

BUDGET 2022: PROTECTING B.C.'s ECONOMY AND PEOPLE FROM TOBACCO.

SUBMISSION TO THE SELECT STANDING COMMITTEE ON FINANCE AND
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SUMMARY

BRITISH COLUMBIA SHOULD PROTECT ITS ECONOMY AND ITS RESIDENTS BY IMPOSING AN EXIT PLAN ON THE TOBACCO INDUSTRY.

Tobacco harms the health and economy of British Columbia.

Tobacco use is the leading cause of preventable death in British Columbia and a driver of hospitalization and long-term care costs. Tobacco companies pull profits from the British Columbia economy, while leaving the clean-up costs to the taxpayer.

B.C.'s current tobacco strategy is outdated.

In 1998 British Columbia adopted one of the world's most progressive approaches to controlling the tobacco market. B.C. was at the forefront in managing this health challenge. In 2004, after a change in government, the province's approach was significantly changed. Today, B.C. residents do not have as much protection from tobacco industry products as do those in other provinces and territories.

British Columbia currently has very modest objectives for its tobacco control program, aiming to reduce current smoking to 10% by 2023. A more ambitious target is needed to protect the economy and health of the province.

B.C. can largely end the tobacco epidemic by dismantling the commercial tobacco industry.

Despite their inherent dangers, tobacco products have been permitted for sale as consumer products and tobacco companies have been permitted to supply their products on a commercial basis. This supply structure greatly expands the use of these products and the harm that results from them.

B.C. has an opportunity to impose an exit plan on the tobacco industry

Since 1998, British Columbia has been engaged in a lawsuit against tobacco companies with the goal of recovering health care costs associated with tobacco use. In 2019, each of the companies sought protection under the *Companies' Creditors Arrangement Act* (CCAA) and B.C. is among the creditors negotiating a settlement.

The companies owe the province billions of dollars that they will be unable to pay unless they are allowed to continue selling cigarettes. The government can instead use this debt as leverage to impose an orderly (phased) exit of the commercial tobacco trade.

British Columbia smokers deserve a safer supply of nicotine.

B.C.'s government is developing a safer supply for opioids and stimulants and should do the same for tobacco and nicotine.

The tobacco industry continues to harm 400,000 British Columbians, and disproportionately harms the more vulnerable. Bringing the supply of nicotine under public health management would better protect the health of British Columbians – and better protect the B.C. economy.

Budget 2022 should establish the fiscal framework for a made-for-B.C. end to commercial tobacco sales.

Whether as part of a litigation settlement or as a separate policy initiative, the 2022 budget should include the fiscal framework to end commercial tobacco sales and to establish a safer supply system.

TOBACCO HARMS THE HEALTH AND ECONOMY OF BRITISH COLUMBIA.

Tobacco is the leading cause of preventable death in B.C.

Tobacco industry products are a leading preventable cause of death and disease in Canada and are responsible for about one-fifth of Canadian deaths: in 2019, 51,700 of Canada's 284,000 deaths were caused by smoking. [1] [2] Tobacco use is the greatest risk factor for the leading causes of death in Canada: cancer, cardiovascular disease and respiratory disease. [2] The sale of these consumer products results in one third of full-day hospitalization costs for Canadians 45 to 74 years of age. [3] More than half of tobacco users who are unable to quit will lose more than a decade of their life as a result of cigarette smoking. [4]

In a report prepared for Health Canada, the Conference Board of Canada estimated that tobacco kills 5,300 in British Columbia in 2012, [5] This annual death rate is about three times the death toll from COVID (1,700 deaths between March 2020 and July 2021) or the alarming toll from illicit drugs in the worst recent year (1,728 in 2020). [6] About 67,000 years of life are lost each year in British Columbia – about 12 years for every affected smoker. [5]

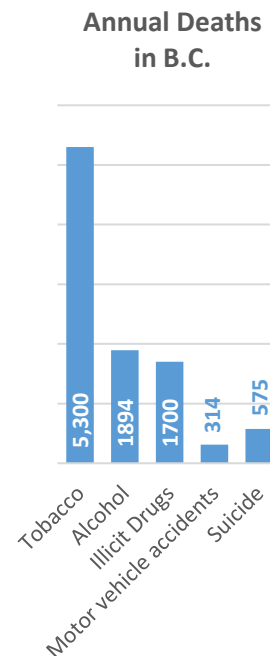
The economic, health and community costs of tobacco use remain high after decades of efforts to reduce smoking by governments, health services, families, and individuals. These efforts have flattened the curve of the tobacco epidemic but have not extinguished it. Tobacco companies continue to recruit new users (to tobacco products and to vaping products) to replace smokers who quit or die. Between 2008 and 2018, one-quarter million British Columbian smokers born before 1987 stopped smoking or died but were replaced by 77,000 new cigarette smokers born after 1988.

The tobacco industry hurts B.C.'s economy

Various estimates have been made of the costs to the B.C. economy from tobacco use. These include:

1. Direct costs to government associated with health care.

On behalf of the federal government, the Conference Board estimated that in 2012 direct health care costs in B.C. were \$733 million (equivalent to \$847 million in 2021). [5] Tax revenues from tobacco sales (\$729 million in 2019-2020) [7] do not entirely offset current direct health care costs to government



2. Indirect costs to government and the economy.

B.C.'s Centre for Disease Control estimated that indirect costs were twice the direct health care costs. In 2015 they estimated indirect costs at \$1.35 billion. [8]

In addition to these costs, B.C. taxpayers support other government activities caused by tobacco companies. These include:

- the costs to the public health system of helping smokers quit and helping prevent young people from starting. The provision of nicotine replacement products through PharmaCare (\$13.76 million), makes up 1.1% of total Pharmacare expenditures in 2019-2020. [9]
- The environmental burden to the province, and the cost to municipalities of cleaning up cigarette litter. Cigarettes account for half of waste recovered on Vancouver and Victoria Shorelines. [10]
- The economic and human costs of fires caused by smokers' materials, which were responsible for one-quarter (24%) of residential fires in British Columbia in 2020, and almost one-half (44%) of B.C.'s residential fire-related deaths. [11]

The tobacco industry is also a drain on B.C.'s retail economy

There are very few economic benefits to the tobacco trade in British Columbia. The revenues generated in the province are modest: we estimate retailer revenue at about \$175 million per year, based on annual sales of 125 million packages with a typical retailer mark-up of \$1.40 per package. [12] The gain to local retailers is offset by a drain of about \$300 million paid to out-of-province manufacturers. ¹

There is no economic rationale for allowing a commercial tobacco industry to continue operating in British Columbia. Tobacco tax revenues to government and retailer revenues from tobacco sales are outweighed by the direct and indirect costs to the B.C. economy that result from the costs of health care and lost productivity. Other human costs – being unable to enjoy retirement activities or losing a family member – transcend economic value.

B.C.'s annual direct health care costs caused by tobacco industry products*

\$142 million:

Prescription drugs:

\$570 million

Hospital care

\$136 million:

Physician services

\$847 million

** estimates adjusted for inflation to 2021*

1 B.C. represents 10% of the Canadian tobacco market, whose annual revenues (net of excise taxes) are about \$3.3 billion per year. [30]

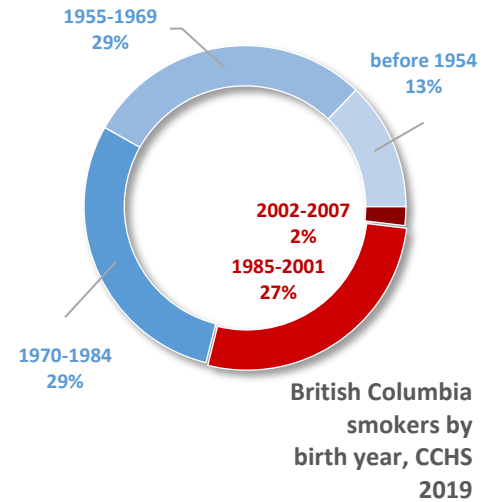
THE TOBACCO INDUSTRY CONTINUES TO RECRUIT 1 IN 10 BRITISH COLUMBIANS

The economic, health and community costs of tobacco use remain high after decades of efforts to reduce smoking by governments, health services, families, and individuals. These efforts have flattened the curve of the tobacco epidemic but have not extinguished it. Tobacco companies continue to recruit new users (to tobacco products and to vaping products) to replace smokers who quit or die. Between 2008 and 2018, one-quarter million British Columbian smokers born before 1987 stopped smoking or died but were replaced by 77,000 new cigarette smokers born after 1988.

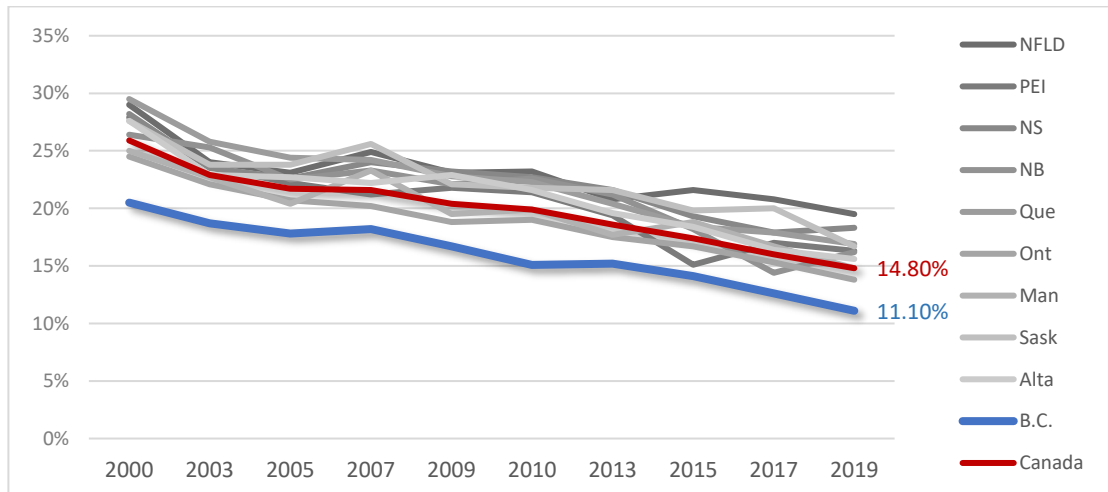
For several decades, smoking rates in British Columbia have been lower than in other provinces. But over the past 20 years, smoking rates have not fallen any faster in B.C. than in other provinces, and B.C. has been no more successful in preventing teenagers from starting smoking. In this war of attrition, B.C. is ahead, but is not going faster.

Although fewer young people smoke than before, tobacco companies are still able to replace a large proportion of smokers who quit or die. Among the 469,000 estimated smokers in British Columbia in 2019, almost 3 in 10 (29%) started smoking after 2000,² [13]

3 in 10 B.C. Smokers started smoking after 2000 (when most tobacco control laws were in place)



Current smoking prevalence, Canadian Community Health Survey.



² These smokers were born after 1985 and were 14 in the year 2000.

Tobacco companies disproportionately harm the vulnerable

Tobacco use is a major source of health inequities. British Columbians who are economically and politically disadvantaged are much more likely to be harmed by tobacco company products.

- One quarter (26%) of indigenous British Columbians (those who identify as First Nations, Métis, or Inuk) smoke on a daily or occasional basis – more than twice the rate as the general B.C. public. [14]
- One quarter (27%) of British Columbians who work in ‘the trades’³ are smokers – three times the rate of those who work in white collar jobs ⁴ [14]
- Smoking rates among British Columbians who live in a rented home are more than twice as high as those who are homeowners (20% vs 9%). Smoking rates among the highest income families (Decile 10) are less than half those of those in the lowest income families (Decile 1) (7% vs. 16%). [14]

BRITISH COLUMBIA WAS ONCE A TOBACCO CONTROL LEADER...

In the past, British Columbia pioneered and innovated several tobacco control measures. [15] B.C. was the:

- first province to restrict tobacco advertising (1971)
- first jurisdiction in the world to require tobacco companies to test and report constituents and emissions (1998)
- first Canadian province to sue tobacco companies (1998)
- first Canadian jurisdiction to pass legislation to require tobacco companies to pay for the costs of tobacco control (1998)
- first jurisdictions to implement 100% smoke-free public places (Capital Regional District, 1999, Province-wide through Workers Compensation Board, 2000)
- first (and only) Canadian province to distribute free stop-smoking medication to all smokers (2011)
- first Canadian province to respond to youth vaping crisis and tighten restrictions on vaping products (2020) and the only Canadian province to impose restrictions on packaging.

Many of these pioneering initiatives were undertaken as part of British Columbia’s 1998 *“Strategy to Protect Kids from Tobacco Addiction”*. This was the first Canadian strategy to focus on changing the behaviour of the tobacco industry in order to change the smoking behaviour of British Columbians: *“British Columbia’s ultimate goal is a public health agenda no longer undermined by the tobacco industry but supported by it.”* [16]

3 National Occupational Classification with the first digit “6” (Trades, transport and equipment operators and related occupations)

4 National Occupational Classifications starting with the first digit 0-5 (management, business, sciences, health, education, law, government, art, etc.)

... BUT HAS NOT KEPT UP TO EXPECTATIONS

B.C. adopted a new tobacco control strategy in 2004. [17] This strategy reoriented the approach away from a focus on industry, towards one focused on individual behaviour change. In 2015, the government set the target to reduce smoking prevalence to 10% by 2023, [18] and has also imposed new restrictions on vaping products.

The province has not, however, revisited its approach to tobacco smoking in 17 years, even though health agencies have called for this to happen. .

Table 2: Previous recommendations from the Clean Air Coalition, the Heart and Stroke Foundation and the Lung Association. [19] [20]

2013: Recommendations for retail reform: [19]

The core recommendation is the establishment of a provincial target to reduce the current number of places allowed to sell tobacco products by 50%. Twelve additional recommendations are intended to assist the government in reaching the provincial target level over a 10-year period.

1. Establish a Provincial Target Level for Points of Sale, Freeze the Current Number of Points of Sale, and Adopt a Strategy to Reach the Target Level Over a Ten-Year Period (current 6000)
2. Prohibit Sales in Pharmacies All provinces except BC prohibit tobacco sales in pharmacies.
3. Prohibit Sales in Venues Where Smoking is Banned
4. Prohibit Tobacco Sales by Vending Machine.
5. Prohibit Internet Sales
6. Restrict Tobacco Sales from Vendors Near Schools
7. Restrict Sales to Liquor Stores and Adult-only Venues
8. Make the Restrictions on Sales to Minors More Effective
9. Address Contraband Sales of Tobacco Products
10. Establish a Tobacco Points of Sale Reduction Advisory Committee
11. Implement Education Initiatives
12. Use Vendor License Fees to Encourage Merchants to Cease Tobacco Sales
13. Encourage Implementation at the Municipal level

2018: First to 5% by 2035 [20]

1. Make it harder for youth to start tobacco use.
 - Ban flavoured products
 - Increase the legal tobacco use age from 19 to 21.
2. Make tobacco product retailers more accountable and products less available.
 - Require retailers of tobacco and vaping products to pay an annual license fee.
 - Prohibit tobacco sales in pharmacies and stores with pharmacies
 - Prohibit sales near schools and youth-oriented facilities.
 - Implement a tobacco manufacturer fee and prohibit manufacturer incentives to retailers.
3. Ensure equal access to public clean air spaces like parks, patios, and beaches.
4. Maintain access to free smoking cessation supports, integrate smoking cessation into the health-care system and target those at greatest risk of smoking addiction.
5. Increase 100% smoke-free options for the growing majority who live in multi-unit housing
 - Amend the Residential Tenancy Act to remove the 'grandfathering' requirement.
 - Develop smoking status disclosure laws for apartments and condos.
 - Adopt smoke-free policies for all BC Housing properties.
 - Make all new market rate and social housing complexes 100% smoke-free.

Other provinces have set more ambitious targets, and have imposed greater restraints on the tobacco trade than has B.C.:

- All provinces but British Columbia ban the sale of tobacco in pharmacies
- Prince Edward Island has raised the minimum age for smoking to 21.
- Nunavut has banned price promotions
- Public sector pensions in Alberta, Quebec and Ontario have stopped investing in tobacco companies

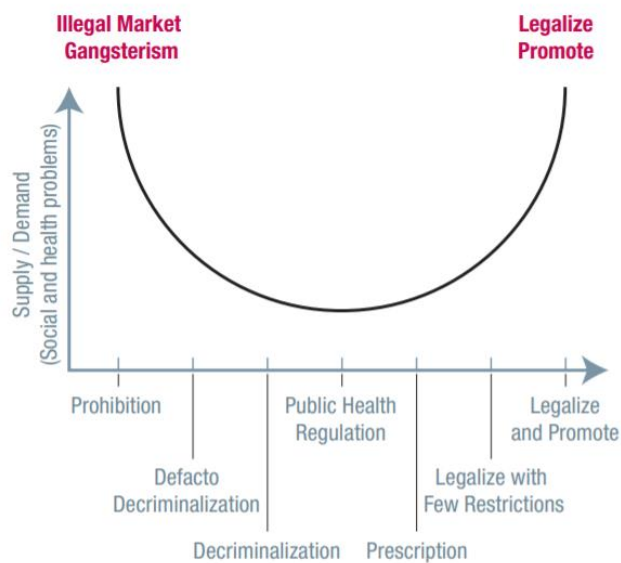
Outside of Canada, some progressive countries are leading the next phase of tobacco control by aiming to end the smoking epidemic by reforming the structures that have supported it. These include countries which are comparable to British Columbia in terms of population and economic status. For example, as part of its commitment to reduce smoking to 5% by 2025, the government of New Zealand has proposed reducing the number of retail outlets by 95% (from about 8,000 to 400), prohibiting tobacco sales to people born after 2004, requiring the removal of nicotine from cigarettes, prohibiting filters in cigarettes, imposing pricing controls on tobacco. It has developed this approach in consultation with the Māori community. [21] Finland is aiming to end all non-therapeutic nicotine use by 2030. [22]

A FRESH APPROACH TO REDUCING SMOKING IS NEEDED

Criminalization increases the harm from drug use. So does commercialization.

Just as criminalizing opioid use exacerbates the harms of these products, so does the commercialization of tobacco products increase the harm to individuals and the community. The tobacco industry can be conceptualized as the vector of lung cancer, in the way that mosquitoes are the vector of malaria.

A decade ago, the Health Officers Council of British Columbia called for a “public health approach” to the regulation of psychoactive substances such as tobacco, alcohol, and other drugs. As illustrated in the figure below, they identified that the harms that result from these products are greater when their use is prohibited under criminal law and when their supply is fully commercialized. “Supply, demand, and harms are highest with either unfettered ‘legalization’ or full ‘prohibition.’” These medical officers of health called for governments to update their laws and redirect the regulation of psychoactive substances to a public health orientation. [23]



The paradox of Prohibition (and commercialization)

The government of British Columbia recently implemented this advice by bringing the supply of certain “prohibited” drugs under public health regulation. In July 2021, the B.C. Ministry of Mental Health and Addictions announced the establishment of a new prescribed safer supply policy for opioids and stimulants. [24]

The government of Australia is pioneering a safer way to supply e-cigarettes. These products had formerly been banned, although they were available through personal importation and other grey market sources. As of October 2021, smokers will require a doctor’s prescription to buy e-cigarettes and will be able to purchase them through pharmacies or, if they have a special permit, through mail order. [25]

Instead of managing the tobacco problem, B.C. should try to end it.

In developing a renewed tobacco control strategy, we recommend that the government of British Columbia should:

- 1. aim to end the epidemic of tobacco use and nicotine addiction in this province.**

To achieve this goal, the government should adopt measures which:

- 2. remove the economic incentives and commercial structures that are designed to maintain or increase tobacco and nicotine use and establish a safer supply of tobacco and nicotine under public health direction. This would include the immediate application of a regulatory fee [26] and producer responsibility for tobacco waste. [27]**
- 3. Prioritize health equity and the needs of the most vulnerable individuals and communities**
- 4. Commit to reconciliation with and equitable protection from commercial tobacco in Indigenous communities [28]**
- 5. Address the needs and concerns of those who are inadequately protected from passive smoke, including residents in multiple unit dwellings. [29]**

B.C. HAS AN OPPORTUNITY TO IMPOSE AN EXIT PLAN ON THE TOBACCO INDUSTRY

Led by British Columbia, over the past two decades, each of Canada’s provincial governments has filed lawsuits against tobacco companies to recover the costs of treating smoking-related diseases. Injured smokers have also sought justice through class action suits certified in Quebec and British Columbia.

Health organizations have long supported these efforts, recognizing that they can help achieve justice for this corporate wrongdoing, compensation for the costs to the taxpayers that resulted, and can expose the truth after decades of unscrupulous industry behaviour. Importantly, these lawsuits can also serve to protect future generations from the ravaging harms of tobacco use by accelerating the end of the commercial tobacco trade.

None of the provincial lawsuits has been permitted to go to trial, and they are all currently suspended as a result of a court order in Ontario. In March 2019, the tobacco companies faced a major defeat when the Quebec Court of Appeal upheld a \$13 billion ruling against them. They responded by using federal insolvency law (the Companies’ Creditors Arrangement Act,

CCAA) and convinced the Ontario court to suspend all legal actions against them and to order the parties to participate in settlement discussions. Instead of open trials, resolution of the provincial lawsuits is now in closed-door secret negotiations.

Provincial governments have identified monetary objectives for these cases but have not articulated any health goals. British Columbians will benefit if these suits resolve in ways which radically improve the commercial tobacco market and which aim for the end of tobacco use, (as lawsuits against asbestos companies did). Conversely, they will be harmed if governments agree to terms which confirm the continuation of the tobacco market for decades to come (as happened with earlier suits by Canadian and U.S. governments).

Resolve the tobacco lawsuits in the public interest is one of the most important public policy challenges this government faces. In the development of a renewed tobacco control approach, the B.C. government should consider that:

- **The provincial damage claims vastly exceed the capacity of the companies to pay.** The B.C. claim of \$120 billion represents more than 60 years net revenues for the companies across all of Canada. [30]
- **Tobacco companies have largely made themselves “judgement proof”** . Tobacco companies have not put aside any money to pay damages to those they have harmed. Their profits are routinely sent to shareholders in the form of regular dividends. Shareholders are protected by law from having to contribute to any debts of the companies they have invested in.
- **A meaningful financial settlement will continue the harms of tobacco.** Any payments to litigants that exceed the amount currently saved by the companies (approximately \$6 billion in Canada) will be financed by future or distant tobacco sales. It will be future B.C. smokers or smokers in other countries which will finance these payments.
- **Ending tobacco use is worth more than any realistic financial settlement.** An analysis conducted for Ontario and Quebec found that the savings to provincial governments associated with accelerating reductions in tobacco use would be \$20 to \$25 billion – an amount that exceeds the likely value of any damage payments. [31]

In lieu of a financial settlement, British Columbia’s economy and health would be better served by a non-monetary settlement directed at an accelerated and comprehensive reduction in tobacco and nicotine use.

GETTING TO ZERO

Seizing the moment

B.C.’s litigation against tobacco companies has reached its final stages. Two decades after this province initiated the first Canadian government lawsuits, it has spent more than two years in closed-door negotiations among all provinces and companies aimed at a “global settlement” of the suits. In a class action suit involving similar legal questions as B.C.’s lawsuit, Quebec courts have found the companies resoundingly guilty. Facing \$13 billion in damages in that one case and over \$500 billion in similar suits which have yet to go to trial, the companies are under insolvency protection while they try to satisfy their creditors.

This should be the moment to force the companies to end the harm that they have caused, to require them to wind down their operations in the province and to implement laws to prevent future commercial tobacco sales.

We do not know whether B.C. is working towards such a resolution (the positions of all parties are treated as secrets, despite the public policy implications). The government of B.C. will have given direction to the lawyers who are representing the interests of this and five other provinces. In the absence of consultations or transparency, we can only hope that these instructions include a monitored plan to phase-out combustible tobacco use quickly with a more gradual removal of alternative nicotine products.

In the context of negotiations about the future of tobacco in Canada, it is notable that major tobacco companies are (albeit disingenuously) recommending a ban on combustible cigarettes [32] while progressive governments like British Columbia’s remain silent on this objective.

Designing a made-for-B.C. Tobacco Endgame

Should the province fail to emerge from its long legal battle with tobacco companies without an exit plan for commercial tobacco, it can nonetheless use its authorities to develop such a strategy. Following the example of New Zealand and Finland (cited earlier), this strategy could be developed in consultation with Indigenous communities and be informed by advice from public health and community leaders. This consultation would refine the steps by which commercial sale of tobacco would be wound down in British Columbia and a safer supply of tobacco and harm reduction nicotine products for remaining addicted smokers would be established.

Table 3: Model timeline to implement a B.C. plan to end commercial tobacco sales

| | Fast track: (litigation outcome) | Slow track (independent of litigation outcome) |
|-----------------------|--|--|
| Fall 2021 | Settlement requires industry to exit the province. | Policy goal set to end commercial tobacco sales by 2025 and to phase out tobacco use by 2035 |
| Winter 2021-22 | Settlement implemented and commercial tobacco and nicotine sales phased out. | Consultations and engagement with experts and community leaders |
| Budget 2022 | | Fiscal framework established to end commercial tobacco sales and apply the polluter pay principle to fund the transition. |
| Winter 2022-23 | Safer system to supply nicotine/tobacco implemented | Implementing legislation drafted |
| Spring 2023 | for remaining addicted smokers | Legislation adopted |
| 2024 to 2035 | | Safer supply established Programmatic support extended Ongoing monitoring and adaptation in place |

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