#### Dedicated to making the Tobacco Industry a health hazard of the past.



# **Breathers' Digest**

News from the Front Lines

**Winter 2005** 

Airspace Action on Smoking & Health

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According to Health Canada, more than 45,000 Canadians will die this year due to smoking. Of those, more than 300 nonsmokers will die of lung cancer & at least 700 non-smokers will die of coronary heart disease caused by exposure to second-hand smoke.

ON DECEMBER 2, 2004, THE HONOURABLE UJJAL DOSANJH, MINISTER OF HEALTH, ANNOUNCED CANADA'S RATIFICATION OF THE FRAMEWORK **CONVENTION ON TOBACCO** CONTROL (FCTC). THE FCTC IS THE FIRST-EVER **GLOBAL PUBLIC HEALTH** TREATY. IT IS DESIGNED TO PROTECT PRESENT AND FUTURE GENERATIONS FROM THE HEALTH AND ECONOMIC CONSEQUENCES OF TOBACCO CONSUMPTION AND EXPOSURE TO SECOND-HAND SMOKE BY STRENGTHENING TOBACCO CONTROL INITIATIVES

AROUND THE WORLD. FOR FURTHER INFORMATION ON THE F.C.T.C., FOLLOW LINKS FROM WWW.AIRSPACE.BC.CA

#### WE HAVE SUFFERED A GREAT LOSS – BUT MOTHER NATURE CANNOT OUTNUMBER DEATHS CAUSED BY THE TOBACCO INDUSTRY

Try as She might (bearing in mind that She never acts with malice or ill will), Mother Nature will never kill as many people as Man himself does. Mankind seems to be absolutely hell-bent on self-destruction in literally dozens of different ways. But here, we focus on those so-called men and women at the nicotine cartel (otherwise known as the tobacco industry).

We may never know the exact number of people killed by the South Asia Disaster, but rest assured: Even taking into account all of the *indirect* deaths resultant from the tsunami disaster (from disease, starvation, plagues, etc.), that death toll won't likely exceed 10% of the toll taken by tobacco, worldwide, each and every year.... *that* toll being close to 5 million – and, believe it or not, still rising.

How could this toll possibly be climbing, especially in light of the fact that the domestic (North American)

market is dying -- pardon the pun -- at the rate of about 2% per year? So glad you asked.

After setting up shop and launching massive marketing & advertising campaigns in many Third World countries -- *including those most affected by the recent tsunami disaster* -- the tobacco death toll in those countries is - or soon will be (when we take into account the lag time between taking up smoking and the onset of one or more tobacco-induced diseases) on the rise.

During other tragedies, such as in war, the Merchants of Death at the nicotine cartel have been renowned for sending plane loads of cigarettes to American troops overseas purportedly to help *relax and calm the nerves*,

relieve stress and tension, provide soothing comfort, take their minds off of the war for a moment and many other mythical '<u>benefits</u>' of smoking, which the cartel has successfully convinced many in our society are facts. Sadly, statistics tell us that far more of those troops will ultimately die of smoking-induced diseases than will ever be killed in action.

One can only wonder how the multi-billion dollar, multi-national nicotine cartel is responding to the tsunami tragedy. Contributing blood money to the aid effort? Creating jobs by building more cigarette factories? Or perhaps by holding an International Tobacco Expo in Malaysia? Yes, folks, such an Expo is currently scheduled to be held in November, 2005!  $\bullet$  (see *"Industry Schedules…" – pg. 3*)

#### **MYCHOICE.**CA: OH, REALLY?

mychoice.ca claims to be "an online association for adult Canadian smokers". Here's the real story. It is a public relations effort by the tobacco industry. Its sole source of funding is \$2.5 million from the Canadian Tobacco Manufacturers' Council. It is run by Deacey Public Affairs Consultants Inc. of Ottawa. The "president" is Nancy Daigneault, who was selected by the tobacco industry, and the tobacco industry pays her salary. She claims that mychoice.ca has 10,000 members. Not a single one of these "members" has paid dues, or been issued a membership card. A person becomes a member by simply registering his or her email address with the site, so you can become a member even if you have visited the site only once out of curiosity, and there's nothing preventing the same person from registering as a member several times.

As a PR person, Ms. Daigneault speaks with the same sort of double-talk we've

become accustomed to hearing from over the tobacco industry the last few decades. Here are a couple of guotes: "mychoice.ca believes in working with nonsmokers to achieve reasonable accommodation of concerns and rights based on the principle of mutual respect and civility." OK, which non-smokers has she worked with, so far? She opposes a total ban on smoking at the Cambridge Memorial Hospital in Guelph. Did she ask for any opinions of non-smokers



# **THE STRAIGHT GOODS**

#### **Clean-Air Backer Wants Blitz on Public Smoke**

*Original article written by Gail Johnson, published in the "Georgia Straight" on December 23, 2004; modified slightly for publication in Breathers' Digest* 

British Columbia has taken some positive steps to reduce people's exposure to secondhand smoke. But according to the provincial health officer, B.C. needs to do more. Dr. Perry Kendall also says the government should step up public education programs about the benefits of quitting smoking.

Kendall's call to eliminate secondhand smoke falls on the heels of newly proposed legislation in Ontario that, if enacted, would bring about aggressive smoke-free laws. He made the recommendations in his annual report, released in mid-December, which this year focused on air quality.

Ontario's bill to make all workplaces and public spaces 100-percent smokefree by May 2006 was introduced on December 15, the same day Kendall issued his report. Besides prohibiting smoking in all restaurants, bars, banquet halls, health-care facilities, schools, casinos, bingo halls, and offices and government buildings, as well as in private clubs (including Royal Canadian Legions), common areas in residential buildings (including hotels and apartment and condominium buildings), and work vehicles, the proposed legislation would also eliminate all designated smoking areas and enclosed ventilated rooms in such public places. The new law would restrict the display of tobacco products in stores, banning the walls of cigarette packs and cartons behind convenience-store counters. Kendall's office would welcome similar rules here.

"A number of provinces are moving toward major bans on smoking," said deputy provincial health officer Dr. Eric Young....

"We're hoping that there will be some impetus for such changes based on this report now that Ontario has introduced its proposal.

"We approach things from a public-health perspective," Young added. "In B.C.,

# THE GOOD, THE BAD AND THE UGLY

There has been a great deal of activity on the tobacco front lately; some good, but mostly bad...and virtually all of it has received little or no publicity. Most notably...

**BAD:** On <u>Nov 25</u>, the Select Standing Committee on Health (SSCH), chaired by Val Roddick, released its report, "The Path to Wellness: Making British Columbians Healthier by 2010." Minus the table of contents, appendices, etc., the 72-page report is actually 64 pages, 3 (almost 5%) of which are *deadicated* to tobacco. Frankly, those 3 pages aren't worth the paper they're written on! I haven't read the entire report, but I will say that tobacco is, *still*, the leading cause of preventable disease, disability and death...and one of the biggest

drains on our "in-crisis" health care system...and this tobacco-friendly (provincial) government is doing virtually nothing about it! The tobacco segment rambled on and on about the history of smoking ("Twenty five years ago..." and "Forty years ago in B.C....") and about all sorts of wonderful things that other levels of government and other jurisdictions have done, are doing and/or will soon do ("...workplace initiatives..." [the WCB], "...municipal smoking bans...", "New Brunswick...Manitoba...Saskatchewan...Quebec...Ontario...England...and the U.K."), but <u>did not say ONE SINGLE WORD about anything the B.C.</u> <u>Liberals have done, are doing or plan to do!</u> On the contrary: The one and only thing this government has done of any note, on the tobacco file, was to, for the first time in the 87-year history of the WCB, interfere with and overrule the WCB and its No Smoking regulation. And, as alluded to in the report, the SSCH recommends that the government do absolutely nothing (read, *pass the buck*...surprise, surprise) about 1) tobacco sales from pharmacies and 2) smoke pits on school property.

**GOOD:** On <u>Nov 26</u>, after a great deal of public pressure, Canada -- until recently, a world leader in tobacco control -- became the 37th country (of the required 40) to ratify the Framework Convention on Tobacco Control (FCTC), a World Health Organization initiative designed to reduce the horrendous toll tobacco takes, year in and year out, locally and globally. As long as former(?) tobacco executive Paul Martin is running the show in Ottawa, however, it's hard to say how much *good* will actually result from that... \*\* For further information regarding the FCTC, visit our website at <u>www.airspace.bc.ca</u>

**BAD:** On <u>Nov 27</u>, I read the Delta Optimist article, "Health committee suggests more prevention spending." Besides stating that the SSCH's work focuses "primarily" on the triple threat of poor diet, inactivity and obesity (again, blissfully ignoring tobacco), the committee recommends that prevention funding be doubled, to \$660,000,000...annually! That's 2/3 of a <u>B</u>illion dollars, folks! I have no idea how much it costs to establish/run other "prevention" programs, but tobacco prevention costs virtually nothing; it's simply a matter of the government getting the gonads to stand up to its old pals at the nicotine

there are over 5,500 deaths per year related to smoking. We've known for a long time that smoking leads to lung cancer, heart disease, breast cancer, leukemia, asthma, premature birth, low birth weight, SIDS... It's an extremely important issue, one individuals and society have a lot of control over."

According to the Ottawa-based <u>Physicians for a Smoke-Free Canada</u> (PSC), 1,107 nonsmoking adults died in 1998 as a result of tobaccorelated causes, as did 96 infants under the age of one year. The organization's website (*www. smoke-free.ca*) lists illnesses known to be caused by secondhand smoke, including nasal-sinus cancer and nonmalignant respiratory disease in adults, and bronchitis, asthma, pneumonia and middle-ear disease in children. It describes other conditions thought to be caused by secondhand smoke, like stroke, cervical cancer and miscarriages in adults and decreased lung function and the exacerbation of cystic fibrosis in children.

Kids are especially vulnerable when it comes to secondhand smoke, because they have weaker immune systems and breathe more air relative

to body weight than adults. According to PSC, exposure to cigarette smoke causes about 220,000 ear infections in Canadian children annually, 2,100 tonsillectomies and adenoidectomies, and 270 sudden-infant-death-syndrome fatalities. Maternal smoking can negatively affect the fetus, since it deprives the baby of oxygen and other nutrients.

(see "The Straight", pg. 3)

today's medical problems will not be found in the research laboratories of our hospitals, but in our Parliaments. For the prospective patient, the answer may not be cure by incision at the operating table, but prevention by decision at the Cabinet table. Historically, a nation would look to its doctors for better health. Now they should look to their Members of Parliament.

The solution to many of

 Sir George Young, British health minister, in an address to the 1979 World Conference on Smoking and Health in Stockholm, Sweden

#### The Straight

(cont'd from pg. 2)

Also known as environmental tobacco smoke, secondhand smoke contains at least 40 carcinogens, the PSC says, and some of them are in stronger concentrations in secondhand smoke than they are in the smoke that goes directly into smokers' lungs. Among the toxic substances are arsenic, cadmium, formaldehyde, benzene, vinyl chloride and lead.

"Even if smoking is restricted to a single room, the harmful constituents of cigarette smoke can be dispersed throughout the house," the PSC website states. "Many of these highly dangerous chemicals are in invisible gas form." Sixty-eight percent of British Columbians have no real protection from secondhand smoke, the group alleges.



Clean-Air Backer Wants Blitz on Public Smoke. Mark Atomos Pilon illustration

Anti-tobacco organizations support any efforts to enforce stricter smoke-free laws. **Take AIRSPACE**, **a Burnaby-based group** that maintains on its website that nonsmokers have a right to breathe air that is not polluted with carcinogenic secondhand tobacco smoke;

that smokers and passive smokers have the right to hold the tobacco industry accountable for smoking-related illnesses and death; and that smokers have a right to publicly funded smoking-cessation services. That last is a critical point, because no one denies how hard it is for some people to quit smoking. Dr. Young said that smokers trying to stop need a lot of support.

"It's difficult to change...highly addictive habits," he said. "People need to get from the thinking-about-it stage to actually taking steps to making it a reality. And they need to recognize there will be setbacks, but not beat themselves up. If they have a setback, they need to say, 'All right, I'll just try again.'

"... it's a very, very addictive substance

and it's difficult to quit. But keep trying to quit. Use every available means...; there are a variety of methods. If people are committed to smoking, they have a personal responsibility not to expose other people to secondhand smoke" he added. "They shouldn't smoke at home if there are children in the home. They shouldn't smoke in the car if other people use that car."

Not surprisingly, the smoke-free movement has its opponents. Last September, the Canadian Tobacco Manufacturers' Council funded an on-line smoker's association called <u>mychoice.ca</u>. (see "<u>mychoice.ca</u>: Oh, Really?" - *pg 1*)

The group says it is committed to "restoring common sense, balance and civility" to the way Canadian adult smokers are treated by their federal, provincial and municipal governments.

"Research shows Canada's adult smokers are tired of feeling powerless and voiceless as they are hit time and again with increasing taxes, more severe restrictions and social stigmatization," the website states.

Smokers and [anti-tobacco organizations may] never see eye to eye, but tougher secondhand-smoke laws would at least help clear the air.

<u>mychoice.ca</u>: Its sole source of funding is \$2.5 million from the Canadian Tobacco Manufacturers' Council. The "president"...was selected by the Tobacco Industry, and the Tobacco Industry pays her salary!

# mychoice.ca (cont'd from pg. 1)

She also claims that mychoice.ca does not promote smoking. An ex-smoker, she admits that "There is no such thing as a safe cigarette" and that she quit "simply because of the health risks associated with smoking" and "I don't want people smoking in front of my children." When you go to the "discussion groups" area of mychoice.ca, you get a much different story.

&"The air in the pub is NOT your air, it belongs to the 'pub' owner." - Thomas LaPrade

&"The only thing dangerous about my smoking is you telling me not to do it." - "notca"

★ "The anti-smoking propaganda has created this false perception that even just 1 puff of SHS, even if exhaled on the other side of the planet, will instantaneously teleport to where-ever this anti-smoker is having his burger, fries, and beer, and kill him and his waiter on the spot." - Stephen Hartwell

&"Stop funding the Anti-Smoking movement who promote hatred and abuse against Smokers. Smokers are a 20% minority in Canada and do not have Visible Minority protection from Hate Crimes." - Cheryl Bradley

&"Public enemy number one should be the PUBLIC HEALTH CARE SYSTEM. Try taking that challenge on and declaring war on that." - Michael R. Williams

&"The first major anti-smoker in the last or this century was Nazi's Hitler." - Morris Lewicky

An interesting question is will muchoice a ever have a presidential election? And if someone other than Nancy Daigneault gets elected president will be or

#### INDUSTRY SCHEDULES AN INTERNATIONAL TOBACCO EXPO IN MALAYSIA

Recently, our Malaysian colleague, Dr. Haniki Nik Mohamed called for support against an international tobacco exposition, scheduled by the industry, to be held in Malaysia in November, 2005. A petition was launched on GLOBAlink, the leading international tobacco control network serving all those active in tobacco-control and public health. Speedy response has come from some. However, the 170 names currently tallied is much less than a true reflection of the Globalink membership, and the immense strength of this incredible international listserv. Given the nature of tobacco -- and the cartel that peddles it -- <u>NO COUNTRY</u> should be subjected to a *tobacco exposition*. Especially, <u>NO THIRD WORLD COUNTRY</u>....*especially* one that will, long after November 2005, still be recovering from the utter devastation wreaked by the recent tsunami.

An appeal to STOP THE EXPO has been sent to the Malaysian Prime Minister. Of course the petition is not the only activity; other local initiatives are also in the pipeline.

Malaysia really needs international support - YOUR SUPPORT - to counter this expo. It will only take you a few seconds to add your name to the petition. Visit: <u>http://petition.globalink.org</u> • - *Submitted by Mary Assunta* 



www.airspace.bc.ca Airspace Action on Smoking & Health

#### *LOCKE-MESS* REVEALED

On Sept 20, 2004, the BC Liberals appointed Surrey-Green Timbers MLA Brenda Locke Minister of State for Mental Health and Addiction Services, putting her in charge of BC's nonsmoking programs.

What are Locke's qualifications for this position? She was Executive Director of the Neighbourhood Pub Owners Association (NPOA) of BC when its lawsuit (Supreme Court of BC Action #L000212, NPOA of BC v. Workers' Compensation Board of BC) overturned the WCB's groundbreaking and newly-enacted smoking regulations in March of 2000 which had eliminated smoking from restaurants and bars. This left us with our current watered-down WCB regulations which allow smoking rooms, do not require doors on these rooms, and which allow managers to refuse to hire servers who refuse to enter these rooms, thereby forcing many hospitality workers to choose between heart disease and living on the street.

Locke spoke at numerous GVRD city council meetings on smoking bylaws and WCB hearings over the last decade, where she quoted unsupported and completely fabricated statistics about job losses in bars due to smoking bans, even after sales tax data had already proven overall business was up. Locke stated the (January 2000) WCB regulations resulted in 700 immediate job losses, a number Locke's NPOA used in its WCB lawsuit, and which Justice Stromberg-Stein presumed to be accurate when overturning the WCB regulations.

In reality, employment records later showed no change in employment in BC's hospitality sector in the three months during which the WCB regulations were in effect. In fact, there has never been a jurisdiction anywhere in the world that has seen a sustained drop in sales after a region-wide smoking ban in bars. Most jurisdictions, including California in 1998 and Victoria in 1999, saw an immediate increase in bar sales after going smoke-free.

And Locke actually encouraged lawbreaking in January 2000 by recommending that bars do not comply with the WCB ban, stating, "The WCB regulation on ETS is an appalling example of a 'super powered' bureaucracy."

As BC waitstaff continue to *suck it in*, thanks to Locke, others have left us in their dust. On Oct. 1, Manitoba and New Brunswick implemented Canada's first province wide bans prohibiting smoking in almost all indoor public places and workplaces, while Saskatchewan followed in January, 2005. Bhutan, Ireland, New Zealand, Norway and Sweden already have complete bans on smoking in all workplaces including bars and casinos, as do the Northwest Territories and Nunavut, as well as the states of California, Connecticut, Delaware, Maine, Massachusetts, New York and Rhode Island.◆

- Submitted by Marc Ander, Surrey

### **Good, Bad and Ugly**

(cont'd from pg. 2)

**GOOD:** With Peru ratifying the FCTC on <u>Nov 30</u>, the global health treaty will become international law on February 28, 2005.

<u>UGLY:</u> <u>Dec 2</u>, I heard that Britain had banned smoking in all public places and workplaces. Apparently, a reporter asked Health Minister Colin Hansen if B.C. might follow suit. Hansen indicated that he was satisfied with the current situation and saw no need to restrict smoking any further than it already is. Then, sounding much more like a Merchant of Death (tobacco executive) than a Health Minister, he said something about "Prohibition."

Here's a quick history lesson for you, Colin: Prohibition was intended to completely wipe out alcohol. Contrary to popular nicotine cartel mythology, not even a "radical, fanatical, militant" anti-tobacco activist like myself wants to *wipe out* tobacco. It has nothing whatsoever to do with **WHAT** anybody does (i.e., smoke), **WHY** they do it (frankly, I don't give a damn why), **WHEN** they do it (some employers are obviously getting concerned, when smokers *abuse* smoke breaks) nor **WHO** smokes, as long as they're over 19: The critical issue here is, exclusively, <u>WHERE</u> people smoke.

We're 4 years into the 21st century, Colin. Banning smoking in all public places and workplaces is (long overdue) common sense. It's the cheapest preventative measure that you can take; you get the biggest bang for your health care buck...and the pay-off is huge, for <u>everybody</u>!

Submitted by Errol Povah, Delta

# Treaty Ratification Clears Way To CPP Tobacco Divestment: Wasylycia-Leis

December 16, 2004 - Ottawa – NDP Pension Critic Judy Wasylycia-Leis today called on the Canada Pension Plan Investment Board to divest its shares in the tobacco industry in light of Canada's recent ratification of the World Health Organization's Framework Convention on Tobacco Control.

"Ratifying this treaty makes Canada's commitment to end tobacco use unequivocal," says Wasylycia-Leis. "It also obliges the CPP Investment Board and all other federal agencies to do whatever they can to comply. For the CPP, this means getting out of the business of death."

Wasylycia-Leis renewed her case for tobacco divestment in a letter to John MacNaughton, President and CEO of the CPP Investment Fund. The CPPIB has divested stocks in the area of land mines to reflect Canada's commitments under the international land mines treaty, but has so far resisted New Democrat pressure on other ethical investment issues like tobacco.

"Canadians want and expect the best return on their pension dollar," said Wasylycia-Leis. "Building our pensions with no regard for the lives and well-being of others is totally against Canadian values. Returns on ethical investments are just as high and more viable in the long term. The CPPIB has a choice and Canadians choose ethical investment."

Tobacco-related illnesses claim the lives of an estimated 45,000 Canadians a year – 4.9 million worldwide.

YOU can urge CPPIB to divest shares in tobacco stocks by writing a letter similar to the one written by Ms. Wasylycia-Leis (duplicated below) - and send a copy to your local MP! ◆

December 16, 2004 John A. MacNaughton President and Chief Executive Officer #2700, One Queen Street East P.O. Box 101 Toronto, Ontario M5C 2W5 Dear Mr. MacNaughton, I am writing to draw your attention to Canada's ratification on November 26th of the WHO Framework Convention on Tobacco Control. By this commitment, the federal government points out, "Canada becomes a member of the Conference of Parties and will play an active role in the implementation and management of the Convention". At the CPP Investment Fund public meeting in Winnipeg on September 13th, I urged the Board to divest its shares in all aspects of the tobacco industry. I pointed out that the Board is responsible to make investments in the interests of Canadians and that an industry that contributes to the death

of more than 45,000 Canadians annually, as does the

tobacco industry, fails to qualify in that respect. On that

occasion, you informed me that, unlike investments in land mines that have been divested because of Canada's

obligations under the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, CPP shares in the tobacco industry could not be justified as they lacked a compelling legal framework.

In light of Canada's ratification of the Framework Convention on Tobacco Control and the fact that this Framework, now ratified by the requisite 40 nations, will come into force on February 28<sup>th</sup> 2005, I again urge the Canada Pension Plan Investment Board to take immediate action to divest its shares in the tobacco industry. Indeed, for the CPPIB not to do so would seriously compromise Canada's ability to fulfil its obligations under the Framework and to play an effective role in helping to reduce the estimated 4.9 million deaths worldwide each year attributable to tobacco-related illnesses.

I look forward to a progress report on this urgent matter.

Sincerely, (Originally Signed) Judy Wasylycia-Leis, MP