

Coalition urges crackdown on contraband cigarettes

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Arguing that cheap, contraband cigarettes are seriously undermining public health initiatives to constrain smoking, the 70-member Canadian Coalition for Action on Tobacco has launched a national campaign to persuade governments to crack down on the illegal tobacco market.

The measures are primarily aimed at snuffing out the supply of cheap cigarettes that are manufactured on native reserves and are increasingly finding their way onto the streets of Canada's major cities. They include a ban on the supply of raw materials — paper, filters and even raw leaf tobacco — to unlicensed tobacco manufacturers, as well as hiking the minimum bond to obtain a tobacco manufacturing licence to \$5 million from the current \$5000.

The contraband tobacco trade has all but gutted national efforts to dissuade tobacco use through high taxes, says Neil Collishaw, research director for Physicians for a Smoke-Free Canada. “The whole phenomenon of availability of cheap tobacco completely undermines the health objectives of the high price policy that we have had and have successfully enforced.”

“All of it is completely illegal, all of it without taxes at all, and now with distribution networks quite widespread in Ontario and Quebec, and rapidly spreading elsewhere, we can see our whole policy being eroded,” Collishaw added.

The coalition contends the most feasible means of shutting down the contraband tobacco trade is to attack the supply side of the equation, particularly the 10 tobacco factories located on the St. Regis side of the Akwesasne reserve straddling the Ontario, Quebec and New York state borders, and other illegal operations on Kahnawake (near Montréal, Que.), Tyendinaga (near Belleville, Ont.) and Six Nations (near Brantford, Ont.). “The key to success is to get at the source,” says Rob Cunningham, Senior Policy Analyst and lawyer for the Canadian Cancer Society.

The short-term solutions include the ban on the supply of raw materials and

the multi-million dollar licence, the coalition argues. But, it adds, the permanent solution lies in structural, legislative and regulatory reforms, including a new law that would enable reserves to levy a First Nations tobacco tax, with the revenues being plowed back into social and economic projects on their reserves. Other recommended measures include implementing a tracking and tracing system that encodes all cigarette packaging to make it easier for police to identify contraband products; legislation that makes manufacturers liable if their products are seized on the smuggling market; and a major diplomatic initiative to convince the US government to shut down illegal, unlicensed manufacturing operations on the US side of the Akwesasne. — Wayne Kondro, *CMAJ*

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HIV microbicide trials halted

South Africa has launched an inquiry into ethical breaches that may have occurred during a Phase III clinical trial of Canadian-made “Anti-AIDS” gel that was halted last January after preliminary results indicated use of cellulose sulfate could lead to increased risk of HIV infection.

The American reproductive health group CONRAD announced Jan. 31 that it had halted trials on Ushercell, a gel made by Canada-based Polydex Pharmaceuticals, that were being conducted on more than 1300 women in South Africa, Benin, Uganda and India. A similar trial being conducted by Family Health International in Nigeria was also halted. But another trial is just starting in Uganda.

The topical microbicide gel is supposed to release an active ingredient that would kill HIV during sexual intercourse. Polydex said in a statement that “at this point, it is not clear why use of cellulose sulfate was associated with an increased risk of HIV infection in the CONRAD trial. The Independent Data Monitoring Committee, an independent advisory group of experts overseeing the trial, will conduct a detailed review of the data to better understand the findings, and help determine any implications for

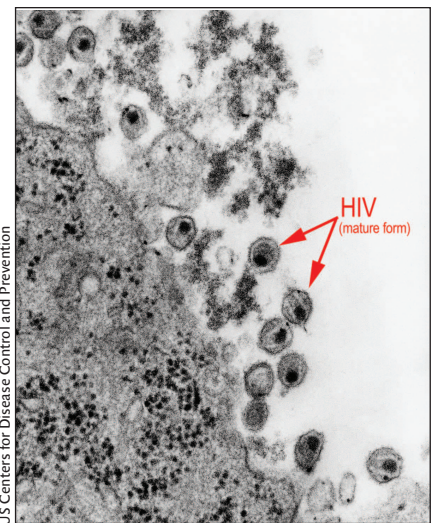
other microbicide studies.”

South African health minister Manto Tshabalala-Msimang directed the country's National Health Research Ethics Council to conduct a thorough investigation into the matter. Some 600 South African women were involved in the trials and there were media reports that some shared their gel with friends who were not part of the study.

The South Africa probe is seeking to establish whether the trials followed all ethical protocols and whether the women were given sufficient information to make informed decisions on their participation.

Several leading HIV/AIDS researchers in Africa argue that such trials need to continue if women are to find an additional tool (besides the condom) to help protect them from infection. They say HIV prevention mainly relies on the condom, but that only empowers men. “African women remain vulnerable as their poor sex negotiation skills, and low socio-economic power, mean it is often the man who decides whether to use the condom,” Mugenyi told *CMAJ*.

Women are now being enrolled for the Uganda trial, which will eventually be expanded to South Africa, Tanzania and Zambia. Dr. Anatoli Kamali, a researcher at the Medical Research Council in Uganda, says investigation of the gel called PRO2000 will proceed “because there has not been a method that women can use to protect themselves without



US Centers for Disease Control and Prevention

Mature forms of the human immunodeficiency virus in a tissue sample.