreement to be nullified. The Canadian Ski Association's medical committee vociferously opposed the sponsorship. Its members found themselves thrust into new and unfamiliar roles as citizen advocates, roles they mastered quickly and performed with aplomb. The committee's membership included Dr Andrew Pipe, the ski team physician and Dr. John Read, the father of Canadian skiing champion Ken Read. The issue was resolved in 1984, when the Health Minister and Sports Minister announced that amateur sports organizations that received tobacco industry funding would no longer receive federal funding. The Canadian Ski Association quickly ended their sponsorship agreement with the tobacco company. Pipe and Read, together with other like-minded physicians, went on to found the Physicians for a Smoke-Free Canada in 1985.⁹⁹

NSRA published a paid advertisement in *Macleans*' Magazine in 1985. The headline shouted "30,000 die while feds sit on hands." This figure came from an estimate of the annual number of deaths that had been prepared by officials at the Department of National Health and Welfare. It served to heighten awareness among politicians and the general public of the magnitude of the tobacco problem.

Another NSRA advocacy tactic was to publish “A Catalogue of Deception” in 1986.¹⁰⁰ It was a report that unmasked the CTMC’s voluntary advertising and promotion code. It documented violations of nearly every rule of the code and showed how it served the interests of the tobacco industry, not the public interest.

Jake Epp became Health Minister in 1984 in a new Conservative government. For two years he watched and listened and learned about the tobacco and health issue from the public, from advocacy organizations and from his own officials. He observed the growing public outcry about lack of government action on the tobacco issue and knew that something would have to be done. Then in early 1987, he made up his mind. He was going to lead a battle to ban tobacco advertising. In doing so, he irrevocably changed the course of public health history in Canada for the better. He knew, however, that it was not going to be an easy ride. And it was not.

Increased tobacco taxes, improved non-governmental organization advocacy in favour of tobacco control, more publicity about tobacco and health and better protection from tobacco smoke all had an effect. For the first time in Canadian history, cigarette consumption entered a period of sustained decline. From 1981 to 1986 cigarette consumption declined from 3700 to 3000 cigarettes per adult.

1987-1991: The rabbit and the greyhound – The Non-Smokers’ Health Act leads the *Tobacco Products Control Act* on a chase through Parliament

On April 22, 1987, the government held a news conference in the Railway Committee room of Parliament’s centre block to announce a government-wide health-oriented tobacco control policy, the centrepiece of which was going to be the proposed *Tobacco Products Control Act*, sponsored by Jake Epp. The new law would ban tobacco advertising and require prominent health warnings on packages. But there was more. The Minister of Labour announced that there would be restrictions on smoking in workplaces under federal jurisdiction, and the President of the Treasury Board, Robert de Cotret, announced that smoking would be banned in all government workplaces. Then he dramatically tossed his cigarettes away and announced that he was quitting smoking.

There were other less visible manifestations of the new comprehensive policy. The Minister of Agriculture of the day was John Wise, a heavy smoker and representative of a tobacco growing district. While he did not loudly proclaim his support for the *Tobacco Products Control Bill*, he did not object either. As a *quid pro quo*, the Minister of Health did not object to new programs of payments to help tobacco farmers switch to alternate forms of economic activity, sponsored by the Minister of Agriculture. Over the next few years these payments would total about \$90 million, much more than we would be spent on health measures concerning tobacco.

With the April announcement, a battle was truly joined, with the tobacco industry and its allies opposing the health department and its allies in health agencies. It was also a time when the health groups came of age as effective

citizen advocates and the tobacco industry's old strategies of cutting deals in smoky back rooms, elite accommodation, discreet public silence and quiet cooperation with governments lost their effectiveness.

Health groups and ordinary citizens insisted that their government act in the public interest. And Jake Epp was determined to do so. The new tactics succeeded. After both the *Tobacco Products Control Act* and the *Non-Smokers' Health Act* were passed by the House of Commons on May 31, 1988, Jake Epp summed up what had happened:

"That was based on one of the best lobbying efforts ever seen on Parliament Hill. ... If you're looking at a strategy, I think what happened was a strategy whereby the traditional manner the tobacco lobby entered the fray didn't work. They were outgunned, they were outmuscled, and quite frankly outfinessed."¹⁰¹

It was also time of triumph for democracy. There was lively public debate on tobacco control and it seemed that everyone had an opinion and wanted to express it. One indicator of citizen involvement was the number of letters written to the Minister of Health on tobacco and health issues. There were 92 such letters in 1982, 1,306 in 1986 and 5,499 in just the first ten months of 1987,¹⁰² albeit many were form letters sent as part of letter-writing campaigns organized by one side or the other. Many of the tit-for-tat lobbying tactics by the opposing sides are recounted very well by Rob Cunningham in his book *Smoke and Mirrors: The Canadian Tobacco War*.¹⁰³

However, more needs to be said about the progress of tobacco control bills through the Cabinet and the House of Commons. While the *Tobacco Products Control Bill* was a government bill, most, but not all, Members of Parliament in opposition parties were in favour of this initiative. However, support from many of Jake Epp's Progressive Conservative Cabinet and caucus colleagues was fickle and fragile. There had to be a *quid pro quo* with the Agriculture

Minister to win his non-objection to the bill. There had to be some weakening amendments to the bill to mollify various interests in Cabinet and caucus. But Epp managed to maintain the bill as an effective public health action by keeping these weakening amendments to a minimum.

However, he would have never been able to keep support for the bill alive without the dedication of the members of the Legislative Committee which held hearings on Bill C-204 and Bill C-51 that stretched over eight months, from June 1987 to February 1988. Members of that Committee who would play important roles in giving Canada tobacco control legislation were Progressive Conservatives Monique Tardif, Arnold Malone and Paul McCrossan, Liberal Sheila Copps and NDP member, Lynn McDonald, the sponsor of Bill C-204.

In October 1986, Lynn McDonald's private member's Bill C-204, the *Non-Smokers' Health Act* was one of 20 such bills selected by a newly implemented lottery from about 150 bills for further consideration. An all-party committee chose it as one of the first private members' initiatives to come to a vote in Parliament under Parliamentary reform measures adopted the year before. These measures were intended to increase the power of backbenchers in Parliament by selecting a few private members' bills that would necessarily come to a vote. This was a marked departure from the usual treatment of private members' bills, which are rarely allowed to come to a vote. Usually they are talked out or die on the order paper. The bill, as initially drafted, would have restricted smoking in all workplaces under federal jurisdiction and banned all tobacco advertising.

In the fall of 1986, Jake Epp could see that there would be a lot of popular support for the bill, and because of the new rules of procedure, it was on a train that could not be stopped. Sooner or later, the bill would be voted on, and it might pass. Jake Epp was very much in favour of tobacco control, but he was not as supportive of a bill sponsored by a backbencher from the smallest opposition party usurping government leadership on tobacco control. Early in 1987, he asked his officials to devise a government bill and related policies that would compete effectively with Bill C-204. At the same time, he cajoled his Cabinet and caucus colleagues, many of whom were reluctant to go along with the idea, into supporting his initiatives. The alternative, he would remind them, was that “we might end up with the NDP running the country.” Jake Epp also knew that he would need the constant threat of an NDP bill passing to keep his own initiative alive. He needed it to keep hanging like the sword of Damocles over the Conservative caucus. He made no attempt to ask Lynn McDonald to withdraw her bill.

Not that she would have anyway. She was a savvy parliamentarian and Bill C-204’s best advocate. The introduction of the government’s Bill C-51, *the Tobacco Products Control Act* deterred her not at all. She continued to steer her Bill C-204, *the Non-Smokers’ Health Act* through Parliament. By the fall of 1987, both bills would be jointly under consideration by the legislative committee of Parliament that had initially been struck in June 1987, to study Bill C-204.

Like Lynn McDonald, Paul McCrossan was a member of the legislative committee. He was a Progressive Conservative backbencher. Mr. McCrossan had been a life insurance actuary before becoming a Member of Parliament, and from studying the actuarial tables of smoking and non-smoking policy holders, he knew first-hand the devastating mortality consequences of tobacco

use. He was a fervent supporter of tobacco control. But he also feared that there was a risk that Parliament could yet bow to pressure from the tobacco industry and fail to pass either bill. Mr. McCrossan's fears were justified. The will of Parliament had been foiled twice before in 1904 and 1971 on bills to limit the cigarette trade.

Mr. McCrossan also knew that the government was planning an amendment during committee stage to remove a key section from Bill C-204, one that would regulate tobacco under the *Hazardous Products Act*. If this planned amendment were adopted, Bill C-204 would no longer be the rabbit making the C-51 greyhound run. In 1988, support in the Progressive Conservative caucus for Jake Epp's proposed law, Bill C-51 was shaky at best and could well evaporate entirely before Parliament recessed. Without the C-204 rabbit running, the C-51 greyhound could lose focus and quit the race. With an election looming, he saw there was a risk that Bill C-51 would end up in the Parliamentary dustbin, like Bill 128 of 1904 and Bill C-248 in 1971.

Paul McCrossan was an insurance man and he wanted some extra insurance. He devised a scheme that would be acceptable to both Lynn McDonald, the NDP sponsor of Bill C-204 and the sponsors of Bill C-51, the Minister of Health and his parliamentary secretary and member of the Committee, Monique Tardif. He devised an amendment and secured prior agreement from Lynn McDonald and Monique Tardif for their support. He would introduce an amendment that would firmly tie one bill to the other. Only if Bill C-51 passed would tobacco be controlled through the government bill, the proposed *Tobacco Products Control Act*. Otherwise it would be controlled by new regulations under the *Hazardous Products Act*, authority for which would be created by the proposed *Non-Smokers' Health Act*.

On February 3, 1988¹⁰⁴ he introduced an amendment to Bill C-204 in Committee that read:

“9(1) Part II of Schedule I to the *Hazardous Products Act*, is amended by adding the following:

“5. Products manufactured from tobacco and intended for use by smoking, inhalation or mastication, including nasal and oral snuff.”

9(2) If during the Second Session of the Thirty-third Parliament, a Bill entitled an Act to prohibit the advertising and promotion and respecting the labelling and monitoring of tobacco products is assented to, section 3 of the *Hazardous Products Act*, as enacted by Chapter 30 of the Statutes of Canada 1987, is amended by adding the following subsection:

“(2) This Part does not apply in respect of the advertising, sale or importation of any tobacco product within the meaning of the *Tobacco Products Control Act*.”

This amendment guaranteed that if Bill C-51 foundered in Parliament, but Bill C-204 succeeded, then there still would be a ban on tobacco advertising and other regulatory control over tobacco by the device of including tobacco as a restricted product subject to regulation under the *Hazardous Products Act*. In essence, the amendment said that if Bill C-51 did not come into force, then tobacco would still be regulated under the *Hazardous Products Act*. If on other hand, Bill C-51 did pass, this same amendment would place regulatory control of tobacco under the new *Tobacco Products Control Act*. One way or another, tobacco would be regulated if the amendment passed, and one or both of Bills C-51 and C-204 also passed. The amendment found support (carefully lined up in earlier informal meetings by Mr. McCrossan) in the Committee and it passed by three votes to two. He and Lynn McDonald voted for it, and the

critical third vote in favour was cast by Mme Monique Tardif, Parliamentary Secretary to the Honourable Jake Epp, Minister of Health. It would be unusual for a Parliamentary Secretary to act in such a way without prior approval of her senior Minister. Mr. McCrossan, the insurance man, had successfully bought some insurance for tobacco control. If the Canadian public did not get tobacco control legislation by one means, they would get it by another means.

The advertising ban was eventually achieved by the government's Bill C-51, but procedural gamesmanship continued to the end. The government could not stop the inevitable vote on third reading on Bill C-204 from happening, but every procedural trick available was used to delay the vote on Bill C-204 until after the report stage and third reading debate on Bill C-51. World No-Tobacco Day, May 31, 1988 was a day of high Parliamentary drama. Votes on both bills were to happen on the same day, first Bill C-51, then Bill C-204.

The government was still determined to kill off Bill C-204. Early in the day, the Progressive Conservative Government Whip Jim Hawkes instructed caucus members to vote for Bill C-51 and then vote against Bill C-204. Had those instructions been followed by all caucus members, the government, with its large majority, would have easily defeated Bill C-204.

What the Whip and the Cabinet had not understood was that the new rules of procedure were actually working. Backbenchers actually did have more power, and many were determined that they were going to use it. They were going to show the government that they were not just trained seals. They were elected to be lawmakers and they were going to make a law. Progressive Conservatives who had been members of the legislative committee, Arnold Malone and Paul McCrossan, listened politely to the Whip and then used the

rest of the day to foment a backbencher revolt. They quietly lined up support for Bill C-204 in their own caucus and on the opposition benches too. There were smiles on their faces as they entered the Chamber at 11 AM for debates on both Bills. Bill C-51 passed on division (no vote was recorded). Then Bill C-204 passed by a margin of 77-58, with many Progressive Conservative backbenchers voting for it. In keeping with the Whip's instructions, all Cabinet members present had voted against it. Curiously, although Cabinet Minister Jake Epp had been there just an hour earlier for the historic vote on Bill C-51, he was not present for the vote on Bill C-204.¹⁰⁵ It was a beautiful spring day. He had gone for a walk.

Lynn McDonald, with solid help and support from Paul McCrossan, Arnold Malone and many others, had achieved what few Members of Parliament ever do. She had succeeded in seeing her Private Members' Bill become the law of Canada. Even though later amended by the government, the *Non-Smokers' Health Act* survives to this day as the law of the land. The later amendment removed Paul McCrossan's amendment from the text of the law. It had nevertheless served exactly like a catalyst in a chemical reaction. It was a vital component of the process, bringing it to a successful conclusion, but invisible at the end.

Twice before, in 1903-1904 and again in 1969-1971, the will of Parliament in favour of tobacco control had been expressed and both times it had been thwarted by governments that had firm control of the Parliamentary agenda. Both times the government's will had been bent in favour of the tobacco industry and against the will of Parliament. The lesson learned by the tobacco industry was that they need only lobby the government (Cabinet Ministers) to do their will. The government would then lead Parliament to do their bidding. But in 1988, it was a different story. The winner was not the tobacco

industry. Instead the winners were public health, the Canadian people and Parliamentary democracy.

But the tobacco industry does not give up. They would seek (without success) to derail the tobacco control laws in the Senate. They would seek (and have some success) to weaken regulations on health warnings to be put on tobacco packages. Their lobbying of senior officials ensured that warnings would not be in black and white at the top of the package, but “in contrasting colours” at the bottom of the package. And the ink was barely dry on the *Tobacco Products Control Act* before they launched a challenge to it in the summer of 1988 in the Quebec Superior Court of Montreal under the *Canadian Charter of Rights and Freedoms*. That marked the beginning of a new era of relations between the Canadian government and the tobacco industry. The tobacco industry has been squaring off against the government in court almost continuously since 1988, first over the *Tobacco Products Control Act*, from 1988 to 1995, and since 1997 over the *Tobacco Act*.

After the *Tobacco Products Control Act* came into force at the end of 1988, the Conservative government’s government-wide health-oriented tobacco control policy was continued and strengthened. The Finance Minister, Michael Wilson introduced substantial tax increase on tobacco in 1989 and 1991. Both times, he indicated that these measures were part of the government’s comprehensive tobacco control policy.

All of these significant policy advances had a substantial impact on consumption. Per capita consumption dropped dramatically from 3000 cigarette per adult in 1986 to 2000 in 1991.

1992-1996: Serious setbacks for tobacco control

By 1992, the tobacco industry was down, but definitely not out. Even though the old tactics of quiet cooperation and discreet silence were not working so well, they did not give up. Rather they adapted and changed tactics, borrowing some tactics from their American cousins and inventing new ones. Already they had employed a new and unfamiliar tactic in the form of litigation, with some success. In 1991, they had won their challenge to the *Tobacco Products Control Act* in Quebec Superior Court. Even though the law remained in effect while under appeal, they were buoyed up by their success. So much so that British American Tobacco invited the lawyers responsible for the victory to go on international speaking assignments to explain their victory to journalists and tobacco professionals in foreign lands how to beat back the forces of public health. At one stop in Mauritius in 1992, Simon Potter explained that no concessions should be made to public health professionals. Moreover, it had to be understood that they would be back and back again. With respect to these people his parting advice to the pro-tobacco forces was, "Never give up."¹⁰⁶ Ironically, the advice would serve the forces for public health well too.

Now the tobacco industry wanted taxes rolled back.¹⁰⁷ To achieve it the new tactic they would employ would be crime. Some criminal convictions have already been made and more are likely. In order to force changes in tobacco policy, the tobacco companies orchestrated elaborate smuggling and tax avoidance schemes to get cheap cigarettes into the hands of their customers.¹⁰⁸ A favourite conduit was the Mohawk Territory of Akwesasne. It straddles the St. Lawrence River near Cornwall. Part of it is in Ontario, part in Quebec and part in American State of New York. When the reserve was established in the late 18th century, the Jay Treaty granted residents of Akwesasne free

movement across the international border within the reserve. Its particular geographic situation has long made it a favourite conduit for smugglers. Canada's big tobacco companies followed in tradition of people smugglers and rum runners of the past. First, in 1992, Imperial Tobacco threatened the new Liberal Canadian government that they would move tobacco manufacturing out of Canada unless the export tax was removed (It had been introduced as a smuggling control measure and was working very well.) Many of the tobacco control lobbyists were out of the country at the time, attending the Seventh World Conference on Smoking and Health in Buenos Aires and were not around to provide counterpoint to the tobacco industry lobbying tactics. The government buckled and removed the export tax. Now the way was clear for the tobacco industry to export cigarettes to the United States and then smuggle them back into Canada. Many were run through Akwesasne.¹⁰⁹ They succeeded in pumping so many cigarettes through illegal channels that by 1994, the government bowed to tobacco company wishes and rolled back tobacco taxes. In an attempt to mollify health interests, the government created the Tobacco Demand Reduction Strategy with a large budget of \$185 million, to be spent in three years. Regrettably, the short time horizon and the large budget meant that was not enough time to plan to spend all the money wisely. Some was poorly spent on projects of questionable value. For example, there were several national surveys of smoking prevalence in 1996. One would have sufficed.

The tax rollback did succeed in drying up smuggling, at least for a few years. However, it had the effect of making all cigarettes cheaper, not just the one-quarter or so of them that were being smuggled. And cheaper prices, predictably, meant more consumption. This was particularly so among younger smokers, where previously declining prevalence was reversed and began to increase.

But there were still more setbacks to tobacco control to come. In 1995, the Supreme Court, by a 5-4 decision ruled in favour of the tobacco industry in their complaint that the *Tobacco Products Control Act* was an unjustified violation of the *Charter of Rights and Freedoms*. The government, which was making across-the-board budget cuts, was also unhappy with the results from the Tobacco Demand Reduction Strategy. Its budget was reduced by more than 40%. Since, as a result of the Supreme Court decision, many key sections of the *Tobacco Products Control Act* were no longer valid, the tobacco companies resumed advertising. It seemed as most of the gains of tobacco control of the 1980s and early 1990s had been erased. The high tobacco taxes of the early 1990s were reduced; the *Tobacco Products Control Act* was gone and tobacco advertising had returned, even if at more modest levels than in the 1980s. About the only bright spot for tobacco control on the federal scene was that there was some promise for the future. In 1995, the Minister of Health, Diane Marleau issued a *Blueprint for Tobacco Control* promising to restore a ban on advertising.¹¹⁰

5.1 Ban on advertising

With respect to advertising, a comprehensive prohibition is considered the most effective measure to achieve the government's policy objectives. It would appear that all forms of advertising contribute to making tobacco products socially acceptable and desirable as consumer goods and therefore represent an inducement to use tobacco products. Consequently, alternative measures, such as a partial ban, a ban on lifestyle advertising or a ban on advertising aimed at youth, would not appear to be as effective. The government is committed to providing the necessary evidence to support the most comprehensive prohibition on advertising possible.

The Minister's intent to ban advertising was faithfully reported in the media. Minister Marleau was quoted in the *Globe and Mail* of December 12, 1995 as having said, "We think the justification is there to end tobacco advertising."¹¹

This turbulent period of 1992–1996 was clearly a setback for tobacco control. And the setback was reflected in the outcome measurement of tobacco consumption. The sharp decline from 1986 to 1991 was reversed. From 1991 to 1996, tobacco consumption per adult went back up again, from 2,000 to 2,200 cigarettes per adult.

1997–2002: *The Tobacco Act*

In 1997 the *Tobacco Product Control Act* was replaced by the *Tobacco Act*. It was sponsored by the Liberal health minister of the day, David Dingwall. It was a more complex document than its predecessor, with many specific prohibitions on advertising and promotion, and many specific exceptions. It added up to less than the ban on advertising that people had come to expect as

a result of reading the 1995 “Blueprint” and related media reports. Where many saw the new *Tobacco Act* as a collection of restrictions on tobacco advertising, the tobacco industry claimed it was a total ban on advertising that went beyond the requirements imposed by the *Charter of Rights and Freedoms* and the 1995 Supreme Court decision on the *Tobacco Products Control Act* that restrictions on freedom of expression had to be reasonable, justified and constructed in such a way so as to be a minimal impairment of freedom of expression. Once again they filed a formal complaint under the *Charter of Rights and Freedoms* in the Quebec Superior Court of Montreal. Once again the federal government was squaring off against the tobacco industry in court. After the suit was launched by the tobacco industry, there followed a protracted round of preliminary legal actions, examinations for discovery and various forms of procedural sparring among the parties. There were many parties – each of the three big tobacco companies, the federal government and the Canadian Cancer Society as an intervener supporting the government side.

In 2001, in the very same court room in Montreal where the trial of the *Tobacco Products Control Act* had taken place a decade earlier, the trial finally got underway before Judge André Denis. Evidence was heard over several months in 2001 and 2002. In December, 2002, Judge Denis ruled in favour of the government and upheld the *Tobacco Act* in its entirety. His judgment contained nothing favourable to the tobacco company arguments. He even mused that the evidence presented could well be strong enough to support a total ban on tobacco advertising.¹¹²

The Quebec Court of Appeal weakened Judge Denis’ ruling somewhat by striking down a few phrases in the *Tobacco Act*, but most of the law was upheld by that court. However, both sides appealed again to Canada’s Supreme Court. The Supreme Court heard final appeals on February 19, 2007,

and issued its decision on June 28, 2007, ruling unanimously to uphold the *Tobacco Act* in its entirety.

While lawyers were wrangling over procedural matters in court in Montreal, the federal government was proceeding apace with the development of new regulations pursuant to the *Tobacco Act* to require detailed reporting by tobacco companies and new warnings on packages. Until the late 1990s, there had been four different regimes of health warnings on packages. From a public health point of view, none had been satisfactory. The first set of warnings was placed on packages of cigarettes voluntarily by the tobacco industry in 1972. The warning read:

WARNING: THE DEPARTMENT OF NATIONAL HEALTH
AND WELFARE ADVISES THAT DANGER TO HEALTH
INCREASES WITH THE AMOUNT SMOKED.

AVIS: LE MINISTÈRE DE LA SANTÉ NATIONALE ET DU
BIEN-ÊTRE SOCIAL CONSIDÈRE QUE LE DANGER POUR LA
SANTÉ CROÎT AVEC L'USAGE.

This warning was placed on packages in accordance with the Canadian Tobacco Manufacturers' voluntary code of advertising. Health Canada was not a party to this code and it was never negotiated with Health Canada.

In 1976, the CTMC revised the warning to include at the end the words "AVOID INHALING / ÉVITER D'INHALER."

This latter phrase was the object of considerable derision in focus group testing that Imperial Tobacco commissioned.¹¹³ The 1977 report on Project 16 summed up teenage focus group members' attitudes to the warning this way:

**** The 'avoid inhaling' words are singled out for the strongest derision since smoking a cigarette in this way is seen as a waste and, in their word, 'goofy'.**

The warning, written in small letters on the side of the package, had no discernible effect on rates of tobacco consumption or knowledge of the health effects of smoking.

When the *Tobacco Products Control Act* came into force in 1989, regulations under that Act required the tobacco companies to print larger warnings on the front of the packages. Four different texts were required, and the warnings had to be displayed on both the front and back of the package “prominently.” However, the meaning of “prominently” was not spelled out in the regulations, and the tobacco companies favoured presentations like gold-on-beige or silver-on-grey. Many people, including the new Health Minister, Perrin Beatty, felt that this sort of behaviour was making a mockery of the government's intent with the health warning regulations.

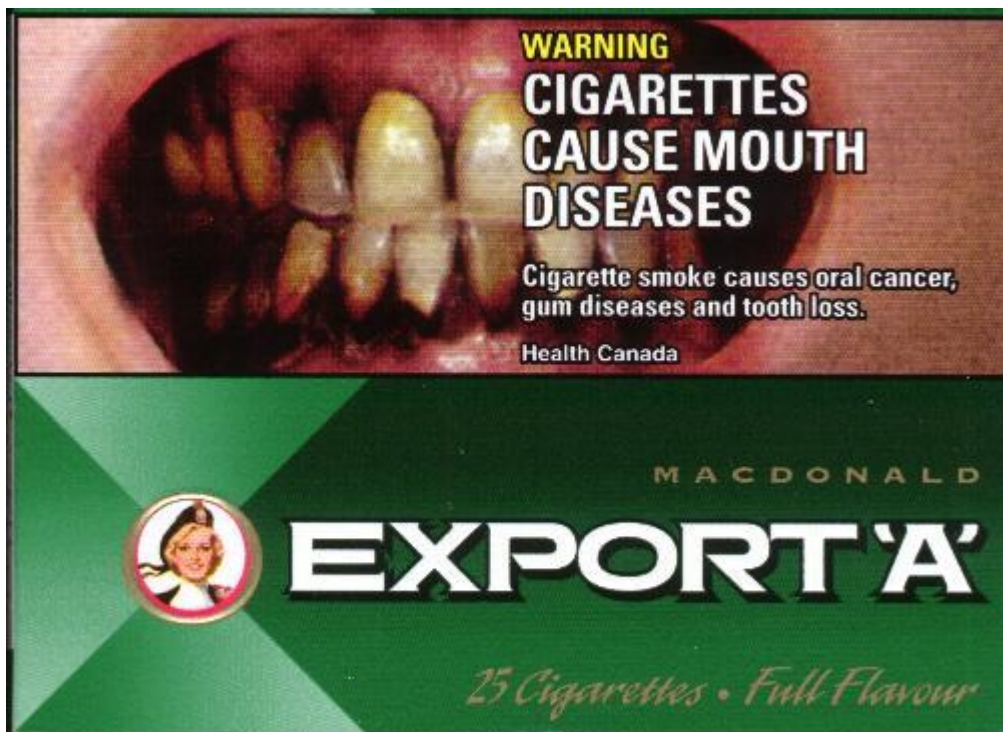
With support and encouragement from non-governmental health agencies, new regulations were developed. This time eight texts would be required, and the warnings would have to be either white-on-black or black-on-white and

would have to appear on both the front and back of the package at the top. This regime was better, but short-lived. When the Supreme Court struck down the *Tobacco Products Control Act* in 1995, the requirement for unattributed warnings disappeared too.

From 1995 to 2001, the tobacco companies did maintain warnings on packages according to a new voluntary code of their own invention, likely in an effort to protect themselves against liability. But everyone knew that it would just be a matter of time before the government would impose new regulatory requirements under the *Tobacco Act*.

The new regulations, borne of much consultation and research were adopted in 2000, came into effect in 2001.¹¹⁴ Now, Canada had, and still has, truly groundbreaking requirements for health warnings. Sixteen different warnings are required. They appear on the front and back of the package and each warning has a photograph or other arresting graphic image.

Here is one example:



There is also a requirement for more health information to appear inside the package. Careful international evaluation has revealed these warnings to be superior to those of other nations at effectively providing information about the health hazards of smoking and at reducing consumption.¹¹⁵

The lessons from the evaluation of these warnings have been learned well by other countries. More are now adopting similar warning systems.¹¹⁶ Eventually all countries that ratify the international Framework Convention for Tobacco Control will have to adopt very prominent health warnings that could include pictures or graphic images.

Now, at the turn of the 21st century, effective tobacco control by the federal government was back on track and its renewed effectiveness was evident in the trends in consumption. Tobacco consumption, which had started to go up, reversed and resumed its long-term downward trend. From 1996 to 2002, tobacco consumption per adult declined from 2,200 cigarettes per adult to 1,700 per adult. The last time this indicator had been so low was 1934.

2002–2007: Heather Crowe

Tobacco companies had been alerted to the dangers of second-hand smoke to their profits since the 1970s.¹¹⁷ And at least some non-smokers had been alerted to its dangers to their health for about the same length of time. A few Canadian municipalities introduced the first restrictions on second-hand smoke in the 1970s. By the 1980s the scientific evidence was clear that second-hand smoke caused lung cancer and other diseases. More municipalities started to introduce stronger and stronger legal protections from second-hand smoke

in the 1980s and 1990s, but progress was frustratingly slow. Progress was not helped by organized behind-the-scenes opposition from the tobacco industry.¹¹⁸ Still, the forces of public health persevered. Victoria became the first large city in Canada to ban smoking in all indoor workplaces and public places under its jurisdiction in 1999. By 2002, only two more large cities had followed Victoria's lead: Waterloo in 2000, and Ottawa in 2001.

Then, in the summer of 2002, an unassuming waitress in Ottawa named Heather Crowe was diagnosed with third stage lung cancer. Heather had never smoked. She did not live with smokers. For almost all of her 40-year career she had worked up to 60 hours a week in smoky bars, restaurants and banquet halls. "The air was blue where I worked," said Heather. Her diagnosis and near-certain death sentence that accompanied it transformed Heather from a hard-working ordinary Canadian into a tireless campaigner for laws that would protect all workers in Canada from second-hand smoke. The rest of 2002 was a series of firsts for Heather.

She became the first worker to win full compensation from the Ontario Workplace Safety and Insurance board for lung cancer, contracted by 40 years of exposure to second-hand smoke at work. She became the first person to make a dramatic testimonial television advertisement for Health Canada. In just 30 seconds, she simply and dramatically told her story to Canadians. "I'm dying. I'm dying of second-hand smoke," she said.

Then she volunteered her time with Physicians for a Smoke-Free Canada and criss-crossed Canada to speak to federal, provincial and municipal politicians, community groups and high school students about the importance of passing laws to protect workers from second-hand smoke. Wherever she went, frequently new by-laws or laws frequently followed to provide exactly the

kind of protection that she wanted. She told politicians her compelling and simple wish – “I want to be the last person to die from second-hand smoke at work.” And the politicians responded. While scientific evidence, popular support and other factors undoubtedly all played a part in their political decisions, it was frequently hearing Heather’s story first-hand that spurred them on to ban smoking in workplaces and public places. Following Heather’s visits, all territories and provinces and the federal government eventually banned smoking in indoor public places and workplaces:

- Nunavut – May, 2004
- Northwest Territories – May, 2004
- Manitoba – October, 2004
- New Brunswick – October, 2004
- Newfoundland and Labrador, July, 2005
- Ontario – May 31, 2006
- Quebec – May 31, 2006
- Nova Scotia – December, 2006
- Federal jurisdiction – November, 2007
- Alberta – January, 2008
- British Columbia – March, 2008
- Yukon – May, 2008
- Saskatchewan – January, 2005 (public places); May, 2009 (workplaces)
- Prince Edward Island – September, 2009

All Canadians now enjoy full protection from second-hand smoke in public places and indoor workplaces. Tragically, Heather did not live to see her dream come true. She passed away on May 22, 2006. However, her legacy lives on, enshrined in legislation in all fourteen federal, provincial and

territorial jurisdictions in Canada. More than any other single person, Heather made Canadian public places and workplaces smoke-free.¹¹⁹

Another significant policy development during this period was ratification by Canada (2004) and then coming into force (2005) of the Framework Convention on Tobacco Control (FCTC), an international treaty. Canada played a leadership role in the development of this international treaty and continues to play a leadership role in its implementation and management.

A key feature of Canada's leadership role in the FCTC has been its championing of participation of NGOs in treaty negotiation and management. This continues a long and successful tradition of government support for NGOs in tobacco control, which began with the very first meetings of the NGO Technical Advisory Committee in the 1960s. It continued in the 1970s and 1980s with financial support to the Canadian Council on Smoking and Health and the Non-Smokers' Rights Association. Later, continuing financial support would be awarded to the Canadian Council for Tobacco Control and Physicians for a Smoke-Free Canada. In the 21st century support has further expanded in the form of contribution agreements to NGOs across the country for worthy tobacco control projects. Millions of dollars are spent on these agreements to good effect. For example, the success of Heather Crowe's campaign, described above, was in part because of financial contribution made by Health Canada to Physicians for a Smoke-Free Canada where Heather served as a volunteer, and other contribution to dozens of other NGOs across Canada that collaborated with PSC in facilitating Heather's travels across Canada to bring her message to local and provincial politicians. It was an outstanding example of the public good that can be achieved through successful government-NGO partnerships, with all members of the team working for the public good.

Canada also broke new ground by becoming the first country to require that all cigarettes be made to meet standards of reduced ignition propensity. Test results commissioned by Health Canada to monitor compliance with the regulation after the first year of operation showed that 13 of the 46 brands tested failed to meet the required standard for reduced ignition propensity.¹²⁰ It is not known what action is being taken to ensure full compliance with the reduced ignition propensity regulations.

Continuing progress in tobacco control since 2002 brought continuing progress in the downward trend in tobacco consumption. Cigarette consumption per adult declined further from 1700 cigarettes per adult in 2002 to 1400 in 2005. The decline during these years, however, may not have been as dramatic as it appears because of increasing cigarette contraband (see below).

While recent years have seen new policy developments to control tobacco, many problems remain. While the new health warnings on cigarette packages are clearly a success story of public health, they are now showing their age. Once new, they are now wearing out. Health Canada has embarked on a round on consultations and research to create new warnings, but that process has not yet born fruit. The decade began with the promise of an annual budget for tobacco control at the federal level of \$110 million per year. In fact, annual spending on tobacco control never reached that level. It now hovers around half that much.^{121 122} In recent years there have been few substantial tax increases at the federal level or in the populous provinces of Ontario and Quebec. Most worrisome of all, tobacco contraband has once again becoming widespread. It has been estimated that about 27% of the cigarettes smoked in Canada have been purchased with only some or none of the taxes being paid.

The problem is most severe in Quebec and Ontario where 39%-40% of cigarettes are contraband.¹²³ Most contraband cigarettes are manufactured in unlicensed factories on the American side of Akwesasne. No taxes are paid on these cigarettes and they retail for as little as \$12 for 200 cigarettes.

2008-2009: Banning flavours in tobacco products

In February, 2008 a new analysis of national smoking survey data was issued. It showed a disturbing and previously unknown trend in tobacco consumption among youth.¹²⁴ It showed that the use of flavoured cigarillos had become very popular among youth. One-third of 15-19 year-olds had tried them. So many youth were smoking them that the true percentage of teenage smokers was 20%, not 15% (the percentage reported as smoking cigarettes). The release of this information led to major campaigns against flavoured tobacco.¹²⁵ It also led to a Private Members Bill to ban flavours in tobacco products. It was introduced by NDP Member of Parliament Judy Wasylycia-Leis in the 39th Parliament in 2008 and re-introduced in the 40th Parliament in 2009.¹²⁶ During the 2008 election campaign the Prime Minister promised action to end to the selling of flavoured cigarillos and marketing to youth. Bill C-32 was introduced to do just that in the spring of 2009. It was adopted by the House of Commons in the spring of 2009, but had to wait until the fall of 2009 for adoption by the Senate.¹²⁷ Adoption by the Senate was not assured. During the summer, Philip Morris launched a major lobbying offensive in both the United States and Canada against the proposed law. This was surprising since Philip Morris sells almost no flavoured tobacco in Canada. Their opposition stemmed from their hopes for the future of selling flavoured tobacco products in Canada. They also feared the copy-cat effect of the Canadian law. Other countries where blended and flavoured tobacco is more popular might copy the Canadian legislation. They marshalled support from the unionized

workers in their Quebec City factory and, after threatening to close the factory, they found some sympathy from Quebec Senators and government MPs from Quebec. They sent a trade lawyer to plead their case before the Senate.¹²⁸ The Senators listened to the concerns of Philip Morris but adopted the Bill without further amendment. A few days later, the Bill received Royal Assent.¹²⁷

Once the Bill became law, advertisements such as the one shown below that appeared in various newspapers in 2006 and 2007, immediately became illegal. All print advertising of tobacco has now been prohibited in Canada. The law will be fully in force nine months after Royal Assent – in June 2010.



The ban on the use of flavoured tobacco products was first informed by data analysis in early 2008. But it had to be supported by public concern raised by Members of Parliament, by public information campaigns led by youth and

health agencies, and by a campaign promise from the Prime Minister. Still, it was not a sure thing. It had to weather a major, but insubstantial counter-offensive launched by the world's biggest tobacco company. Sound scientific information and data analysis is helpful in achieving policy change, but as this example show, it is rarely enough. Scientific information has to be accompanied by political action strategies and campaigns if political action is to occur.

One important lesson that has been learned from more than a century's experience at overtly trying to control tobacco is that eternal vigilance is needed. All of the current problems and potential problems will need to be solved if there is to be continuing progress in tobacco control. History teaches us many more lessons too. Here are some of them.

Conclusions

Tobacco addiction has been with us a long time, since before recorded North American history. Throughout the ages, many tobacco control measures have been used. Controls have been based on religious beliefs, they have been gender-based; they have been class-based; they have based on price; they have been based on health-based clinical observations and they have been based on controlled scientific observations.

In early First Nations societies, in colonial New France, and in nineteenth century Canada, there were no cigarettes and little understanding of the health consequences of tobacco use. Nevertheless, in all of these cultural contexts that were very different from each other, there was strong and effective social proscription of tobacco use in certain circumstances. In all of these societies,

there was a strong proscription against smoking by women. In 19th-century Montreal, there were elaborate and effective socially-defined end enforce rules on when and where men could smoke and where they could not.

Most forms of tobacco use that were prevalent until the twentieth century have all but disappeared in Canada and been replaced by cigarette use. Cigarettes have caused the most damage to public health. However, the cigarette epidemic is relatively recent (one century old) and is in decline in Canada.

A historical opportunity to prevent the cigarette epidemic was missed in the early years of the twentieth century. Subsequently cigarette addiction quickly became widespread. Once it was widespread, its social acceptability and addictiveness aided and abetted by its profit-seeking suppliers, meant that addiction and ill health caused by tobacco had become problems that would not be solved easily or quickly, even with the best strategies in the best circumstances.

Even though it would be fifty years before scientifically rigorous epidemiological studies of smoking and health would be undertaken, there was enough commonsense understanding and expert clinical observation of the health hazards of tobacco use to justify bans of cigarettes that were proposed in 1903, 1904 and 1907. These correct observations of the ill health consequence of smoking (addiction, respiratory and circulatory diseases) were also accompanied by incorrect observations (smoking-caused mental illness) and moral reasons for banning cigarettes.

That these campaigns very nearly succeeded is testimony to the effectiveness of the Women's Christian Temperance Union. Women could not vote nor run for Parliament. Most women did not smoke, nor work for the tobacco industry. Smoking, voting, sitting in Parliament, running the government and running the tobacco industry were all the exclusive preserves of men.

Dr. Norman Delarue and Sir Richard Doll, pioneers of the scientific study of smoking and health, both thought that people would quickly stop smoking when the fact that smoking was strongly linked to lung cancer became known in the early 1950s. They quickly realized their error. Knowledge of the health consequences of tobacco smoke that has accumulated since 1950 has been key information used in the struggle to control tobacco. But the mere existence of such knowledge is no panacea for the tobacco problem.

With respect to tobacco control, governments have been slow to act. Several legislative attempts to control tobacco, despite justification and widespread support, failed to pass into law. This occurred during the periods of 1903–1908 and 1969–1972. Truly effective government legislative action to control tobacco was much delayed. It did not occur until 1988, 85 years after the government first failed to act on a majority vote in Parliament in favour of a ban on cigarettes.

On the other hand, governments often defer to the interests of tobacco corporations. They did so in 1903-1908, 1970-72, in 1992 when the government rolled back a tobacco export tax, in 1994 when they reduced all tobacco taxes, and as recently as 2006 when they entered into a voluntary agreement with the tobacco industry to remove words like “light” and “mild” from packages, thus forestalling more effective policy action to end consumer deception.

Health education, the main strategy of governments and NGOs in the 1960s and 1970s was, on its own, largely ineffective at controlling tobacco. However, political action and citizen advocacy as practised by the Women's Christian Temperance Union before the First World War very nearly succeeded in getting a ban on cigarettes. The same sort of citizen advocacy, this time practised by non-governmental health agencies since the 1980s, when combined with educational efforts, was effective and did succeed in prompting the government to implement effective, comprehensive tobacco control policies, beginning in the late 1980s, including the *Tobacco Products Control Act*.

Tobacco industry lobbying, largely based on elite accommodation, was well-organized, well-planned and effective until the 1970s. Tobacco industry lobbying has become less and less effective since the 1980s as the old strategies of elite accommodation became less and less effective and the new strategies of aggressive litigation, intimidation of governments and crime failed to yield long-term benefit for them, especially since the health groups were now serving as public watchdogs to guard against such techniques being pursued with impunity.

In periods of no or few control measures, tobacco use has often increased, making future control even more difficult. Periods of no or few new effective tobacco control measures and consequent increases or lack of decline in tobacco consumption included, 1908-1962, 1970-1981 and 1992-1996.

On the other hand, when tobacco control has been active, with new and reasonably effective measures being introduced, previous increases in tobacco consumption have been reversed or tobacco consumption has declined. These periods included 1963-69, 1982-1991 and 1997-2006. Declines in tobacco

consumption in the latter two periods were relatively steep, so that despite setbacks in the 1990s, the overall trend since the early 1980s has been one of impressive decline in tobacco consumption since the early 1980s.

The tobacco industry will adapt to whatever control measures are in place to mitigate or negate their effect, in the interest of fulfilling their fiduciary responsibility of continuing to profit from tobacco. Because tobacco companies can quickly adjust their input costs and because tobacco manufacturing historically has had a very high rate of return, tobacco companies continue to be profitable, even when tobacco consumption is declining.

Knowledge of the well-known dangers of tobacco use, coupled with an understanding of the profit-maximization behaviour of tobacco companies, means that tobacco should have never been left unregulated in the past. Moreover, new regulatory strategies will be needed in the future to maintain and improve effectiveness as the tobacco industry adapts its strategies to current regulatory regimes.¹²⁹

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