



Medical thunder is required to stir the Chrétien government

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In 1994 Prime Minister Jean Chrétien promised Canada an unprecedented federal investment in tobacco control.¹ Sadly, his government has not delivered. He and the rest of the government do not seem to comprehend the seriousness of tobacco addiction and the havoc it wreaks. Unless you, the physicians of Canada, become loud, clear and persistent on this subject, tobacco addiction will claim the lives of tens of thousands of Canadians who should not succumb to this epidemic.

Anyone, doctor or politician, who balks at the term "tobacco epidemic" ought to study the steadily rising death rate from lung cancer among Canadian women (Fig. 1).² For every site except the lung, the cancer mortality rate among women is decreasing or holding steady, but the rise in the lung cancer mortality rate is relentless.

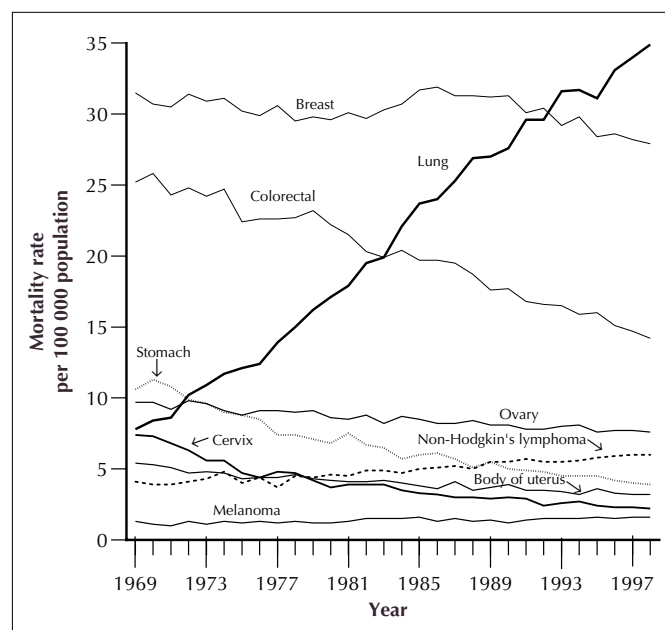


Fig. 1: Age-standardized mortality rates for selected cancer sites for Canadian women, 1969 to 1998. Rates for 1996, 1997 and 1998 are estimates. Rates are standardized to the age distribution of the 1991 Canadian population. Source: National Cancer Institute of Canada (Toronto), *Canadian Cancer Statistics 1998*.

When the rate of lung cancer in any population soars, one need only look back 20 years to find a parallel increase in the per capita consumption of cigarettes. This causal relation has been known for a third of a century.³

What is the federal government's stated tobacco policy? On Feb. 8, 1994, the prime minister made the following statement in the House of Commons:¹

We are imposing a three-year health promotion surtax on tobacco manufacturing profits.... Companies will pay 40 per cent more federal tax on manufacturing profits than they have in the past. And the federal government will receive up to \$200 million in extra revenue over the three years.... The money generated by this surtax will fund the largest anti-smoking campaign this country has ever seen.

What happened over the next 3 years? The Chrétien government spent \$60 million the first year, \$30 million the second and \$20 million the third.⁴ In 1997 it renewed the tax on tobacco manufacturers' profits, which resulted in even more revenue because tobacco industry profits had risen. Yet in 1997 the government spent only \$10 million on tobacco control,⁴ and by the end of the summer of 1998, the Ministry of Finance had not even allocated a budget for tobacco control.

Meanwhile the tobacco addiction industry thrives.⁵ From 1990 to 1993, before the Chrétien government was elected, Imperial Tobacco reported pre-tax earnings of nearly \$1.6 billion. From 1994 to 1997, Imperial's earnings rose to more than \$2.7 billion. Rothman's corresponding totals were \$338 million and \$409 million. RJR MacDonald is a wholly-owned subsidiary of the US-based RJR-Nabisco, and its profits are not reported. Yet, while tobacco industry revenues and the government's revenue from the tax on tobacco profits increase, the Chrétien government's tobacco-control commitment shrivels.

Canadian tobacco firms are merely subsidiaries of the few multinational firms that run the tobacco industry worldwide: British-American Tobacco, RJR-Nabisco, Rothman's and Philip Morris. Thus, what has been uncovered in US court cases also applies to Canadian tobacco companies. Thanks to US litigation, we now know



what the top executives in the tobacco industry were thinking during the years when medicine and public health were awakening to the addictive nature of cigarettes. For example, in 1963 Addison Yeaman, vice president and general counsel of Brown & Williamson, stated "Moreover, nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug effective in the release of stress mechanisms."⁶ Minutes of the 1967 British American Tobacco Research and Development Conference reported that "Smoking is an addictive habit attributable to the nicotine and the form of nicotine affects the rate of absorption."⁶

The industry's own documents make it clear that it is the addiction that drives the epidemic. Quotes like these explain why the tobacco industry recently agreed to pay billions of dollars in legal settlements in the US. The industry believed that unless they neutralized (by settling) the legal power that opposed them through the attorneys-general of individual states, the evidence of malfeasance in their own files would be sufficient to hang them from many a tree.

Tragically, Health Canada, the federal ministry that should be conducting "the largest anti-smoking campaign this country has ever seen" has little tobacco addiction expertise among those managing its Tobacco Reduction Strategy and few experts in the pharmacology, epidemiology or clinical management of tobacco addiction.

C. Everett Koop, the former US surgeon general, and his coauthors⁷ recently wrote,

[T]obacco makers have shown themselves to be...unwilling to abide by ordinary ethical business rules and social standards.... [D]esign defects in a motor vehicle are unintentional.... Nevertheless, such manufacturers are held liable for these mistakes.... By contrast, the tobacco industry has intentionally designed and marketed addictive, lethal products and deliberately hidden their well-known risks.... In the final analysis, it is the medical and public health community that must take responsibility for keeping the focus on the public's health.

Our voices should scream with outrage against the fundamental unfairness of the legislative loopholes and special privileges that have allowed the tobacco industry to become the gargantuan, extraordinarily profitable business that it is. It has done so only by discounting horrendous public health losses. We must be persistent in our demand for socially responsible [legislative] action.

In Canada the tobacco industry has been a vicious predator, and the federal government remains entrenched in a passive, symbiotic, fiscal partnership with that predator. When the federal government annually collects more

than \$100 million from tobacco industry profits and more than \$2 billion in tobacco taxes from smokers⁸ and then spends only \$10 million on the control of tobacco addiction, it is playing the role of accomplice. The industry's deliberate propagation of addiction among women and children and in the developing world is unforgivable. The tobacco industry wants us to believe that it is just another legitimate business. It is not, regardless of the coddling it receives from the federal government.

It is time for the federal government to treat the tobacco addiction epidemic as an epidemic and tobacco as a hazardous product. And it is time for Canadian physicians to insist on federal action until tobacco control succeeds.

Medical thunder is required. Given the potentially huge benefits to public health of reversing the tobacco addiction epidemic, ask yourself, "What can I commit, both in my practice and in my ability to advocate?" Letters to the prime minister and to your MP require no postage. A brief letter to the editor of your newspaper is not expensive in terms of either money or time. Your advocacy, like your clinical intervention, will go further than you realize.

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