

Alberta teens face smoking fines, price of cartons tops \$70

Under the toughest law of its kind in Canada, Albertans aged 17 and under will soon face a \$100 fine if caught smoking in public. The law, which allows police to confiscate tobacco products from teenagers and issue a \$100 ticket, takes effect this month.

Bill 208, the Prevention of Youth Tobacco Use Act, is part of an \$11.7-million strategy to reduce teen smoking that includes school education packages, conferences, seminars and Web sites. “You can’t just find a magic bullet that works,” said Howard May, spokesperson for Alberta Health and Wellness. “The only thing that works is if you do everything.”

And “everything” includes price hikes. It is now common for single packs of 25 cigarettes to sell for \$10 or more, and cartons have topped \$70. Edmonton police say cigarette theft has become a

regular feature of store holdups, but RCMP in Alberta report no increase in tobacco smuggling.

Lloyd Carr, senior manager for tobacco reduction at the Alberta Alcohol and Drug Abuse Commission (AADAC), said Albertans, known for their “rugged pioneer spirit,” are often hostile to government programs aimed at influencing their behaviour. However, the commission also reports that between January 2002 — when tobacco taxes increased — and September, provincial tobacco consumption declined by 21%.

The fines for teens were prompted by LeRoy Johnson, a Tory member of the Alberta legislature, who discovered 3 years ago that there was no law against teen tobacco use. The province had already increased fines for retailers who sold tobacco to minors — up to \$3000

for a first offence and up to \$50 000 for a second — but there were no consequences for the children, said Johnson. “The time had come to get serious about this issue.” The AADAC says 85% of new smokers are aged under 18.

But will the law be enforced? “It’s not something we’re going to devote a lot of time to — trolling food courts and arresting kids,” said Wes Bellmore, spokesperson for the Edmonton Police Service. “We’ll work it in with our priorities.”

Before the Alberta legislation was introduced, Carr visited Woodridge, Illinois, a Chicago suburb with a 14-year-old law that allows teens to be fined for using and possessing tobacco. He says studies there have shown dramatic decreases in teen smoking since the fines and other antismoking measures were introduced. — *Lisa Gregoire*, Edmonton

Shelter “goes wet,” opens infirmary to cater to Toronto’s homeless

After finding it difficult to take its residents to medical care, a Toronto shelter for homeless men has begun bringing the care to them.

For years, sick, homeless men would arrive at Seaton House, but it was almost impossible to find effective care for them. It took the winter-related deaths of 3 homeless men 6 years ago, and a subsequent inquest, to drive home the message that the status quo was not working. The result is a partnership between the shelter and St. Michael’s Hospital, and a special 36-bed infirmary that opened at Seaton House last September.

The first step in the process was a harm-reduction program launched by Dr. Tomislav Svoboda, medical director at the shelter, and Art Manuel, Seaton House’s program supervisor: Seaton House became “wet.”

“The men we see here are 15 years on the street, they are chronic alcoholics,”

Manuel explains. The previous policy was to take bottles away from men seeking a bed and pour them down the drain. Now the bottle is taken away, but returned the next morning, and the men are offered beer under supervised conditions.

“What we did not want them to do was to down a bottle of wine before arriving at the shelter, or to sleep on grates or under bridges because they didn’t want to give up their bottle of wine,” says Manuel. “Once we went wet, magic started to occur.”

That magic included growing trust. “Who would have thought that a chronic alcoholic, a man who had been living on the street for 15 years, would give up alcohol or reduce his consumption in a wet shelter?” says Manuel. “But that is what happened.”

He says the process was akin to “peeling the layers off an onion. First the obvious, find shelter, then the alcohol problem, then as trust developed it became apparent that these guys were suffering from a host of problems.”

But a hospital is not the ideal environment for treating men who normally reside in homeless shelters. This fact, and a 1999 recommendation from the Mayor’s Homelessness Action Task Force, pro-



Peter Wilton

Seaton House: a ray of hope?

vided the impetus for the infirmary.

Six months after it opened, all 36 beds were full. The patients had health problems ranging from liver disease to uncontrolled diabetes, pneumonia and schizophrenia. In December, 14 of the patients were found to have tuberculosis. “Here were guys who lived to drink,” says Manuel. “We were able to convince them not to drink while taking this medication because it would severely damage their liver. All of them either stopped or severely cut back on their drinking. We had a 100% success rate in getting rid of the tuberculosis.” — *Peter Wilton*, Toronto

