

Campaign success!

# Parliament bans flavoured cigarillos and cigarettes

## Print Advertising of Tobacco Products Ended

On October 8, 2009, Bill C-32 received Royal Assent and Canada moved to close down one of the most egregious examples of marketing tobacco products to young people. C-32 put an immediate ban on all tobacco advertising in publications, and imposed a ban effective next July on flavourings in cigarillos (little cigars), cigarettes and tobacco rolling papers as well as a ban on 'kiddy-packs' of these products.

C-32 was passed after concerted efforts, campaigns and initiatives by Physicians for a Smoke-Free Canada, youth groups, medical organizations and other health agencies. Pressure for the law came from politicians from all parties, all regions of the country and all levels of government. Importantly, these measures received the support of the Prime Minister, who included them in his 2008 election platform.

### A rapidly growing threat to young Canadians

The speed with which tobacco companies could introduce novelty products and encourage young Canadians to smoke them took many by surprise, and exposed the vulnerabilities of Canada's current slow-moving regulatory approach to tobacco products.

The absence of bans on youth-friendly flavourings, minimum package sizes for cigars or requirements for health warnings on some cigars left gaping loopholes that companies were quick to exploit. In the half decade between the time these products were launched and the time C-32 comes into force, one-third of Canadian high-school aged children have been enticed into giving these products a try.

### C-32 (*The Cracking Down on Tobacco Marketing Aimed at Youth Act*) will:

- Ban many flavourings in little cigars, cigarettes and blunts (July 10, 2010).
- Require minimum package size of 20 for little cigars and blunts.
- Ban labelling which suggests flavourings.
- Ban tobacco ads in print publications (effective October 8, 2009).

### C-32 won't

- Ban flavourings in smokeless tobacco.
- Ban tobacco ads in bars and direct mail, or promotions in movies and imported magazines.

### The work ahead

Despite broad support amongst public representatives in Canada, C-32 faced enormous opposition from Philip Morris and its allies. The world's largest tobacco company mobilized retailers, tobacco factory workers, farmers and U.S. Congressmen to oppose the law, and is now putting pressure on the U.S. government to launch a trade challenge.

**PSC's priorities in the coming months include protecting this new law from industry attack, from trade threats, and from poor enforcement. We will also be pushing for governments to extend the ban on flavourings to smokeless tobacco.**

**Our campaign to change the rules and end industry gimmicks like flavoured tobacco was rewarded when federal law was changed to ban flavourings in most smoked tobacco products.**

**We continue to push for the flavour ban to be extended to smokeless tobacco, and for a moratorium on new tobacco products**

(to find out more, turn to page 5).



# Smoke-free outdoors

## New research supports the need for smoke-free patios, playgrounds and outdoor public places

**Second-hand smoke is dangerous, both indoors and outdoors.**

A common misperception is that second-hand smoke outdoors poses no health risk because the smoke will simply go away. This belief is NOT supported by scientific research. Air monitoring research shows that:

- When there is no wind, cigarette smoke will rise and then fall, and will saturate the local area with second-hand smoke;
- When there is a breeze, cigarette smoke will spread in various directions, and will expose non-smokers down-wind.<sup>1</sup>

California researchers monitored tobacco smoke levels in outdoor public places where smokers were present, including sidewalk cafes, restaurant and pub patios.<sup>2</sup> They found that **being close to smokers outdoors resulted in about the same levels of exposure to smoke as being in a smoky tavern for the same length of time.**

A similar study of outdoor smoking areas in Victoria, British Columbia, found that smoke pollution levels were similar to indoor smoking environments and exceeded health standards.<sup>3, 4</sup>

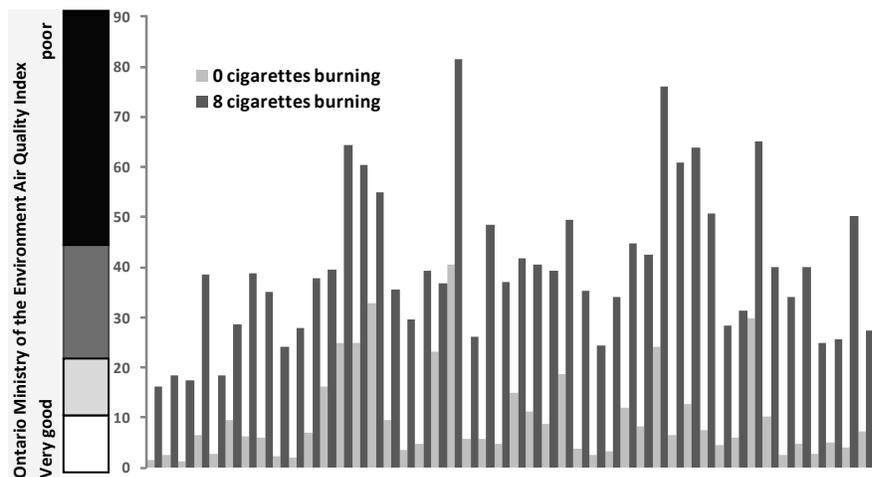
### **Outdoor smoking areas are an unfair threat to workers' health.**

Until smoke-free indoor laws were passed, hospitality workers were unfairly exposed to chemicals in tobacco smoke (like 4-aminobiphenol) that were so dangerous that no level of exposure was permitted for any other category of worker. Permitting smoking on patios and other outdoor workplaces unfairly exposes these workers to dangerous work contaminants.

### **Outdoor smoking areas are a hidden threat to public health.**

People working or eating inside a smoke-free restaurant may not realize that they are exposed to smoke that drifts in from the outside patio. Smoke drifts inside

### **Even 'small' amounts of smoking can worsen air quality on patios** Measurements of air quality before and after the smoking of 8 cigarettes on a patio with no roof or other structures; Particulate matter (PM<sub>2.5</sub>) in micrograms/m<sup>3</sup>



from the outdoors and from informal and formal gathering places that permit smoking. This phenomenon was measured during experimental studies in Waterloo, Ontario.<sup>5</sup>

A study in Ireland found that workers in bars that had adjoining smoking areas (like patios) had levels of exposure to tobacco smoke much higher than workers in bars that had no outdoor smoking areas.<sup>6</sup>

### **Smoking on patios measurably worsens air quality.**

Researchers in Waterloo, Ontario, conducted experiments on the effect of as few as eight cigarettes on a typical restaurant patio that had no roof, walls, awnings or umbrellas. Experiments were repeated 46 times in different wind conditions. They found in each test that when cigarettes are smoked, the quality of the air in the patio area falls considerably. Measurements of air particulates quadrupled. These air particulates include chemicals that cause cancer and heart disease.<sup>7</sup>

### **Smoke-free policies do more than protect people from tobacco smoke.**

#### ***They also help smokers quit.***

Dozens of studies have shown that smoke-free workplaces increase the number of smokers who try to quit, increase the number who successfully quit and decrease the number of cigarettes smoked by those who are not successful in quitting.<sup>8</sup> After Ireland went smoke-free, about half of Irish smokers reported that the law had made them more likely to quit. Among Irish smokers who quit after the law went into effect, 80% said that the law had helped them quit, and 88% said the law helped them stay quit.<sup>9</sup>

#### ***They protect kids from starting.***

Tragically, tobacco companies continue to recruit new smokers among Canadian youth (currently, one in five Canadians aged 15-19 smokes).<sup>10</sup> Young people who see smoking in public places are more likely to consider smoking to be socially acceptable and 'normal.'<sup>11</sup> Conversely, smoking restrictions reduce youths' positive attitudes towards smoking and likely reduce the number who experiment with and become addicted

### Canadian municipalities requiring smoke-free patios

- |   |                          |
|---|--------------------------|
| 1. Capital Regional Dist. (Victoria B.C.) | 13. Red Deer, Alta.      |
| 2. Richmond, B.C.                         | 14. St. Albert, Alta.    |
| 3. Surrey, B.C.                           | 15. Stettler, Alta.      |
| 4. Vancouver, B.C.                        | 16. Saskatoon, Sask.     |
| 5. White Rock, B.C.                       | 17. Brighton, Ont.       |
| 6. Airdrie, Alta.                         | 18. Burpee & Mills, Ont. |
| 7. Banff, Alta.                           | 19. Kingston, Ont.       |
| 8. Calgary, Alta.                         | 20. Tehkummah, Ont.      |
| 9. Cochrane, Alta.                        | 21. Thunder Bay, Ont.    |
| 10. Devon, Alta.                          | 22. Antigonish, N.S.     |
| 11. Edmonton, Alta.                       | 23. New Glasgow, N.S.    |
| 12. Jasper, Alta.                         |                          |

### Canadian provinces or territories requiring smoke-free patios

- |   |                                   |
|---|-----------------------------------|
| 1. Newfoundland & Labrador (July 1, 2005) | 3. Alberta (Jan. 1, 2008)         |
| 2. Nova Scotia (Dec. 1, 2006)             | 4. Yukon Territory (May 15, 2008) |



**Protecting hospitality workers and the public from second-hand smoke in outdoor environments is a focus of PSC's advocacy activities.**

to tobacco.<sup>12</sup> That's why smoking bans are seen as a powerful way to reduce teen smoking in countries like Canada.<sup>13</sup>

### Public support for smoke-free patios is already high, and will only get higher...

Two-thirds of Ontarians already support smoke-free patios.<sup>14</sup> Communities will support extending smoking bans to outdoor public places because they know this will:

- Increase protection from second-hand smoke
- Establish good smoke-free role models for youth
- Reduce opportunities for youth smoking
- Reduce litter

Experience around the world has found that communities quickly welcome smoke-free regulations. Even those who may not initially support a smoke-free policy soon appreciate the benefits.<sup>15</sup>

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## Smoke-free laws prevent heart attacks

**When smoke-free laws are introduced, hospital admissions for heart attacks drop by one-fifth in the newly smoke-free jurisdiction.**

*Glantz S. Meta-analysis of the effects of smokefree laws on acute myocardial infarction: An update. Preventive Medicine 2008: 47(4)*

# Tobacco litigation COULD be a powerful tool to reduce smoking.

## Provinces silent on health goals for lawsuits

**A**t the end of September, the Ontario government became the third province (after British Columbia and New Brunswick) to file a claim against the tobacco companies to recover health care costs associated with smoking. Ontario announced that its goal was a payment of \$50 billion dollars, and Quebec health minister Yves Bolduc suggested that Quebec would soon be filing a similar suit for around \$30 billion.

By focusing attention on the potential financial remedy, these governments are perhaps missing an opportunity to achieve a much more profound result from these suits than merely recouping the costs of treating the millions of Canadians harmed by tobacco. Governments could also use these court actions as a catalyst to phase out tobacco use in Canada.

A disturbing shift has taken place since the first steps towards litigation were taken more than a decade ago by British Columbia. At that time, the stated goals of litigation included both financial and health goals (see box). Ten years ago litigation was talked of as a way to force the tobacco industry to “change its behaviour,” but in recent years it has been referred to only as a way to recoup revenues.

### **A pan-Canadian litigation strategy**

With the B.C. trial set to open in September 2010, all provinces are preparing to join forces. All provinces have announced plans to litigate (and all but one, PEI, has introduced legislation to pave the way for litigation), and it is clear that a pan-Canadian litigation effort is under way.

This will be the second pan-Canadian litigation initiative: the first ended in the summer of 2008, when a \$1.1 settlement was reached between all provincial and federal governments with two of the three large tobacco companies relating to their avoidance of taxes through contraband sales in the 1990s.

### **Money can't buy health.**

The courts may well agree that the tobacco companies owe Canadians billions of dollars for the costs of treating the diseases that were caused by their products (exacerbated by the industry's dissembling and deceit about the harmfulness of smoking).

If the provinces are successful in getting courts to order billion dollar payments (as happened in the United States), the companies can be expected to pass these costs on to smokers (as they did in the United States). As a *de facto* tax increase on cigarettes, this will certainly reduce smoking, but is hardly a sustainable solution to the many problems of tobacco use.

Large payouts will make provincial treasuries a little richer. But mere money will not bring back to life the million or so Canadians that have already been killed by tobacco, nor will it prevent the hundreds of thousands of tobacco-caused deaths that will occur in the future.

### **Other options are available.**

Provincial litigators need to rethink their strategies when it comes to tobacco. The goals of judicial redress and fattening provincial fiscal coffers need to take a back seat to using these legal claims to prevent future deaths from tobacco use.

There are many health-related goals that could guide these law-suits. They include, for example, a settlement that requires plain packaging of cigarettes, reduced and controlled retail outlets, and increased support for cessation programs. But these measures, important as they are, don't address

### **BC's STRATEGY TO PROTECT KIDS FROM TOBACCO ADDICTION, CA. 1998.**

Legal action is the key to success. Legal action will force the industry to:

- admit the truth about how it portrays itself as good corporate citizens while actively working to get young people addicted;
- pay the future costs of prevention, cessation and treatment programs; and
- change its behaviour and its products so the health of British Columbians is better protected.

British Columbia's ultimate goal is a public health agenda no longer undermined by the tobacco industry, but supported by it.

the central structural problem of the tobacco industry—that tobacco companies operate to make profits from pushing a deadly product that will kill half its lifelong users.

The most important service that provincial litigators could render to all Canadians would be to demand in their legal claims that the tobacco companies be obliged to fix this central problem. **Lawsuits should be aimed at phasing out tobacco use in Canada.**

### **A workable plan for phasing out tobacco**

Tobacco companies have created the problem of smoking and they should be obliged through litigation to fix it. There are workable ways to achieve this, and these should be a central feature of current and future provincial statements of claim.

Litigation presents an opportunity for governments and tobacco companies to change course, and to develop a binding agreement to phase out tobacco use over one or two decades.

Proposals to reverse the economic incentives that now fuel tobacco use, and to replace them with measures that accelerate reductions in smoking have already been developed, and are available to guide the province's demands for 'injunctive relief' or settlement terms.

All that is needed now is for our provincial governments to shift their focus from money to health.

NEW PRODUCTS are the NEW FACE of tobacco marketing.

# Why we need to block new tobacco products

**W**ith fewer and fewer traditional advertising outlets open to them, tobacco companies now use new products and new packaging to reach out to new smokers.

In recent months, dozens of new tobacco products have been launched on the market. With new package designs, new colours, new brand names, new shapes and sizes and even new types of tobacco products, the companies are marketing as aggressively as before.

Young people and smokers deserve protection from these marketing gimmicks: **It's time for a moratorium on new tobacco products.**

Governments have already imposed a moratorium on some tobacco-related services. Many provinces have ended the sale of tobacco in certain locations, and Quebec stopped allowing new tobacco specialty shops in 2005. Flavours are banned, and many jurisdictions have banned oral tobacco products. Expanding bans to cover new product-marketing is a logical extension to current strategies.

## An inundation of new products

The changes that tobacco companies make to their cigarettes are often trivial or even artificial: new packaging, new package designs, new names, different coloured filters, new smells and tastes. These are all marketing gimmicks intended to gloss over the inherently deadly nature of tobacco products.

- Gimmicky packaging that resembles candy, make-up or cell-phones makes cigarettes seem less harmful—and more appealing to young people.
- Claims of “technological improvements” give the impression that smoking can be made less harmful.
- Exotic products create new imagery for smoking and mislead many to believe that there is a ‘safer’ way to smoke.
- New packaging and new names give old trademarks and brands a ‘face-lift’ and an appeal to a younger demographic.
- Novelty products help tobacco companies reach new consumers.
- Smokeless products are marketed as ways to help smokers overcome smoking bans instead of quitting or cutting down.



New product launches with novelty packaging, novelty smoking characteristics, image-heavy packaging and brand names are among the many new marketing gimmicks used by tobacco companies to improve the image of tobacco products and smoking.



*It took the federal government 5 years to close the loophole that allowed flavoured cigars to be sold without health warnings and in affordable single/sample packs—but not before one third of high-school aged teenagers had been drawn into using them.*

*A moratorium that prevented the launching of new products would prevent a re-occurrence of this type of challenge.*



A moratorium on new products would prevent tobacco companies from launching products like “Camel Crush” and “Kool Burst”. These products (which are not banned under Canada’s new law on flavourings) use novelty filters to allow smokers to get a ‘flavour burst’.

Such products can only be expected to increase youth smoking.



## TWO PANDEMICS ON A FATAL COLLISION COURSE

# TOBACCO AND TUBERCULOSIS

**A**lmost a century has passed since tobacco use was first observed as a risk factor for tuberculosis in 1918<sup>1</sup> and a half century has passed since this relationship was established through epidemiology in the 1950s.<sup>2</sup> The landmark British Doctors study, conducted by Richard Doll, in addition to concluding that lung cancer was caused by smoking, also concluded there was a causal relationship between tobacco use and tuberculosis.<sup>3</sup>

Perhaps because tuberculosis ceased to be a major public health concern in developed countries (where smoking was concentrated), the importance of preventing smoking in order to prevent tuberculosis has been substantially ignored by both tobacco control and tuberculosis control communities, and there has been very little engagement between these two important health communities.

### This needs to change.

Recent studies reinforce the conclusion that the relationship between tobacco smoking and tuberculosis is causal,<sup>4, 5, 6, 7, 8</sup> increasing the risk of tuberculosis by 2-3 times. Passive smoking has also been identified as a risk factor for tuberculosis.

***Tuberculosis strategies that are not accompanied by tobacco control measures that ensure reductions in smoking rates will have only half the impact that they would have if combined with an annual reduction of 2% in smoking prevalence.***

### **Tobacco use and tuberculosis together cause 10% of global deaths.**

WHO estimates that tobacco use kills about five million persons per year and that tuberculosis kills about 1.8 million per year.<sup>10</sup> Together they cause more than 10% of all deaths world-wide each year. Unlike tobacco use, which is widespread, more than 80% of tuberculosis is concentrated in 22 high-burden countries.

### **Tobacco use may cause half or more of tuberculosis deaths.**

A recent study of the combined measured effects of smoking on tuberculosis found that 48% of TB in India was observed to be attributable to tobacco smoke. Even higher attributable fractions were observed in countries with higher smoking prevalence.<sup>11</sup>

Modelling of the contribution of smoking to the tuberculosis epidemic

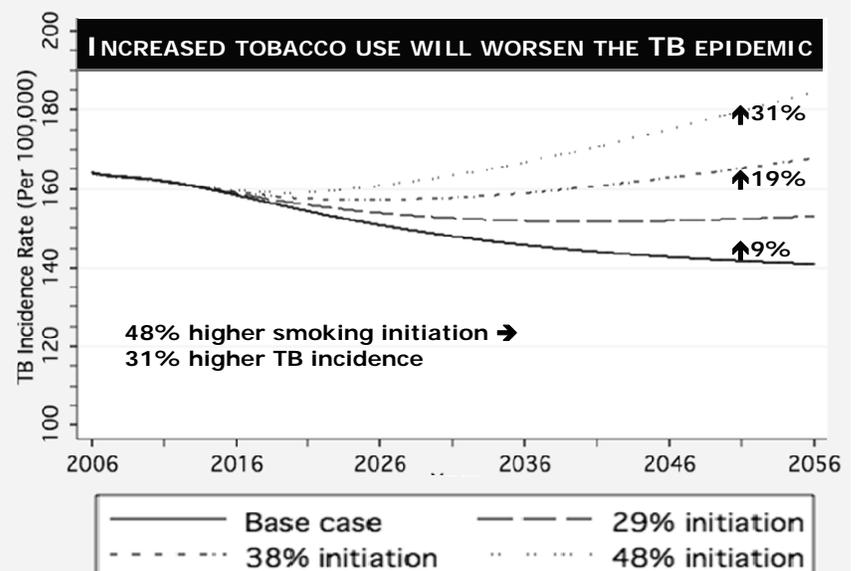
was used to illustrate varying scenarios of success in treating TB, with or without stepped up treatment and stepped up tobacco control. If smoking were reduced by 2.1% per year in TB-prevalent areas, tuberculosis incidence would drop by 20% by 2056. The best outcome would be if we were to do both, shrink smoking prevalence by 2.1% per year and step up case-finding and traditional TB treatment. The two together would lower the tuberculosis incidence rate by 30% by 2056.<sup>11</sup> But, were tobacco use to increase, it would send TB control backwards, reversing the modest progress that is being made.

**Demonstration tobacco control projects in some areas where the STOP TB programmes are active would provide an opportunity to monitor and evaluate the impact of integrating tobacco control and tuberculosis control.**

### **Some low-cost measures to mutually strengthen tb and tobacco control.**

- Ensure all TB treatment facilities are smoke-free;
- Educate all TB treatment professionals about the importance of integrating primary smoking prevention into TB control;
- Include tobacco control indicators in ongoing TB monitoring efforts;
- Use TB centres to promote smoke-free homes, and educate smokers to smoke outside away from others
- Prohibit smoking in all indoor areas and all crowded outdoor areas.

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## SMOKING CONTRIBUTES TO THE TB EPIDEMIC IN MANY WAYS:

### *Smoking reduces the ability of the body to resist tuberculosis.*

Smoking is immunosuppressive to some degree. Smokers will be more susceptible to TB infection; they will have a higher rate from conversion from latent to active TB; they will have a greater risk of non-recovery.

### *Smoking compromises TB detection and treatment.*

Smokers who have TB are less likely to be detected than non-smokers and have higher rates of treatment failure than non-smokers.

### *Smoke particles transport the tuberculosis bacillus from one person to another.*

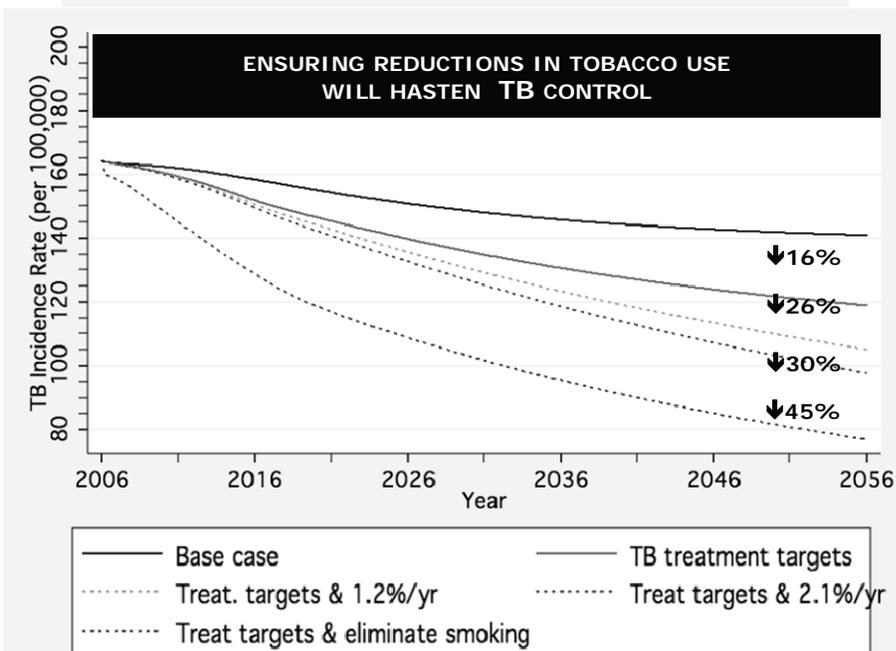
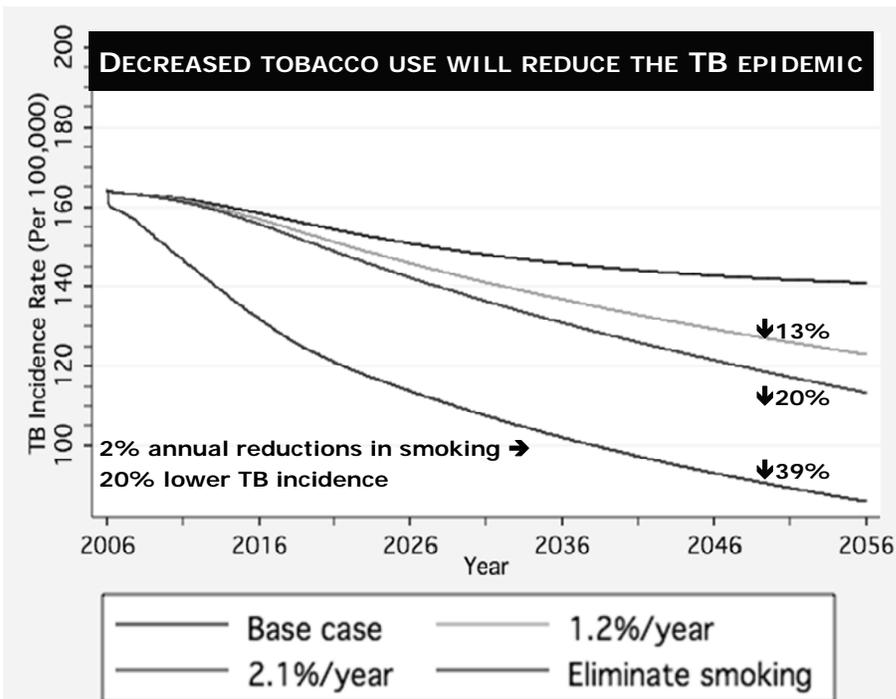
Tobacco smoke is a sticky particulate. *M. tuberculosis* can adsorb onto tobacco smoke particles. These hitchhiking bacteria can then be drawn deeply into the smoker's lungs and cause active TB infection. They can be carried, both on exhaled tobacco smoke particles and smoke particles from the burning ends of cigarettes through the air to the lungs of others who are nearby – smokers and non-smokers alike.

### *Smoking brings people together into social clusters where tuberculosis can be more easily spread.*

Smoking tends to be a social activity. If just one smoker in a group of smokers has active TB, there is a good chance that he will be sharing not only conversation and a smoke with his friends, but active TB as well. The combination of the social nature of smoking and the contagious nature of tuberculosis is a recipe for the rapid spread on TB throughout a population. If TB is present at all, high smoking prevalence will greatly facilitate its spread throughout the population.

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# 2009

## The year in review

### January

**Alberta** prohibits tobacco sales in hospitals, pharmacies, other health facilities and universities and colleges.

**New Brunswick** law to ban retail tobacco displays comes into force.

**Ontario** bans smoking in cars when there are passengers younger than 16 years old. Offenders can be fined up to \$250.00.

**Truro, N.S.** becomes the first Canadian jurisdiction to ban smoking on a downtown street.

### March

**Ontario** introduces legislation to support suing tobacco companies to recover health care costs.

**Judy Wasylycia-Leis** re-introduces a private member's bill to ban flavoured tobacco products.



Tobacco farmers receive \$284 million from **federal government**.

**Health Canada** advises Canadians

not to use electronic cigarettes, and clarifies that these products are not legal for sale in Canada.

### April

**British Columbia** bans smoking in a vehicle with children under 16 present.

**Expert panel** convened by Physicians for a Smoke-Free Canada concludes that the association between active smoking and both pre and postmenopausal breast cancer is consistent with causality, as is the association between passive smoking and pre-menopausal breast cancer.

### May

**Yukon** legislation to ban retail displays comes into force.

**Quebec** introduces law to allow a law suit against tobacco companies to recover provincial health care costs associated with smoking.

**Newfoundland** adopts law to ban promotional tobacco displays in stores effective January 2010.

**Health Minister Leona Aglukkaq**

introduces Bill C-32 which bans

flavourings in most smoked tobacco products and bans tobacco advertising in print publications.



**Saskatchewan** workplaces go smoke-free.

**Yukon** bans smoking on patios and closer than 5 metres from doors and windows that open.

### June

**Ontario** imposes significant cuts to tobacco control funding. Ends its highly acclaimed youth programming.

**New Brunswick** passes law to ban flavoured cigarillos. (Like the law passed by Ontario the year before, this is put on hold for Ottawa to pass nation-wide legislation).

### July

**Barrie** bans smoking in public parks.

### September

**Canada** becomes 100% smoke-free with respect to indoor workplaces, when PEI eliminates the last provisions for designated smoking rooms. \*

*\* (Smoking rooms are permitted in restricted circumstances in Newfoundland, but there are believed to be none in existence)*

**Manitoba** announces that smoking in cars when children are present will be banned in 2010.

**Ontario** becomes the third Canadian province after British Columbia and New Brunswick to file a lawsuit against tobacco companies. The province claims that \$50 billion is owed for health care costs.

**Quebec** confirms that it will also be filing a suit against tobacco companies.

**Prince Edward Island** bans smoking on the grounds of all but one hospital.

**Yukon** bans the sale of candy or food items that look like tobacco products.

### October

**C-32** is passed by the **Senate** and quickly receives Royal Assent. Print advertisements for tobacco products are immediately banned, and the restrictions on flavoured tobacco come into effect in 2010.

**Federal Court** strikes down ban on smoking in outdoor area in prisons (the ruling is appealed).



*Federal legislation (C-32) bans products like these as of July 2010.*

**British Columbia** prohibits staff smoking on premises of community care facilities.



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