

## Court battle looms over Saskatchewan's new cigarette laws

Cigarette maker Rothman's, Benson & Hedges is asking the court to overturn Saskatchewan's stiff new antitobacco laws. The laws, which came into effect in March, ban the display of cigarettes in places frequented by children. They also prohibit the use of store signs indicating that tobacco products are for sale and the industry-sponsored information campaign called Operation ID. They are among the toughest laws in Canada.

"It's the most preposterous, ridiculous thing you've ever seen," Rothman's spokesperson John McDonald said when the legislation came into effect. "We will defend our rights vigorously."

In a lawsuit filed in May, the company said the legislation violates its right to free expression and conflicts with federal laws concerning tobacco advertising. Justice Minister John Nilson was not surprised by the lawsuit. "They have a pattern of challenging legislation right around the world," he said. "Our legislation is there to protect young children and we will stand firm."

Shortly after the legislation came into effect, retailers began covering up store displays of cigarettes and other tobacco products. Some draped the displays with curtains or plastic garbage bags. Others hid tobacco products in cupboards or behind frosted glass. They also removed signs associated with Operation ID; the signs indicated that people who did not look 18 — the legal age for purchasing cigarettes — would be required to show identification. More than 93 000 Operation ID kits have been distributed across Canada in the past 5 years. The program, sponsored by the tobacco industry, is supposed to help retailers stop tobacco sales to minors, but Neil Collishaw, research director at Physicians for a Smoke-Free Canada, isn't impressed.

"It was just a challenge to kids to get some fake ID or figure out a way to get around the system," he says, adding that prominent tobacco displays in stores are simply a form of advertising that should be curbed. "It's really effective for selling cigarettes, and that means it's the antithesis of good health practice."

Rothman's said it is not opposed to policies that prevent youth smoking but it believes that the Saskatchewan legislation

goes too far. "The product is legal," says McDonald. "It's readily available. People have made their decision to smoke or not to smoke before they go into a store."

The lawsuit was heard in Saskatoon in June, when Rothman's asked the judge to throw out the legislation without a trial. Its lawyers argued that the restrictions on advertising and store displays hurt the smaller tobacco companies with lesser-known cigarette brands. "Some brands have been around a lot longer and people are used to asking for particular products, whereas if

they can see a different product they might take it instead," argued Rothman's lawyer Neil Gabrielson.

The judge reserved his decision, but Rothman's has indicated that it is willing to pursue the case to the Supreme Court of Canada if necessary. Manitoba is already in the process of passing similar legislation.

The Canadian Tobacco Use Monitoring Survey released this month shows that smoking rates are dropping in Saskatchewan, except among those aged 20–24. — *Amy Jo Ebman*, Saskatoon

### CONFERENCE REPORT

## Poverty leading cause of cardiovascular disease in Canada

Poverty, and not medical and lifestyle factors, is the leading cause of cardiovascular disease in Canada, delegates attending a recent international conference were told, and recent political decisions that have exacerbated income and wealth differentials have only made the situation worse.

Dennis Raphael of York University told participants from 54 countries who attended the Conference of the International Society for Equity in Health ([www.iseqh.org](http://www.iseqh.org)) in Toronto that Statistics Canada data indicate that Canada will face not only the added costs of treating these health problems but also more than 6000 premature deaths a year.

Other speakers pointed out that Canada still has better health indicators than the US despite spending far less per capita on health care. Claudia Sanmartin of Statistics Canada reviewed Canadian and US data and found a strong relationship between income inequality and mortality in US metropolitan areas. No such relationship was found in Canada, probably because of transfer payments to poor individuals and families. However, she did find that a relationship between unemployment and mortality exists in Canada.

Many speakers, especially those from developing countries, focused on the need to address health inequalities between rich and poor nations. Ron Labonte of the University of Saskatchewan and David Sanders of the University of the Western Cape, South Africa, presented a report card on G8 health and development commitments. They concluded that although some commitments have been met, they have done little to overcome the harmful effects of International Monetary Fund structural adjustment policies that require debtor countries to reduce public expenditures on health, education and social services. They said the highly touted New Partnership for Africa's Development is unlikely to mitigate health inequalities, either between or within countries.

Despite the prominence of the word "equity" in the conference title, many if not most of the presentations dealt with "(in)equalities." Presenters often used the 2 words interchangeably, despite the occasional admonition that they are significantly different. As one speaker pointed out, equality is a descriptive term, while equity is a normative/ethical term. In other words, not all health inequalities are inequitable. — *John R. Williams*, Director of Ethics, CMA