

Physicians for a Smoke-Free Canada



CANADIANS SUPPORT A PLANNED END TO TOBACCO

Are governments doing enough to reduce smoking? Would Canadians be willing to see governments do more?

We asked a polling firm to explore this question with Canadians—and the answer was both encouraging and challenging:

85% of Canadians surveyed said they agreed or strongly agreed that governments should develop new ways to phase-out smoking within 25 years.

"Rarely do we see the public give such a clear and compelling answer to a policy question," said PSC president, Dr. Atul Kapur. "These results show that recent tobacco control measures should be viewed as the beginning, not the fulfillment, of governments' responsibilities to contain the tobacco epidemic."

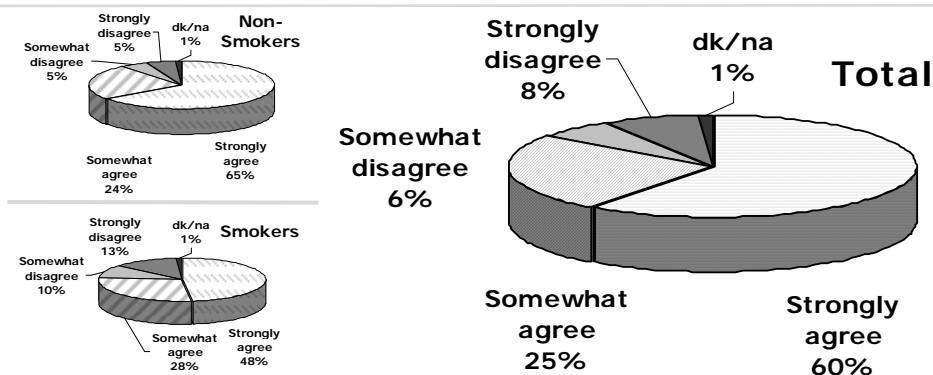
The response to the question was virtually uniform across all age groups, genders, regions and political affiliations of the surveyed Canadians.

"Canadians are virtually unanimous that the government should aim higher and should do more," said Dr. Kapur.

With funding from the Canadian Tobacco Control Research Initiative, PSC is developing policy measures which could lead to much more significant reductions in tobacco use. This project is exploring options by which the suppliers of tobacco share the responsibility to minimize tobacco usage.

Publication of the results of this initiative is expected in the spring of 2005. ♦

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree that governments should develop new ways to phase out smoking within 25 years?



The poll was conducted by Environics between September 23 and October 12, 2004. 2027 Canadians were surveyed. Results are accurate to within approximately +/- 2.2 percentage points, 95 times out of 100.

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New cigarette warnings under development

Almost four years have passed since Canada adopted the world's first picture-based cigarette warnings. This summer Health Canada announced that it was preparing to refresh and improve this historic initiative.

Since picture warnings first appeared on Canadian cigarette packages in late 2000, two other countries (Brazil and Singapore) have 'joined the pack' and implemented similar requirements. Two more nations have passed laws which will require similar warnings (Thailand's come into force in February 2005 and Australia's in March 2006)

The European Union has also developed picture based warnings and provided its 25 member countries with the option of using them.

Components of Canada's tobacco product labelling system



What makes health warning messages work?

Cigarette warnings are a uniquely effective health measure:

- ◆ They are delivered directly to their target audience
- ◆ Each smoker receives a repeated and reinforced message about 6,000 times each year
- ◆ They outperform mass media messages for recall and credibility
- ◆ The costs of printing and distribution is borne (as it should be) by the tobacco companies.

Size and pictures make a difference

Effective cigarette warnings include:

- ◆ Colour picture or graphics
- ◆ Positioning on the front of packs
- ◆ Increases in size
- ◆ Direct and unambiguous messages

Health warning messages work best when:

- ◆ they improve smokers' understanding of both disease severity **and** their likelihood of getting a disease caused by smoking.

- ◆ they present information in a way that is personal and salient to the smoker's experience

- ◆ they motivate the smoker to take health protective behaviours.

Pictures work well.

- ◆ Fear messages can be highly effective when they are combined with efficacy messages. Smokers who reported negative reactions in response to the new Canadian health warning messages were **more likely** to have tried quitting or to report that they were **more likely** to quit.

Cognitive processing is the key to impact.

Smokers must notice the information, think about it and mentally organize it, and relate it to their pre-existing knowledge. This happens best when:

- ◆ the warnings provide specific, unambiguous information, with an expanded explanation (not a general message like "smoking is harmful.")
- ◆ The information is presented in a way that evokes an emotional response
- ◆ The warnings are vivid.

Fears that the warnings would back-fire were unfounded.

There is little evidence of any adverse outcomes from these warnings.

- ◆ They don't cause unnecessary emotional distress to smokers
- ◆ Smokers don't avoid them (they don't cover them up)
- ◆ With pictures, more smokers want more information

Some smokers benefit less

Smokers who are not able to process the information in the warning (especially low-literacy smokers) receive less benefit from these warnings.

Low-literacy smokers tend to scan, but not read, the messages, and to assign their own general meaning to the pictures (i.e. "smoking is harmful") because the pictures illustrate the text but do not independently convey the message.

These smokers might benefit from messages that use other learning styles, like experiential learning. Testimonials or value-based messages would also work better for them.



What else should governments try?

Future warning requirements can build on experience by :

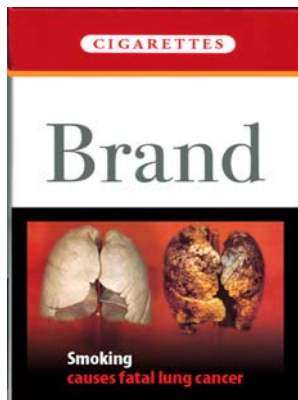
- ♦ **Appealing to social norms**
Focusing on negative social consequences (not just health risks) may be more effective among groups like youth.
- ♦ **Encouraging smokers to talk to others**
Labels can be used to prompt smokers to talk about their addiction (talking is known to increase quitting)
- ♦ **Increasing confidence in quitting**
People are more likely to try to quit if they believe they can succeed—labels can reinforce self-efficacy.
- ♦ **Integrating messages with other public health measures**
Cigarette messages can strategically communicate messages to support policy change (like smoking bans) or reinforce other campaigns (like Quit and Win).
- ♦ **Communicating values**
Smokers' dissonance can be increased by messages that remind them of the inconsistency between their behaviour and their beliefs.

New health warning messages from:

♦ **Brazil**
(top)

♦ **Australia**
(bottom left)

♦ **European Union**
(bottom right)



Quitting rates soar

Smokers are much more successful at quitting than they were in previous decades, Statistics Canada reported in mid-November.

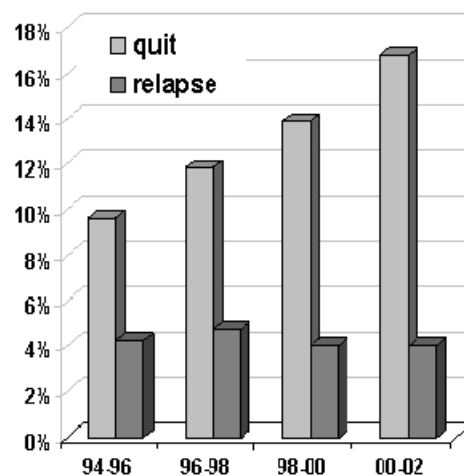
Using longitudinal data from the massive National Population Health and Canadian Community Health Surveys, researchers established that while the relapse rate among smokers remained constant (around 4% of all smokers are quitters who relapsed over a two year period), the rate of two-year quitting had increased from 9% in 1994-96 to 16.8% in 2000-02.

The last study of this type was conducted using tobacco industry data in the 1980s: at that time the one-year quitting rate was about 3.5% (of which 1.5% later relapsed).

The net two-year quitting rate has thus increased from 4% in 1989 to 5% in 1994 to 13% in 2003.

The study also found that smoking restrictions at home and work significantly reduced the number of cigarettes smoked; and that the fewer cigarettes smoked significantly increased the likelihood of quitting. New vascular (but not respiratory) conditions also increased the likelihood of quitting. ♦

Percentage of smokers who quit in a two-year period



Source: *A step forward, a step back: smoking cessation & relapse.*
Statistics Canada, Catalogue 82-618-MWE



Students Expose Tobacco Marketing on Campus

This spring, 20 university students worked with Physicians for a Smoke-Free Canada to survey campus tobacco policies and to make recommendations for ways to further protect college and university students from tobacco use.

What they found was as disturbing as it was important: there is widespread tobacco marketing on campus, and university and college administrations are willing and active collaborators.

"Every university and half of the colleges we surveyed received money to market tobacco products within the past year," said Isabelle Tremblay, one of 20 young adult researchers who collaborated on a survey of 35 post-secondary institutions during the early months of 2004. "Instead of protecting students from tobacco industry marketing, our colleges and universities are profiting from it."

"Campus newspapers, bars and stores have contracts to promote tobacco products," explained Roman Pabayo, who participated in the study while a student of nutrition at McGill University. "In the past year, most universities and half of the colleges ran tobacco industry-related advertising in the campus newspaper, and about a quarter of campuses hosted a tobacco company-sponsored concert or event. Further, three-quarters of universities and half of colleges sell tobacco."

The survey also found that, in addition to allowing tobacco marketing, fewer than half of university and college administrations protected students from second hand smoke or had programs to help smokers quit.

"Post-secondary students have a right to choose whether or not to smoke;

however, their universities and colleges should not be complicit in encouraging them to do so," said David Hammond, a Ph.D. candidate at Waterloo University who led the team of student researchers. "The tobacco industry has made post secondary students a priority. It's now time for tobacco control advocates and post-secondary campuses to do the same."

This research project found:

- Every university and half of colleges received money to market tobacco products within the past year.
- Many student union executives and administrators were either unaware or failed to recognize these activities as tobacco marketing, particularly with regards to retail store displays.
- Smoke-free policies were generally weaker than what would have been expected for these institutions

Export A advertisement from the University of Waterloo Student Paper, 2003



- Policies for bars/restaurants followed municipal legislation.
- Smoking cessation services varied widely across institutions.
- The issue of accepting donations from tobacco companies is not a concern for most post-secondary administrators.
- A lack of support for stronger tobacco control policy among student executive governments.

Earlier this year, Health Canada reported that university and college-aged students smoked at almost a 50% higher rate than the general population. Smoking rates jumped from 18% for Canadians aged 15-19 to 30% for those aged 20-24, according to the 2003 Canadian Tobacco Use Monitoring Survey (CTUMS).

The survey was conducted for Physicians for a Smoke-Free Canada with funding from Health Canada. A full report is available at www.smoke-free.ca/campus.

PSC released the report in August 2003 and there was extensive media coverage in response. Many of the student researchers are now involved in a follow-on project to encourage campuses to change their policies. ♦



Canadian medical schools and hospitals accept tobacco funds

A study by the Ontario Tobacco Research Unit revealed that not one of the Canada's 16 medical schools has a policy regarding donations or research funding from tobacco companies.

The study, published this May in the Canadian Journal of Public Health*, reported on a survey of all Canadian medical schools. The authors found:

- All 16 medical schools reported on their policies regarding tobacco donations — but none of them had such a policy
- 5 medical schools were unwilling to disclose whether or not they had received funding from tobacco companies
- Of those willing to report on donations, 4 had received donations between 1996 and 1999.

Shortly after the study was published, it was revealed that Philip Morris had provided the University of Western Ontario Schulich Medical School with a grant in excess of \$500,000 to study the effects of cadmium in mothers and their babies. (Cadmium is a heavy metal found in cigarette smoke).

PSC president, Dr. Atul Kapur graduated from UWO's medical school in 1991. On learning that the university accepted tobacco research funds, he reflected:

"This is a cigarette burn on the diploma on my wall."

* Kaufman, PE et al. "Tobacco industry links to faculties of medicine in Canada." *Canadian Journal of Public Health*, 2004. May-June; 95(3): 205-8.

Cigarette price war erodes public health gains

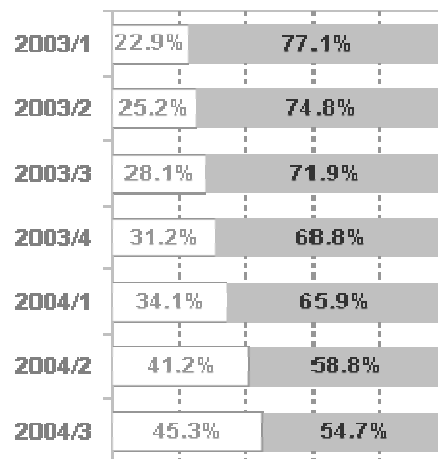
A dramatic and disturbing change has occurred in Canada's tobacco market over the past year: tobacco companies have slashed prices on some of their major brands, and the number of cheaper cigarette options has grown.

For decades, Canadian cigarette prices were uniform across brands and companies (this is not the case in most other countries), and there were virtually no discount or generic brands. This changed in the mid 1990s, when low taxes allowed companies to increase their profit margin which, in turn, allowed new small companies (principally based on native reserves) to begin to compete against the three traditional firms.

The major firms responded to market pressure from these 'upstart' brands by cutting prices on their name brands, effectively undercutting the new manufacturers.

Rothmans, Benson and Hedges was the first; in early 2003 it reduced the price for its "Number 7" brand by about \$1. A year and a half later, each of the other major manufacturers has followed suit.

The new 'discount market' which also includes roll-your-own and tobacco sticks has doubled its share of the tobacco market in only 18 months.



Legend: Discount cigarette & roll-your-own Full-priced cigarettes

Source: Rothmans Inc.

Each of the



"Peter Jackson," "Matinee," "Medallion," "Vantage" and "Canadian Classics" are now markedly cheaper than they were. Prices of brand-name cigarettes in Ottawa, by way of example, now range from \$7.00 to \$8.64 for a package of 25.

The price cuts are protecting the market share of Big Tobacco, but they are also slowing the rate of decline of Canadian cigarette consumption was falling. Just as more expensive cigarette increase quitting rates, cheaper cigarettes slow them down.

Cigarette **consumption fell by less than one-third** as much from 2003 to 2004 as it had from 2002 to 2003 (from -10.3% to -2.8%).

Neither provincial nor federal governments have yet responded to the price reductions, although using tax increases to restore prices has been repeatedly suggested to them. ♦



Spelling out the need for a global tobacco treaty

On the first cold day in November, a bus load of high school students from several Kingston area schools came to Ottawa as part of their ongoing campaign to support the new global tobacco treaty.

This was a follow on event for the students who had worked last spring to assemble a petition with over 2,000 names of supporters for the the new global tobacco treaty (the Framework Convention on Tobacco Control).

The Framework Convention on Tobacco Control (FCTC) is the first modern public health treaty. It was adopted unanimously by the World Health Organization in May of last year, and signed by Canada in July.

Forty countries must sign on to the treaty for it to come into force, and by the end of November that number had almost been reached.

Canada was a strong supporter of the treaty during its development, and many were surprised when its ratification in Canada was repeatedly

delayed. The ratification process began to slide down the government's priority list.

As the summer and fall drew to an end, and winter approached without sign of ratification, we were all becoming quite concerned. Clearly the government needed to get a stronger message about the importance of this project, and the students knew they needed to come to Ottawa to deliver it.

Holding a demonstration in Ottawa is an expensive proposition by high-school standards, but the generosity of one of our Ottawa members made it possible for us to support their trip. On November 5th, a bus load of chanting, singing and enthusiastic students left Kingston and headed to Ottawa.

Donning inexpensive disposable painter overalls, the students headed for Parliament Hill, where they put their bodies on the lawn to spell it out for the government. They also entertained and enlightened passers-by with creative chants and songs about tobacco company tactics.*

Later in the afternoon, they met with the Minister of Health, Mr. Ujjal Dosanjh, and urged him to proceed with ratification. He told them he would do what he could to ensure ratification before Christmas.

Three weeks later, PSC was delighted to bring the students back to witness the announcement of Canada's ratification of the FCTC.

Was it a coincidence that the bureaucratic impasse that had held back ratification was cleared up immediately following their visit?

We think not. ♦

* (To the tune of "Muffin Man" Do you know the Marlboro Man? He'll kill us if he can")



photo: Trevor Hache

PSC supported this pro-FCTC demonstration.

Highlights of the FCTC include:

- ♦ a requirement to place warnings covering at least 30% , and ideally 50% of the principal display areas on tobacco packaging;
- ♦ a comprehensive ban or restrictions on tobacco advertising, promotion and sponsorship;
- ♦ prohibition of advertising and packaging that is false, misleading or deceptive;
- ♦ protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places as appropriate;
- ♦ a recognition that tax and price measures are an effective means of reducing consumption;
- ♦ provisions on education, awareness-raising, cessation, and treatment programs; and
- ♦ a series of measures to prevent and combat illicit trade in tobacco products.



Tobacco industry secret science

Earlier this year, Physicians for a Smoke-Free Canada was awarded a three-year research grant from the Canadian Tobacco Control Research Initiative (CTCRI) to undertake in-depth studies of Canadian tobacco industry science documents, especially those pertaining to biology, chemistry, human smoking behaviour and cigarette design and construction. Most of the tobacco industry secret science in Canada since the 1960s was conducted by Imperial Tobacco, so their documents will come in for special scrutiny.

A special feature of the project is that it employs students and recent graduates, and encourages them to hone their research skills and develop research experience.

Currently, research is being conducted on the project by researchers Christine Lobè in Quebec City, Cyril Sabbah in Montreal, David Hammond in Waterloo and Tim Dewhirst in San Francisco.

With researchers, in such widely scattered locations, research coordination becomes an important issue. And that is why the entire research team was brought together in Ottawa in November to share findings so far and to plan future phases of the project.

Here are a few preliminary findings of the project.

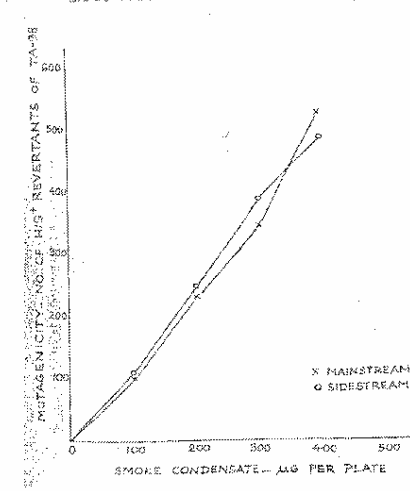
Deceiving whole generations of Matinée smokers

Researcher Dr. Tim Dewhirst of the University of Saskatchewan has discovered that Matinée has been pitched as a 'health' cigarette since the 1970s, even though Imperial Tobacco knew it was hazardous. Imperial's 1971 Matinée Marketing Plan stated:

"Due to continuing anti-smoking publicity, the public continues to be aware of and concerned with the suggested hazards of cigarette smoking. Matinée is then in an ideal position to take advantage of this situation with its low T&N and 'safer for health' propositions."

In 1982, Imperial Tobacco discovered that both mainstream and second hand smoke were mutagenic

FIGURE 1. AMES MUTAGENICITY OF MAINSTREAM AND SIDESTREAM SMOKE CONDENSATES



Ames tests

Laval University graduate student Christine Lobè is poring over hundreds of research documents on Ames tests done by Imperial Tobacco. She is finding that tobacco smoke in whatever form was found by Imperial Tobacco to be mutagenic decades before public health authorities began to warn about the cancer-causing properties of second hand smoke.

Here is what ITL researcher had to say about his findings in 1981:

"Both condensates (mainstream and sidestream) were similar in mutagenic activity, but whether this is true in terms of carcinogenicity is not known."

Understanding human smoking behaviour

Researcher David Hammond (a PH.D. candidate at the University of Waterloo) has been finding out what Imperial Tobacco knew about human smoking behaviour in the 1970s and 1980s. As it turns out, they knew a lot. Here is a sample from the research of ITL researcher Cathy McBride in 1985:

"Smokers of ventilated products modify their smoking behaviour to a greater extent than do smokers of non-ventilated brands."

Bronchial epithelial permeability

Montreal biologist Cyril Sabbah has discovered that pioneering work was done on behalf of Imperial Tobacco in the 1970s demonstrating a relationship between cigarette smoke and guinea pig bronchial epithelial permeability. Very little of this research was ever shared with the general public or the scientific community. In 1977, Professor Hogg, working on behalf of ITL, proved conclusively that there was a dose-response relationship between cigarette smoke and permeability damage to the guinea pig tracheobronchial mucosa.

The Secret Science research project is the second industry-document project undertaken by PSC and funded by the CTCRI. An earlier project resulted in the collection and coding of thousands of pages of documents, and a similar engagement of young researchers.

This three-year project is off to a good start. In future phases of the project research team members will be publishing their findings, and establishing the policy implications of their work. ♦



Milestones (June to November 2004)

June

Hamilton goes smoke-free.

New Brunswick premier Bernard Lord introduces legislation to ban smoking in all public places in New Brunswick

July

Thunder Bay and **Saskatoon** go smoke-free.

Class action suit filed in Newfoundland against **Imperial Tobacco**, claiming that smokers were misled over 'light' cigarettes ('Sparkes' case).

August

Quebec government orders **JTI-Macdonald** to pay \$1.4 billion in unpaid taxes resulting from smuggling. (JTI subsequently ducks payment by filing for bankruptcy protection.)

Canadian Medical Association joins PSC in calling for an end to CPP investments in tobacco.

Health Canada proposes changes to **cigarette warning labels**.

Quebec government lets it be known that it will hold consultations on smoke-free workplaces.

September

Canadian tobacco companies pour \$2.5 million into a pro-smoking web-site. (www.mychoice.ca).

Quebec government and Imperial Tobacco reach agreement with **Quebec tobacco farmers** to phase out tobacco farming in that province.

Canada Pension Plan Investment Board holds Cross-canada hearings on its investment policies and is blasted for its policies in favour of tobacco investments.

October

Manitoba and **New Brunswick** go smoke-free.

Alberta jails go smoke-free.

Imperial Tobacco lays third party notice against the government of Canada in the B.C. class action suit claiming that Canada's biggest tobacco companies misled smokers when it sold "light" cigarettes (the 'Knight' case).

Health Canada reports to Parliament that **fire safe cigarette regulations** should be in place by February 2005.

Eight Alberta communities vote to put stronger smoking rules in place (Airdrie, Stettler, Slave Lake, Hinton,

Rocky Mountain House, Bonnyville, Picture Butte and Redcliff).

Ontario Medical Association calls for further protection for children from second hand smoke — including a ban on smoking in cars when children are present.



November

Canada becomes the 37th country to ratify the Framework Convention on Tobacco Control.

Heather Crowe receives the Meritorious Service medal from Governor-General **Adrienne Clarkson**.

KEY TOBACCO INDICATORS: 2000-2003

	2000	2001	2002	2003
Percentage of Canadians over 15 years of age who smoke [1]	24%	21.7%	21%	20%
♦ Number of Canadians over 15 years old who smoke	6,007,562	5,411,822	5,414,335	5,332,326
♦ Number fewer Canadians smoking compared with 2000		595,740	593,227	675,236
Percentage of Canadian population aged 15-19 who smoke [1]	25%	22.5%	22%	18%
♦ Number of Canadians 15 – 19 years old who smoke	521,470	465,633	457,772	382,689
♦ Number fewer teenagers who smoke compared with 2000		55,837	63,698	138,781
Percentage of Canadians 15-19 who have never smoked. [1]	70%	73%	74%	79%
♦ Number of Canadians 15-19 years old who have never smoked	1,439,386	1,505,801	1,539,704	1,644,709
♦ Number more teenagers who never smoked since 2000		66,415	100,318	225,323
Percentage of homes with children under 14 exposed to smoke [1]	24.4%	22.2%	18.6%	15.9%
♦ Number of homes with children under 14 exposed to smoke at home	2,114,814	2,099,832	1,824,068	1,173,763
♦ Number fewer households exposing children to smoke than in 2000		14,982	290,746	941,051
Number of cigarettes sold in Canada [2]	49.5 bln	48.2 bln	44.5 bln	42.1 bln
♦ Number fewer cigarettes per year smoked compared with 2000		1.3 bln	5 bln	7.4 bln
	2000-01	2001-02	2002-03	2003-04
Federal taxes collected on tobacco sales (in \$ billions) [3]	\$2.15	\$2.63	\$3.14	\$3.39
♦ Increase in federal tobacco tax revenues compared with 2000		\$480 mln	\$990 mln	\$1.24 bln
Imperial tobacco gross earnings per package of 25 cigarettes [2]	\$0.70	\$0.77	\$0.93	\$1.07
♦ Increase in Imperial tobacco revenue per pack of 25 cigarettes since 2000		\$0.07	\$0.23	\$0.37

Sources: [1] Canadian Tobacco Use Monitoring Survey; [2] Imperial Tobacco Annual Reports, [3] Public Accounts,