

Physicians *for a* Smoke-Free Canada



An old problem returns

One in four cigarettes smoked in central Canada comes from the black market. Can we stop another policy collapse?

13 years have passed since Canadian governments took the tragic misstep of lowering cigarette taxes to stem the growth of cigarette smuggling. With a burgeoning new black market for cigarettes, can we convince governments to not repeat this mistake?

Much was learned following the tobacco smuggling saga of the 1990s, but whether governments will remember those lessons as they face the current challenge is not yet clear. For example, only after the tax rollback did governments become aware of exactly how involved the multinational tobacco companies were in providing cigarettes to smugglers (one Canadian company is now facing criminal charges for its involvement, and another is still under investigation by the RCMP).

The cigarettes that are sold on the black market today are different from the brand name cigarettes that were sold in the 1990s. Instead of being sold in packages identical to those on the legal market, they are most usually sold in plastic bags, or under discount brand names. Instead of being manufactured by multinational companies, they are made on first nations territories by companies with varying levels of manufacturing sophistication.

Just as in the 1990s, however, first nations territories are the ground zero of the supply of these cigarettes and this troubled fault line between aboriginal and non-aboriginal communities is impeding the implementation of effective solutions.

PSC is monitoring developments with growing concern. Informal smoke-shacks have spread off reserves, and are now found on the outskirts of cities and even on the Trans-Canada Highway. One half of Ontario smokers surveyed by Health Canada reported that they thought these cigarettes were legal because they are so openly sold and so little is said against

them. We have found prices as low as \$9 for 200 cigarettes (compared with over \$70 in convenience stores). A recent analysis of cigarette butts found that 1-in-4 cigarettes smoked by Ontario high school students and 1-in-3 smoked by Quebec youth were untaxed—clearly cheap cigarettes are reaching a population that needs better protection.

Over the past year, health agencies like ours have been pushing hard for government to:

- revoke the manufacturing licences from tobacco companies which are illegally selling cigarettes;
- restrict the volume of tax exempt tobacco products supplied to first nations territories by implementing quota and refund systems, and accelerate the ability of first nations to implement their own cigarette taxes;
- prohibit and block the sale of raw materials to illegal manufacturers;
- monitor tobacco shipments through tracking and tracing systems.

To-date **not one of these suggestions has been adopted** by any of the several provincial or federal governments involved.

PSC has filed complaints with each of the enforcement agencies involved, only to be told that for “political reasons” no enforcement actions will be taken. We have complained to the major banks that they are allowing the VISA credit card system to launder the sale of illegal cigarettes. The banks have taken no action. We have made overtures to first nations representatives, but none have been welcomed.

This difficult challenge will require continued vigilance and effort on all our parts and is a priority for the coming year.

New Answers

Breast Cancer and Tobacco Smoke

Does tobacco smoke increase the risk for breast cancer?

Yes. Both active and passive smoking are associated with about a doubling of risk for breast cancer.

What are the most comprehensive sources of evidence on breast cancer and tobacco smoke?

In 2005 and 2006, two comprehensive reviews of the evidence relating second-hand smoke to breast cancer were completed. They are:

- California Environmental Protection Agency. *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant. Part B: Health Effects.* Sacramento, California: Office of Environmental Health Hazard Assessment, 2005.
- U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon-General.* Atlanta, GA: Centres for Disease Control and Prevention. Office on Smoking and Health, 2006.

In addition there is an important 2005 meta-analysis and review of the literature that examines the relationship of both active and passive smoking to breast cancer:

- Johnson KC. Accumulating evidence on passive and active smoking and breast cancer risk. *International Journal of Cancer* 2005; 117: 619-628.

Why doesn't the United States Surgeon General agree that passive smoking causes breast cancer?

In his 2006 report the United States Surgeon General concluded "The evidence is suggestive but not sufficient to infer a causal relationship between second-hand smoke and breast cancer." In reviewing much the same evidence earlier in the year, the California Environmental Protection Agency concluded that the relationship of exposure to environmental tobacco

smoke to breast cancer in younger, primarily premenopausal women "was consistent with causality". The quantitative results of the two analyses were virtually the same, but one scientific panel judged the results slightly more conservatively than the other.

What about active smoking and breast cancer?

Both prospective and case-control studies have consistently found elevated risks of breast cancer among heavy smokers. Canadian scientist Ken Johnson (author of the meta-analysis referred to above) concluded "Studies with thorough passive smoking exposure assessment implicate passive and active smoking as risk factors for premenopausal breast cancer."

Why is the risk of premenopausal breast cancer just as high for passive smoking as it is for active smoking?

The evidence is strong that the risks for both active and passive smoking are similar. Scientists are less certain why this is so. It is thought that exposure early in life to tobacco smoke, whether by active or passive smoking, may have adverse effects that show up as an increased risk of breast cancer later on. The risk may increase only a little later on in life for more exposure to active or passive smoking. Later in life, the likely protective effects against breast cancer conferred by childbearing and breast-feeding may counteract to some extent the risks created by continued exposure to tobacco smoke.

Why are we just finding out about this now?

There have been almost 100 epidemiological studies of breast cancer and tobacco smoke. Until recently, however, most were done without consideration of exposure to second-hand smoke. Because the effect of second-hand smoke is so important, if it is not measured or poorly measured, it means the true relationship of both active smoking and passive smoking to breast cancer will be obscured.

Is it time to take action on breast cancer and tobacco smoke?

Yes. When some scientists conclude that the relationship of passive smoking to premenopausal breast cancer is causal, and others conclude the evidence is suggestive of a causal relationship, and there is additional clear evidence of increased risk of premenopausal breast cancer from active smoking as well, it is time to act. Women's health needs to be protected.

How much breast cancer does tobacco smoke cause?

We estimate that about 2,100 or 47% of new premenopausal breast cancer cases every year in Canada are attributable to passive and active smoking. In 2006, about 280 Canadian premenopausal breast cancer deaths were attributable to passive and active smoking.

There may also be a large number of postmenopausal breast cancer case attributable to exposure to tobacco smoke, but because there have been fewer good studies of tobacco smoke and postmenopausal breast cancer, the estimates are less certain.

What can we do to prevent breast cancer due to tobacco smoke?

If we could get rid of all exposure to second-hand smoke, we could eventually prevent about 1,000 new cases of premenopausal breast cancer every year.

If we could phase out tobacco use entirely, we could eventually prevent another 1,100 new cases of premenopausal breast cancer every year and probably prevent several thousand more cases of postmenopausal breast cancer too.

The evidence suggests that exposure to tobacco smoke early in life may carry important risks for breast cancer later on. We need to make sure that girls and women are not exposed to tobacco smoke – not ever – not at work, not in public places, not in cars and not at home.

Retailing cigarettes: It's time for a change

By this time next year, convenience stores and other retailers in most provinces will no longer be able to display cigarette packages. This important reform, pioneered in Saskatchewan and Manitoba, is one of many that have been adopted in Canada ahead of most other nations.

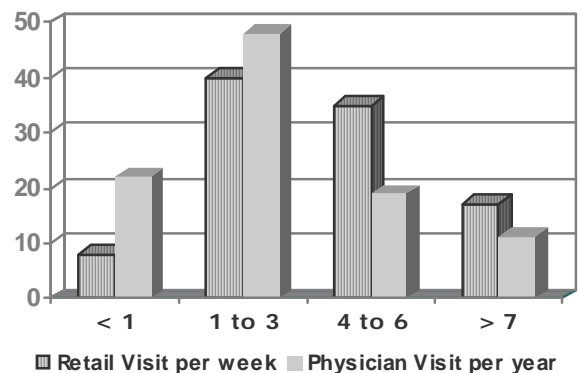
Despite these important reforms, there is much more that needs to be done at retail. Cigarettes will continue to be sold in ways that are entirely inconsistent with their harms. When Canadians purchase pharmaceutical products, gasoline, chemicals and other dangerous goods, they are surrounded by verbal and non-verbal cues that these products are inherently risky. The way cigarettes are sold, surrounded by bread, milk, candies and other normal products, contributes to the normalization of smoking.

Some see problems:

- retailers learn about tobacco products from tobacco companies, but receive no training from health authorities on how to communicate the harms of smoking, or how to support quit attempts
- retailers receive economic incentives to sell more cigarettes, but no incentives (economic or psychological) to support public health efforts

If we want to connect with smokers, why don't we go to where the smokers are?

Canadians visit convenience outlets about 50 times more often than they visit a physicians office



- Retailers reduce prices and otherwise compete with each other for a declining tobacco market because there are many more tobacco outlets than needed. Compare the ratio of tobacco outlets per smoker (125:1) to the ration of pharmacies to Canadians (2000:1).

... Where we see opportunities

- smokers usually buy their cigarettes at the same few retailers, and will make hundreds of visits a year to the same locations. By comparison, the smoker is much less likely to visit a health care setting (Health Canada found that one-quarter of smokers had not visited their physician in the past 2 years [CTUMS, 2005].

Comparing ACNielsen data on frequency of visits to convenience stores with Canadian Community Health Survey data on frequency of visits to physicians, it would appear that Canadians visit convenience stores about 50 times more frequently than they do physicians.

Retailers are already adapting to declining tobacco sales.

Although tobacco products are a major part of convenience store business (about 20% of their unit sales, and over 50% of their gross income), the large retailers acknowledge that cigarettes are a 'sunset category' and are

moving to food stuffs and other services to diversify their offerings. They know that they must—and can—transfer to other products.

Despite a drop of almost 30% in the number of cigarettes sold between 1999 and 2004, retailers increased their overall revenues by 27% while also slightly increasing the number of convenience outlets. The transition from tobacco is good for Canada, and it is not hurting Canadian retailers.

Retailers can potentially help smokers quit

Groups like ours have pushed governments to stop retailers from acting in ways that we consider harmful (such as selling cigarettes to youth, or promoting cigarettes at retail). Perhaps now is the time to encourage them further to:

- Make cigarette retailing consistent with the harms of tobacco, including limiting the number of outlets
- Find ways of using the retail environment to better reach smokers and support their quitting intentions

We now encourage health care settings to view each clinical visit as an opportunity to help a smoker move towards successful quitting. Perhaps the time has come to work with retailers to create the same opportunities each time a smoker re-enters a convenience store.

Legislative bans on the display of tobacco products at retail

Jurisdiction	Year passed	Year in force
Saskatchewan	2002	2005*
Manitoba	2004	2005*
Nunavut	2004	2005*
Prince Edward Island	Dec 2005	Jun 2006
Northwest Territories	Mar 2006	Sep 2006
Nova Scotia	Nov 2006	Mar 2007
Ontario	Jun 2005	May 2008
Quebec	Jun 2005	May 2008
British Columbia	Mar 2007	March 2008
Alberta	Nov 2007	Jul 2008
Yukon	2008***	
New Brunswick	Not yet	
Newfoundland	Not yet	

*delay resulted from court challenge
*** legislation not yet passed

Harm reduction or marketing spin? DuMaurier Snus now in Edmonton

This fall, Imperial Tobacco launched a test market in Canada for an old style of tobacco product (but new in Canada) - Swedish style snus

Imperial Tobacco promotes snus as a form of 'harm reduction'. It suggests that if Canada were to copy Sweden by adopting widespread use of snus, then tobacco-caused disease would decline. The tobacco company is not alone in promoting the "Swedish Experience" of snus as a promising public health measure: a handful of Canadian public health workers are also suggesting that smokers be encouraged to try these alternative products.

Could Canada benefit from snus use? Our analysis suggests no.

Sweden and Norway are the only two countries where snus is legal and commonly used. We compared tobacco use in Canada, Sweden, Norway, Australia (where all forms of oral tobacco are banned) as well as other selected other countries and found nothing to suggest any public health benefit from promoting snus use.

• Sweden DOES NOT have lower rates of smoking than Canada.

Although it has a slightly lower rate of daily smoking among men, the overall rate of smoking is almost 25% higher than in Canada. The situation in Norway is almost twice as bad.

• There are much lower levels of tobacco addiction in Canada than in Sweden

Sweden and Norway are in MUCH WORSE situations than Canada with respect to the number of people who are addicted to tobacco (including smoking and snus use). Daily use of tobacco products by men is twice as high in Sweden (at 37%) and Norway (at 36%) than in Canada (at 15%). Among women, daily use of tobacco products is 1.6 times higher in Sweden (at 21%), nearly double in Norway (24%) compared to Canada (13%).

• Sweden and Norway have much higher rates of youth tobacco use than Canada.

Among those aged 16-24, daily use of tobacco products among men is 2.5 times higher in Sweden (at 37%) and Norway (at 36%) than it is in Canada (at 15%). **There are no fewer 'never smokers' in Sweden than in Canada.**

Canada has been equally able to protect its population from the onset of smoking as Sweden. It has also protected them from addiction to smokeless tobacco.

• Canadian smokers have been more successful at quitting than their Swedish counterparts.

Swedish men—even though snus is widely available and accepted as a smoking alternative — have had less success in quitting than Canadian men, on a population level. Canadian women have been more successful in quitting than Swedish women.



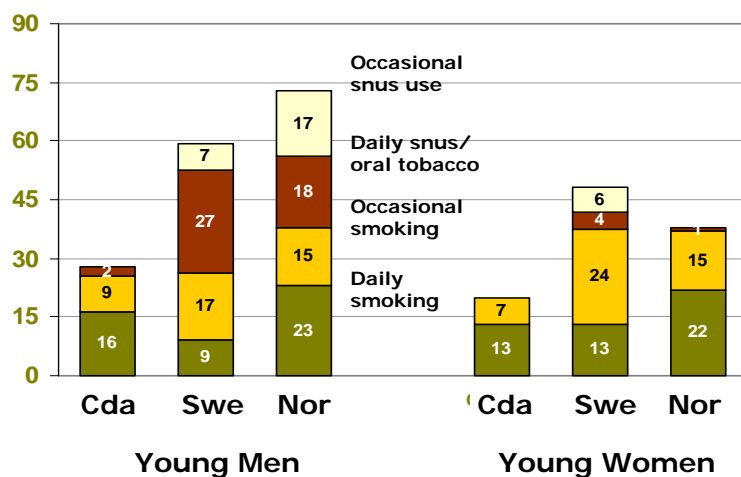
• In recent years, Sweden has made much slower progress than Canada in reducing the amount of tobacco consumed.

Unlike Sweden, Canada is experiencing a decline in per capita consumption in all forms of tobacco. Sweden is one of the few developed countries where total tobacco consumption is not falling.

• Sweden has lower rates of mortality from smoking than Canada, but is making slower progress.

Canada—without snus use—is making faster progress against smoking related deaths among both men and women — than Sweden is.

PREVALENCE OF TOBACCO USE AMONG ADOLESCENTS
16 - 24 YEARS, 2006



- Sweden's success is more likely due to early tobacco control laws and programmes than to the use of snus as an 'alternative' to smoking.

Sweden was one of the first countries to adopt comprehensive tobacco control measures, well before Canada or other countries. During the 1960s and 1970s, Swedes were not exposed to cigarette advertising on television or radio, as most Swedish broadcasts did not have any commercial advertising.

Tobacco marketing was severely reduced after a 1971 court action, and was legally banned in many venues in 1979. By 1987 (when a single voluntary Canadian warning still advised smokers to 'avoid inhaling'), Swedish cigarette packages displayed 1 of 13 large rotating health warning messages. Five of these messages were about second hand smoke.

Swedish efforts to implement tobacco control measures arguably faced less industry resistance than did Canadian efforts because the Swedish government owned and controlled the largest tobacco company until the early 1990s.

Since the 1990s, Sweden has undergone policy reversals. After joining the European Union, the number of and size of warnings was reduced. Following privatization of Swedish Match, tobacco companies now market more aggressively. Sweden currently is making slower progress in reducing tobacco use than Canada.

For our full analysis, see: *Lessons from Norway, Sweden and Canada on the public health consequences of widespread oral tobacco use.*

www.smoke-free.ca/pdf_1/Snus-



Snus (rhymes with 'moose') is...

... a form of cured and cooked tobacco mixed with salt, flavourings and preservatives which has lower levels of cancer-causing nitrosamines than other oral tobaccos

...packaged in loose form or in tea-bag style portions, each of which delivers about the same level of nicotine to a user as a single cigarette

...placed in the mouth between the teeth and the gum. Snus users do not chew or actively suck the tobacco, and do not need to spit

...typically held in the mouth for 30 minutes before being discarded. A typical snus user would consume about 16 sachets each day

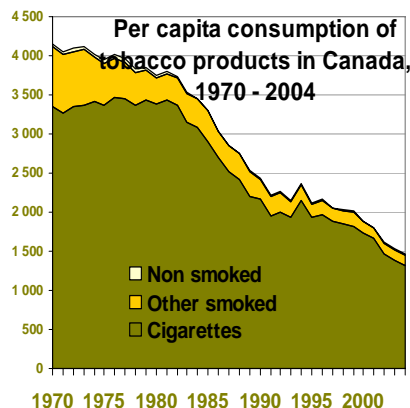
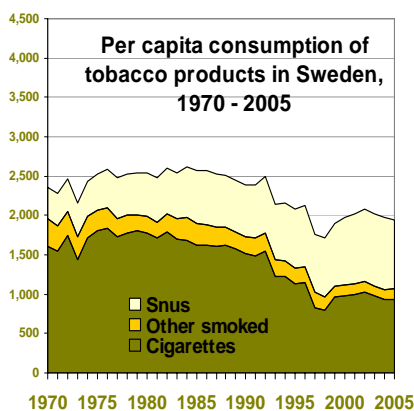
...kept in the mouth by the average user for 11 to 14 hours per day.

Snus is different than:

Moist snuff. Like snus, moist snuff is made from grinding tobacco with water and flavourings. Unlike snus, it is fermented rather than cooked. The fermentation process leads to higher levels of cancer-causing nitrosamines.

Nasal Snuff. Once popular but now rather archaic, nasal snuff is made from fermented and powdered tobacco, and then inhaled up the nostril.

Chewing Tobacco. Chewing tobacco is dryer, sweeter and made from differently cured tobacco than snus. Chewing tobacco is tucked between the gum and jaw and is chewed or held in place. Saliva is spit or swallowed.



Today, cigarette use in Sweden is somewhat lower than in Canada—but not as much as in previous years.

Sweden avoided the full-blown smoking epidemic suffered by Canada through early implementation of public measures—like bans on advertising, health warnings and smoke-free spaces.

PROTECTION FROM SECOND-HAND SMOKE

PUBLIC PLACES AND WORKPLACES IN CANADA GO SMOKE-FREE

Canada is edging closer to being 100% smoke-free.

During 2007, four jurisdictions in Canada have taken action to improve protection from second-hand smoke in workplaces and public places.

British Columbia and Alberta have already adopted new legislation that will come into force in January, 2008.

The federal government has adopted new regulations to ban smoking in all workplaces under its jurisdiction (with a few exceptions), and draft legislation to ban smoking in all workplaces and public places is being considered in the Yukon.

At the current time, it is estimated that 81% of Canadians live in jurisdictions where there is protection from second-hand smoke in all enclosed workplaces and public places.

New rules soon to be adopted in the four jurisdictions mentioned

above, will swell that percentage to over 95% in 2008.

Were Saskatchewan and Prince Edward Island to also extend protection from second-hand smoke to all enclosed workplaces and public places, Canada could claim 100% protection from second-hand smoke in all enclosed public places and workplaces.

The next frontier

There is growing concern about exposure to second-hand smoke in multiple unit dwellings when children are present. As yet, no Canadian jurisdiction has adopted legislation concerning second-hand smoke in these venues. Nevertheless, measures of protection are becoming more and more common. Across Canada,

condominium corporations and landlords are declaring their apartment buildings to be smoke-free and making sure that the smoke-free requirement is written into leases and occupancy agreements.

There is also general concern about involuntary exposure of children to tobacco smoke in private vehicles (see next article on Wolfville's new bylaw).

Real and immediate health benefits

Smoking bans provide greater protection to non-smokers. The percentage of non-smokers reporting complete protection from second-hand smoke at work increased from 68% in

2000 to 73% in 2005. Given the growing number of smoke-free jurisdictions during that period (see Figure 1), this survey result is perhaps not too surprising. What is more surprising is that the proportion of smoke-free homes went up

too. Over the same period, the percentage of non-smokers reporting complete protection from second-hand smoke at home increased from 57% to 71%, reported Statistics Canada.

Clearly, smoking bans at work have prompted more and more people to ban smoking in their own homes.

But the benefits do not stop there. If smoking had been recently banned at home, the rate of successful smoking cessation increased by 60%. Recent implementation of a workplace smoking ban was followed by a 130% increase in the rate of successful smoking cessation. It jumped from 13% to 27%. No other smoking cessation intervention has been as dramatically successful for entire populations.

Smoking bans at work, work. They protect non-smokers; they prompt more people to ban smoking in their own homes, and they increase the rate of successful smoking cessation.

Source: *Smoking bans: Influence on smoking prevalence. Statistics Canada. The Daily, August 22, 2007.*

**NOBODY
SMOKES
HERE ANY
MORE**

Jurisdiction	Implementation date
Prince Edward Island: (Smoking rooms still allowed)	December 18, 2002
Nunavut	May 1, 2004
Northwest Territories	May 1, 2004
Manitoba	October 1, 2004
New Brunswick	October 1, 2004
Saskatchewan: (Smoking still allowed in non-public workplaces.)	January 1, 2005
Newfoundland and Labrador: (Smoking rooms still allowed in non-public workplaces, but none are known to exist.)	July 1, 2005
Ontario	May 31, 2006
Quebec	May 31, 2006
Nova Scotia	December 1, 2006
British Columbia: (Law adopted not yet in force)	March 31, 2008
Alberta: (Law adopted, not yet in force)	January 1, 2008
Yukon: (Draft law before legislature.)	Proposed implementation: June 1, 2008
Federal jurisdiction:	October 25, 2007

DESTINATION: SMOKE-FREE CARS

Wolfville, N.S. is gearing up to become the first Canadian jurisdiction to protect children from exposure to smoke in cars. This November, town council approved a bylaw to ban smoking in any car in which a child (under the age of 18) was present. After June 1, 2008, as well as harming their young passengers, those who break the bylaw will be subject to fines from \$50 to \$200 dollars.

The Canadian Medical Association, the Ontario Medical Association and Physicians for a Smoke-Free Canada are among the many organizations supporting these measures. This August, the CMA general council adopted a resolution proposed by PSC President, Dr. Atul Kapur, calling for a nation-wide ban on smoking in vehicles when children are present.

Several jurisdictions in the United States and Australia have already implemented such measures — including California.

The harms of exposing children to second-hand smoke are well-established, but the call for bans on smoking in cars has been supported with new research showing that even 5 minutes of smoking can increase the particulate levels in cars to the levels found in bars before smoking was banned in public places. [1] [2]

Research conducted for Health Canada in 2004 suggests that although parents who smoke know that second-hand smoke is harmful for their children, many of them continue to expose their children at home and in the car. Even though 91% of smoking

parents believe it is important to provide a completely smoke-free environment for their children (and half of them think it is a significant hazard), they do not translate this knowledge into their own family practice: almost half always or frequently smoke in their own home, and more than 40% always or frequently smoke in their car. [3]

The Ontario Tobacco Research Unit has been monitoring public support for smoke-free cars, finding growing support in that province — with 8 and 10 Ontarians now believing this is good public policy [4].

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Smoke with kids in the car & you'll cough up a fine.



Quitline.
137848
www.quitsa.org.au

JURISDICTIONS THAT PROTECT CHILDREN FROM SMOKE IN CARS

United States

Arkansas

if children who require a car seat (under age 6 or 60 pounds in weight) are present (adopted Apr 06, in force Jul 06)

California

if children under 18 are present—(adopted Oct 07 in effect Jan 08)

Louisiana

if children under 13 are present—(adopted Jul 06 in effect Aug 06)

Also in Bangor, Keyport, Rockland County

Puerto Rico

if children under 13 are present— (adopted Mar 06, in effect Mar 07)

Australia

South Australia

if children under 16 are present—(adopted Apr 07 in effect May 07)

Legislation pending in Tasmania (passed lower house Nov 07), proposed by Health Minister of New South Wales (Nov 07).

Canada

Wolfville, Nova Scotia

if children under 18 are present—(adopted Nov 07, in effect Jun 08)

2007

The year in review

2007 saw the spread of smoke-shacks (like this one near Belleville, Ontario) where cigarettes are openly sold for as low as \$9 per carton.



January

Bars, restaurants and other public places in **Calgary, Lethbridge** and **Cochrane** go smoke-free.

February

Ontario Premier, **Dalton McGuinty**, rejects a call by the Ontario Medical Association to protect children from second hand smoke in cars.

March

Lax federal standards on second hand smoke are revealed when Global news reports that **CBC still allows smoking rooms**.

B.C. updates its tobacco laws to ban retail displays and — after a decade of stops and starts—to implement a province wide ban on smoking in public places (effective March 2008).

April

The **Supreme Court of Canada** rejects appeal from multinational tobacco companies to be sheltered from B.C.'s lawsuit. The suit—first launched in 1998—is now cleared to proceed.

Student activist **Tyler Ward** convinces the University of Toronto to divest its investments of all tobacco holdings—a first in Canada.

Alberta raises taxes cigarettes rose \$5 per carton, or about 70 cents a pack.

May

JTI-Macdonald and a former company executive are ordered to stand trial for alleged involvement in massive cigarette smuggling scheme in the 1990s.

Dr. John Blatherwick—Canada's longest-serving medical officer of health — retires after a 36-year career. He helped Vancouver become a leader in smoke-free spaces.

June

Ottawa (Labour Canada) announces that it will revise its regulations to close remaining smoking rooms in federal workplaces.

July

After almost 10 years of court review, the **Supreme Court of Canada** upholds the Tobacco Act in a 9-0 judgement.

The **B.C. Supreme Court** strikes down an effort by Imperial Tobacco Canada to hold the federal government responsible for damages that may result from a law suit about so-called 'light' cigarettes.

Victoria patios go smoke-free.

Health Canada reports youth smoking rates are the lowest since monitoring began in the mid 1960s.

The terms 'light' and 'mild' disappear from cigarette packages as the result of a voluntary agreement - and are promptly replaced with colour coding and marketing words like "premiere" and "distinct".

The **Ontario government** removes the provincial sales tax from stop-smoking medications.

August

Statistics Canada reports that smoking bans in homes and workplaces help smokers quit. 27% of smokers facing new smoking restrictions on the job quit smoking within two years, Statistics Canada found, compared to just 13 % of those with no ban.

The federal **Minister of Health, Tony Clement**, announces his goal to reduce smoking to 12% by 2001. "Reaching a 12 percent smoking rate is a very ambitious goal, but it is by no means unrealistic," he says.

September

Yukon Territory holds hearings on proposed legislation to implement a territory wide ban on smoking in public places.

New Brunswick announces that it has picked a legal team to manage its litigation against tobacco companies.

Imperial Tobacco begins a test market for Swedish style snus in Edmonton.

October

Fifth National Conference on Tobacco or Health is held in Edmonton, Alberta.

PSC awards the **Norman C. Delarue Award** to **Tyler Ward** for his work to clean up U of T's investments.

November

Alberta legislature approves a law to ban smoking in bars, restaurants and other public places effective January 1, 2008.

Wolfville, Nova Scotia becomes the first Canadian jurisdiction to pass a ban on smoking in cars when children are present. The measure comes into force in June 2008.

An all-party **legislative committee of the Yukon Territory** recommends the adoption of a new law to ban smoking in all public places and workplaces as well as a ban on retail advertising and display of cigarette packages and a ban on candy cigarettes.