PHYSICIANS FOR A SMOKE-FREE CANADA

Physicians for a Smoke-Free Canada

TAKING STOCK

# EFFORTS BEGIN TO SEE RESULTS

I am pleased to be able to report, in my first newsletter to members, on a number of successes in the campaign to reduce smoking. As you will read on the following pages, during this year we have seen advances in tobacco regulation, funding for tobacco control, and even a drop in smoking.

We are many years — and many public measures — away from seeing a drop in the 45,000 annual deaths now attributed to tobacco use in Canada. But enough progress is being made that we can begin to plan with confidence on the next set of measures that need to be put into place.

I invite you to reflect on the successes and failures of the past year and share with me your thoughts on how we can accelerate the progress we are making, and reduce the number of areas where we are falling behind.

Atul Kapur, MD, DABEM, FRCPC
President

1-800-540-5418

## 100% Smoke-Free Bars in Ontario are 100% Legal

**- Opinion for PSC provided by David H. Hill, Q.C.**

When Ottawa moved to make bars and restaurants smoke-free, the tobacco-funded hospitality sector responded predictably. They went to court.

Concerns about litigation often discourage governments from establishing the health measures they know to be needed. That's why PSC asked Ottawa lawyer David Hill to marshal the case law and the legal analysis that political and health leaders need to move forward with confidence.

David Hill is a long-time health advocate and champion of tobacco control. He willingly reviewed the angles under which Ontario by-laws could be challenged and to assess the likelihood that a lawsuit against the Ottawa by-law would be successful:

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PHYSICIANS FOR A SMOKE-FREE CANADA

1226A Wellington Street
Ottawa, Ontario
K1Y 3A1

Phone: 613-233-4878
Fax: 613-233-7797
Email: ccallard@smoke-free.ca

WWW.SMOKE-FREE.CA

# The Year To Date

smoking bans won (and lost!) ◆ treaties ◆ mass media campaigns ◆ tax increases ◆

**2001** has been a busy year for the growing number of Canadians working to build federal policies and programmes to reduce smoking — **and it's not over yet!**

## January

Sixteen new health warnings appear on major-selling cigarette brands.

## February

Senator Colin Kenny introduces Bill S-15 (the successor to S-20) in the Senate. He continues his campaign to levy cigarettes for a $380 million/year campaign to reduce youth smoking.

## April

Tobacco companies launch "Operation ID" and "School Zone," bringing Canada in line with their global strategies of using youth compliance programs to foster good will while marketing to youth that "smoking is for adults."

Government announces $480 million to be spent on tobacco control strategy over next 5 years (with $210 million directed towards anti-tobacco mass media campaigns).

Combined federal and provincial taxes on cigarettes raised by $4 per carton in 'low-tax' provinces (Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island).

After four decades of public unity, the 'big three' tobacco companies restructure the Canadian Tobacco Manufacturers' Council announces its "restructuring" and effective dissolution for most public issues.


Imperial Tobacco and JTI-Macdonald run ads in major newspapers in support of S-15. They also lobby MPs and Senators to support the bill.

Rothmans, Benson & Hedges reports its highest profits ever in Canada— $118 million — up 45% since 1992. Imperial Tobacco's profits continue on a decades-long increase.

## May

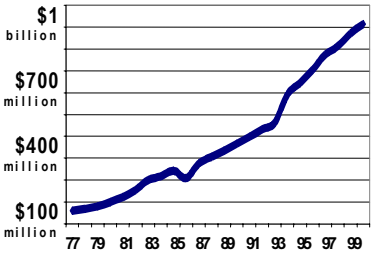
Restaurants in Edmonton go smoke-free.

More than 140 countries continue negotiations through the World Health Organization for a new Tobacco Treaty (the Framework Convention on Tobacco Control, or FCTC).

S-15 receives third reading in the Senate and is forwarded to the House of Commons.

Newfoundland government passes "Tobacco Health Care Costs Recovery Act" - a step towards litigating the tobacco companies.

**Imperial Tobacco Profits, 1977-2000**




## May 31: World No Tobacco Day

Allan Rock appoints Ministerial Advisory Council on Tobacco Control to advise on the design and delivery of Health Canada's tobacco control strategy. Among the 15 members appointed are three physicians and a representative of Physicians for a Smoke-Free Canada.

Allan Rock challenges the tobacco companies to remove misleading descriptors "light" and "mild" from cigarette packages.

New survey results show that smoking rates are falling among all age groups and are at the lowest overall level since regular monitoring of smoking began in 1965.

**PSC elects new board.** Dr. Atul Kapur becomes president, and Dr. Mark Taylor moves to Vice-President.

## June

Restaurants in metropolitan Toronto area go smoke-free.

Cigarette packages begin to display the amounts of benzene, hydrogen cyanide and formaldehyde contained in cigarette smoke.

Joe Battaglia loses his case against Imperial Tobacco in Toronto small claims' court. Battaglia had smoked Matinee Extra Mild cigarettes believing that they would be less harmful to his health. When he realized he had been deceived, he took Imperial Tobacco, the manufacturer of Matinées to small claims court.

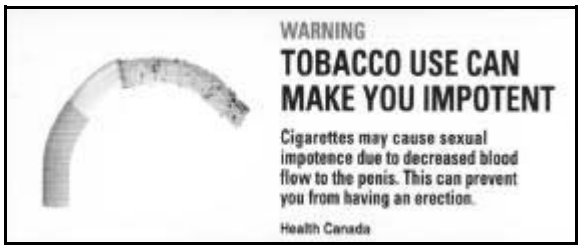
House of Commons Speaker Peter Milliken re-

◆ new warning labels ◆ fewer people smoking ◆ more money to fight tobacco use ◆ record industry profits ◆ an end to 'light' and 'mild' ◆ court-room show-downs ◆ end of the CTMC ◆

fuses to allow S-15 to proceed further in the House of Commons, ruling that it is procedurally invalid.

## July

New health warnings begin appearing on all remaining cigarette brands.




Saskatchewan passes Tobacco Act, which bans tobacco displays in retail stores [but the Act is not yet proclaimed!]

## August

Ottawa's by law banning smoking in bars, restaurants, bingo halls and casinos comes into effect.

Newly-elected B.C. government suspends regulation which would have banned smoking in restaurants, bars and other hospitality venues.

Allan Rock addresses the annual meeting of the Canadian Medical Association and promises to ban the use of 'light' and mild' on cigarette packages.

The new Ministerial Advisory Committee brings experts from around the world to provide the scientific rationale for banning 'light' and 'mild.'

Imperial Tobacco records ever increasing profits for second quarter — 7% over same period year before.

## September

Imperial Tobacco makes public its refusal to remove 'light' and 'mild' descriptors from packages.

First annual federal-provincial report on tobacco control strategy released.

PSC commissions public opinion poll in B.C. which shows 80% support hospitality workers getting "the same level of protection" from second-hand smoke as other workers.

## October

Investment firm Merrill Lynch recommends the purchase of Canadian Rothmans and BAT — saying that "tobacco stocks are viewed as safe havens".

Ministerial Advisory Council recommends that 'light' and 'mild' descriptors be banned. Health Canada begins advertising against 'light' and 'mild' cigarettes. Imperial Tobacco launches the market of 'Player's Silver' cigarettes.

## November

Negotiations set to resume on FCTC in Geneva.

From page 1

# Ontario Superior Court Upholds Ottawa Bylaw.

After researching the statutes and case law, David Hill concluded:

- the City of Ottawa has the authority under the Municipal Act to enact the by-laws;
- Ottawa's by-laws are not vague, uncertain or ambiguous and therefore are valid and enforceable;
- facilities like restaurants and bars are "public places" in which smoking can be regulated under the Municipal Act;
- the Municipal Act allows for restaurant owners and other employers to be responsible for enforcement;
- the City of Ottawa would not be liable for claims of economic injuries from bars and restaurants;
- the bylaws are not an infringement of the Canadian Charter of Rights and Freedoms nor a violation of the Ontario Human Rights Code

PSC was prompted to ask for the opinion after threats of legal challenge by the Pubs and Bars Coalition of Ontario (PUBCO), and made it public even before PUBCO had filed their challenge.

Casting a wide net over possible areas of challenge, it is a useful guide for municipalities both within and outside Ontario who wish to build smoke-free regulations.

On August 31st, the Ontario Superior Court rejected PUBCO's appeal and upheld the by-law. Justice Gerald Morin ruled that the city has the right to ban smoking under the *Ontario Municipal Act* and various provisions of the Ontario *Tobacco Control Act* and the province's *Smoking in the Workplace Act.*

*David Hill is founding partner with Ottawa firm Perley-Robertson, Hill and McDougall.*

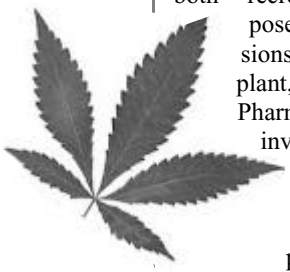
David Hill is a senior partner with the Ottawa law firm, Perley-Robertson, Hill and McDougall. This fall, David Hill joins Physicians for a Smoke-Free Canada as honourary counsel. Copies of David Hill's opinion can be found on our web site (www.smoke-free.ca) or by calling 1-800-540-5418.

# Health Canada's Policies on Marijuana Put Patients at Risk

With much publicity, Health Canada is making marijuana available to an increasing number of ailing Canadians. Unfortunately, its new research and regulatory agenda centres on smoked marijuana, despite evidence of the severe health risks that that entails. Health Canada's relative lack of attention to benign methods of delivery is worrisome. Even more so, however, is its failure to provide adequate warnings to patients and trial participants about the high level of risk they are assuming by smoking the drug.

## Marijuana smoke damages lungs

Numerous studies since the 1970s have assessed the effects of marijuana smoke on the lungs. They have consistently found that marijuana smoke produces pulmonary damage similar to that produced by tobacco smoke, only more severe[1-5]. This is attributed in part to marijuana's constitution and content:



- marijuana produces 50% more tar than the same weight of tobacco [1,6,7];
- marijuana smoke contains 70% more benzopyrene than tobacco smoke from American-blend cigarettes [3,8];

and in part to the way in which marijuana is smoked compared to the way in which tobacco is smoked:

- marijuana tends to be smoked with a two-thirds larger puff volume, a one-third greater depth of inhalation, and a fourfold longer breath-holding time than tobacco [1].

The cumulative effect of the content of marijuana and the method by which it is smoked, is that, by volume, marijuana smoke is far more damaging to health than tobacco smoke:

- smoking two to three marijuana cigarettes a day is estimated to have the same effect on the risk of cancers and on the prevalence of acute and chronic respiratory symptoms as smoking 20 or more tobacco cigarettes a day [1-3].

Smoking marijuana is strongly associated with chronic bronchitis, is considered likely to cause cancers of the respiratory system, and is suspected of having several other adverse effects on health [1-6].

## Safer methods of delivery

Given the health risks associated with smoking, many people have experimented with alternate methods of delivering the desired effects of marijuana (for both recreational and medicinal purposes). The most popular lay versions of this involve ingesting the plant, either in tea or in baking [9]. Pharmaceutical companies have investigated alternate methods of delivery as well, and to this end have been testing products such as transdermal patches, smokeless inhalers, sublingual sprays, and ingestible capsules[10,11]. Two ingestible THC capsules, dronabinol and nabilone, are currently available on the Canadian market.

The main criticisms of non-smoked methods of delivery are delayed onset, ineffectiveness, increased side-effects, and difficulty controlling dosage [12].

## Concerns about Health Canada's medical marijuana research plan

In 1999, Health Canada announced a research plan for the investigation of marijuana for medical purposes. As part of the plan, it put out a call for research proposals.

Explicitly because health risks make smoked marijuana inappropriate for long-term use, the call stipulates that proposals should be restricted to studies of "short-term, self-limiting symptomatic conditions" [13].

Nonetheless, currently funded studies include trials for conditions which are neither short-term nor self-limiting, such as a clinical trial of smoked marijuana for patients with chronic neuropathic pain [14].

Furthermore, Health Canada does not require that participants in the trials be warned in any detail about the known risks of smoking marijuana. The agency does issue warnings, but they tend to imply that the level and type of risks associated with marijuana use are unknown, and therefore that participants are assuming unknown risks [13,15]. It has not made public how, if at all, the risks associated with smoking are being figured into trial safety assessments.

## Expanding access to 'medicinal' marijuana

Under section 56 of the Controlled Drugs and Substances Act (CDSA), individuals who believe that they require marijuana for medical purposes can apply to the Minister of Health for exemptions to the Act, which ordinarily prohibits the cultivation and possession of marijuana. Exemptions may be granted to applicants who fall under one of the three following categories:

- those who suffer from symptoms associated either with medical conditions for which the prognosis is death within twelve months, or with the treatment of those conditions;
- those who suffer from symptoms such as severe pain, persistent muscle spasms, cachexia, anorexia, weight loss, nausea, or seizures related to the following medical conditions or their treatment: multiple sclerosis, spinal cord injury or disease, cancer, AIDS/HIV, severe arthritis, epilepsy;
- those who suffer from symptoms associated with medical conditions or their treatment other than those described above, and for which all conventional treatments have failed or have otherwise been deemed medically inappropriate [16].

Like trial participants, patients with exemptions receive only general warnings about health risks, accompanied by statements to the effect that the drug's "potential benefits and risks cannot be predicted" [16].

## The physician's role

In order to obtain an exemption, a patient must submit a written application to Health Canada. As part of this application she must submit several medical forms, completed by her treating physician. These forms require:

- details of the proposed treatment, including the prescribed daily dosage of dried marijuana in grams;
- detailed medical/drug therapy histories;
- signature of a medical declaration statement, which includes the statement that, "the benefits to the applicant from the recommended use of marijuana would outweigh any risks associated with that use, including risks associated with the long-term use of marijuana" [17].

These requirements pose a number of difficulties for physicians. First, the prescription of a daily dosage is complicated by variables such as the concentration of active chemical compounds in a batch of marijuana, a patient's drug tolerance, and a smoker's depth of inhalation—all of which vary greatly and have significant impacts on the amount of marijuana needed to achieve the desired results [1,18]. Second, the lack of scientific information about specific benefits makes the required risk to benefit assessment virtually impossible for a physician to make [4,5,12].

## Conclusions & recommendations

After reflecting on Health Canada's literature and the independent evidence linking marijuana smoke to acute and chronic health problems, we offer the following for consideration:

- Health Canada's assertions about the unknown level and nature of health risks associated with marijuana use are misleading.
- There is reason to believe that patients enrolled in clinical trials of smoked marijuana and patients using marijuana through CDSA exemption are not being informed sufficiently about the health risks involved in smoking marijuana.
- There is reason to believe that the available evidence on the health risks associated with smoking marijuana are not being factored in appropriately to risk assessments for clinical trials.

## Recommended to Health Canada

- Funding for studies of marijuana and cannabinoids should be directed at the development of non-smoked means of delivery.
- Any trials of smoked marijuana should be conducted according to the guidelines set out by the Institute of Medicine's 1999 report, which states that trials should be conducted only as the first phase of a strategy to develop non-smoked means of cannabinoid delivery; and that participants should be warned explicitly about their status as experimental subjects in the trial of a harmful substance.

## Considerations for physicians

- When considering applications for CDSA exemption, physicians familiar with the medical literature on marijuana smoke cannot in good faith testify that the benefits of prolonged treatment with smoked marijuana outweigh the risks for patients whose conditions are chronic and non-terminal.
- Unless and until better data are available concerning safety and efficacy, physicians should only prescribe smoked marijuana to patients who are terminally ill, and should advance the health risks associated with smoking as a primary reason for rejecting the prescription requests of non-terminal patients.
- Physicians should warn all patients who request prescriptions for medical marijuana of the health risks associated with smoking the substance, regardless of whether they intend to provide the prescription or not.

Christy Ferguson
PSC Researcher

[1] Wu, T, D Tashkin, B Djahed, and J Rose, 1988: "Pulmonary Hazards of Smoking Marijuana as Compared with Tobacco." *NEJM* 318:347-351.

[2] Tashkin, D, B Shapiro, E Lee, and C Harper, 1976: "Subacute Effects of Heavy Marijuana Smoking on Pulmonary Function on Healthy Men." *NEJM* 294:125-129.

[3] Fehr, K and H Kalant, eds, 1983: *Cannabis and Health Hazards*. Toronto: Addiction Research Foundation.

[4] Institute of Medicine, 1999: *Marijuana and Medicine: Assessing the Science Base*. Washington DC: National Academy Press.

[5] Kalant, H, W Corrigall, W Hall, R Smart, eds, 1999: *The Health Effects of Cannabis*. Toronto: Addiction Research Foundation

[6] Fehr, K and the ARFO, 1980: *Cannabis: Adverse Effects on Health*. Toronto: Alcoholism and Drug Addiction Research Foundation.

[7] Rickert, W, J Robinson, and B Rogers, 1982: "A Comparison of Tar, Carbon Monoxide, and pH Levels in Smoke from Marijuana and Tobacco Cigarettes." *Canadian Journal of Public Health* 73:386-391.

[8] Novotny, M, F Merli, D Wiesler, M Fenel, and T Saeed, 1982: "Frationation and capillary gas chromatographic-mass spectrometric characterization of the neutral components in marijuana and tobacco smoke condensates." *Journal of Chromatography* 238:141-150.

[9] New York Medical Marijuana Buyers' Club, 2001: "Guide to Using Marijuana." http://www.cures-not-wars.org/nycbc.html/.

[10] Wood, Sylvia, 2000: "Medical Researchers to Put 'Pot Patch' to the Test." *Times Union NY*, Jan 21.

[11] GW Pharmaceuticals, 2001: "GW Pharmaceuticals Starts Medicinal Cannabis Trials in Canada."http://www.gwpharm.com/news_pres_14_aug_01.html

[12] National Institute of Health, 1999: "Workshop on the Utility of Medical Marijuana."

[13] Canadian Institutes of Health Research, 1999: "Request for Proposals and Opportunity Highlights." Ottawa: Health Canada.

[14] McGill University, 2001: "Cannabis on Trial." http://www.mcgill.ca/public/releases/2001/july/cannabis

[15] Therapeutic Products Programme, 1999: "Research Plan for Marijuana for Medicinal Purposes: A Status Report." Ottawa: Health Canada.

[16] Therapeutic Products Programme, 2000: "The Use of marijuana for Medical Purposes: Discussion Documents on the Section 56 Exemption Process." Ottawa: Health Canada.

[17] Health Canada, 2001: "Application for Authorization to Possess Dried Marijuana: Medical Specialist Form." Ottawa: Health Canada

[18] Martin, B and W Hall, 1999: "The Health Effects of Cannabis: Key Issues of Policy Relevance."

Ministerial Advisory Committee recommends:

# An End to 'Light' and ' Mild'

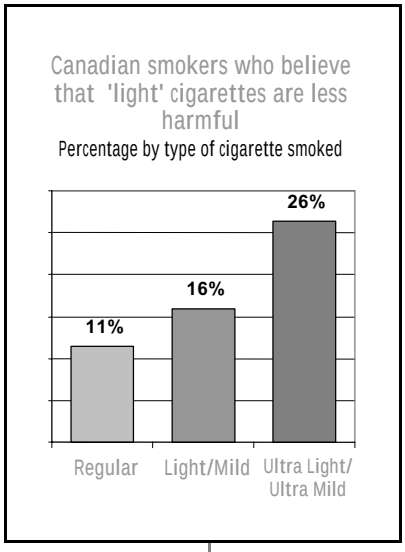
On May 31st, 2001, Health Minister Allan Rock asked tobacco companies to end the use of misleading descriptors, like 'light' and 'mild' on their cigarette packages. He simultaneously established a Ministerial Advisory Council on Tobacco Control (MAC), and asked it to suggest options within 100 days for government actions if the tobacco companies refused to agree to his request.

Predictably, the tobacco companies refused to comply with the request to voluntarily remove the labels. By late summer, the Minister had repeated his intention to ban the terms, and the MAC had assembled an panel of international experts in the health, human behaviour, law and regulatory fields to provide evidence supporting this action. The panel came together for a two-day seminar at the end of August to provide rigorous answers to the following questions:

- *Are 'light' cigarettes less harmful than regular cigarettes?*
- *Are the terms 'light' and 'mild' on cigarettes false or misleading?*
- *What should governments do?*

The members of the expert panel reviewed and discussed the evidence, and offered the following advice:

- The terms 'light' and 'mild' are false and misleading, and deceive smokers into believing these cigarettes are less harmful to health;
- There is no convincing evidence of a meaningful health benefit to either individual smokers or whole populations resulting from cigarettes marketed as 'light' or 'mild';
- The marketing of these brands may increase disease by delaying quitting or increasing starting;
- The government should ban the use of these terms on cigarette packages;
- There should be substantial public education to correct misconceptions about 'light' and 'mild.'




The MAC forwarded this advice to Allan Rock on September 7. Within weeks, the panel's recommendations were made public, and Health Canada began an intense wave of advertisements identifying tobacco industry role in promoting 'light' cigarettes.

The same day that the government advertisements began, Imperial Tobacco announced that it's launch of a new 'ultra-light' version of Player's was to be renamed 'Player's Silver.' It's too early to say that the industry has 'blinked' in the face of government pressure — but certainly they have shown that government and health community action can have an effect on their marketing strategies.

It is expected that Allan Rock will move forward with regulations to ban the terms. This would follow similar decisions by other jurisdictions. The European Union has told its member states to ban the terms effective September 2003. Brazil's ban comes into effect in December 2001.

*A copy of the Panel's report and the MAC recommendation can be obtained by calling 1-800-540-5418.*

Quotable Quotes :

# —Allan Rock on 'Light' Cigarettes

**"*I believe*** *the public is entitled to know the facts about so-called 'light' and 'mild' cigarettes.*

***Fact number one*** *- cigarettes labelled 'light' and 'mild' are as lethal as any other cigarette on the market and the tobacco companies knew this when they introduced and promoted them and they continued to mislead the public for decades.*

***Fact number two*** *- cigarettes branded as 'light' and 'mild' have the same ingredients as all other cigarettes.*

***And fact number three*** *- in some cases smokers inhale the same amount of toxic materials from a 'light' or 'mild' cigarette as they do from any other.*

*Now the industry's marketing practices deliberately disguise and ignore these facts. They imply that 'light' and 'mild' are safe alternatives. Well the evidence is clearly to the contrary. Labelling cigarettes as 'light' and 'mild' offers smokers a false sense of security based on slick marketing and the misuse of words.*

*Clearly the tobacco industry despite its promise to change its ways has once again chosen private profit over public health but the writing is on the wall. The European Union and several other countries have now adopted a ban on the use of these misleading words.*

*Make no mistake, there's nothing light or mild about the lies of big tobacco and that's why I am re-affirming today my commitment to hold them to account and I'm taking the next step, I'm announcing today that we will ban these deceiving labels.*

*Predictably, the industry will challenge us. Let them argue for their so-called right to deceive rather than voluntarily doing what we asked them to do in May.*

*I believe it's my responsibility as Minister of Health to ensure that Canadians have the facts and we'll make sure they do through mass media campaigns and by holding the industry to the same standards in advertising as all other businesses."*

**Allan Rock,**
**CMA Annual Meeting, August 13, 2001**

New Surveillance Tool:

# Lowest Smoking Rates in Canada Since Monitoring Began

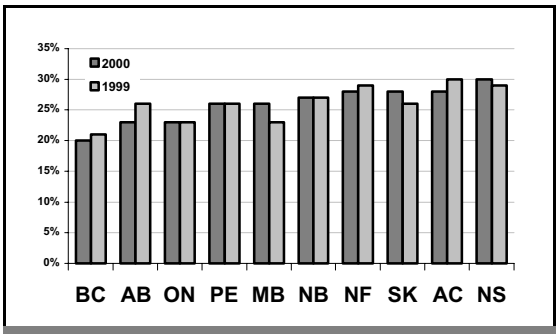
Public surveys of smoking started in the mid 1960s, but have only recently allowed for reliable annual comparisons.

For the first thirty years, government surveys were inconsistent and sporadic, with no commitment to regularity in frequency or methodology.

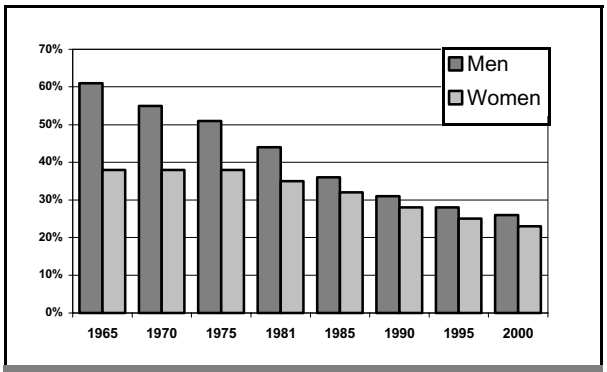
In 1999, Health Canada began the Canadian Tobacco Use Monitoring Survey (CTUMS) which provides data at both half year and yearly intervals. The sample size is large enough to allow for comparisons between regions. Particular emphasis is given to younger smokers (age 15 to 24), who make up more than 50% of the sample size.

The results for 2000 showed a number of promising trends:

- Smoking reached its lowest overall rate since 1965 (from 50% in 1965 to 24% in 2000)




Same sea level—different smoking rates
British Columbia smoking rates 2/3 of those in Nova Scotia




Drop in men's smoking outpaces drop in women's smoking

- Smoking rates among 15-19 year olds, which had grown between 1990 and 1994, began to trend downward.
- 25% of 15 to 17 year old girls smoke (19% of boys). By age 18-19, 31% of both boys and girls smoke.
- Quebec is no longer the heaviest smoking province (Nova Scotia is).
- The number of former smokers (6.4 million) is greater than the number of smokers (6 million)
- 25% of homes with children under 12 continued to expose their children to smoke at home (down from 33% in 1996/97)

International Interns:

# PSC Sends Young Canadians Overseas to Help Control Tobacco

One of the most rewarding parts of my job over the past year has been to shepherd four young Canadians as they began careers in global tobacco control.

Though Netcorps, an Industry Canada internship program, PSC has partnered with the Canadian Society for International Health to send two young women and two young men to work with colleagues in health agencies in developing countries.

Last fall, Laila Tata and Sue Lawrence joined us for several weeks before heading off to positions in Thailand and Turkey, respectively.

Laila was trained in physiology, and worked with ASH Thailand on South-East Asian tobacco issues. She is now studying epidemiology at the London School of Hygiene. Sue is a community health nurse from Edmonton, who went to Turkey to work with noted paediatrician and health advocate, Dr. Elif Dagli. Sue is now researching tobacco documents in London, England.

This fall, Paul Steeves and Michael Chaiton have left us for South Africa, where they are working with Dr. Yussuf Saloojee, who is president of INGCAT, an international coalition against tobacco. Paul and Michael, who had studied health promotion and biology at University, spent several months working in our office researching tobacco documents before heading to South Africa.

The internship program is a model program. It gives young Canadians an opportunity to explore the world and their own potential. It gives agencies willing hands for important tasks. Moreover, it helps recruit and train a new generation of public health workers.

PSC hopes to continue this exciting program. Please contact me if you know of a young Canadian who might be interested,.

Neil Collishaw,
Research Director
1-800-549-5418


# Why should you support global controls on big tobacco?

Canada was one of the first countries to pass strong laws to control tobacco companies and their products. Now it's time to do something to protect the children of the world from becoming addicted to tobacco.

As the demand for cigarettes is falling in the developed world, multinational cigarette companies are benefiting from globalization to aggressively target developing countries. The result? Every day, 100,000 children start smoking.

Governments and citizens are working together to stop this. Through the World Health Organization, a treaty is now being negotiated to control global tobacco. It's called the Framework Convention on Tobacco Control (or FCTC).

GLOBAL TREATY ON TOBACCO CONTROL

***A tobacco treaty is needed. The FCTC can:***

- Protect kids by ending tobacco advertising
- Help developing countries build effective programs and policies
- Save health policies from unfair trade challenges
- Control tobacco smuggling
- Curb tobacco industry marketing practices

We need your support to make sure our government pushes for a strong and effective tobacco treaty. Find out more about how you can help by contacting Physicians for a Smoke-Free Canada.

***Call 1-800-540-5418 or visit www.smoke-free.ca***

Joss Maclennan Design