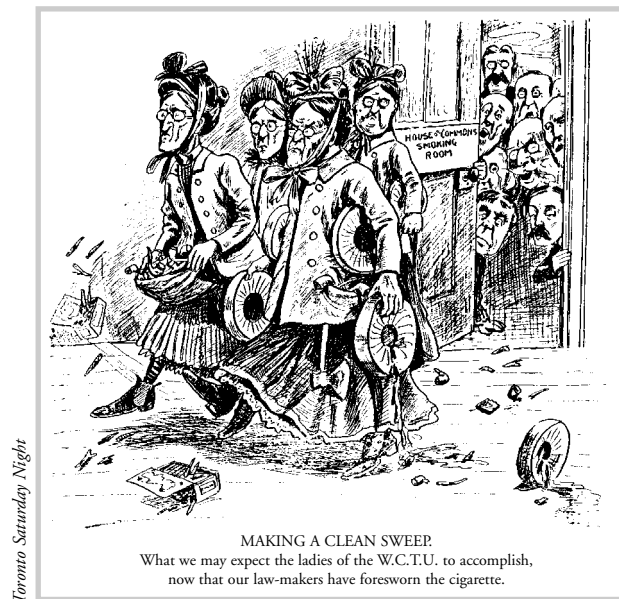


PART II

Early Battles

An Historical Look



Tobacco spreads to Europe

Tobacco use in the Americas dates back thousands of years.^[608] By the 1st century BC, the Mayas of Central America were known to have smoked tobacco in religious ceremonies.^[289] Centuries later, the smoking of tobacco spread to parts of North and South America. When Europeans arrived in the 15th century, tobacco was being grown by indigenous people in many parts of the Americas, including along Lake Erie and Georgian Bay in what is now southern Ontario. The indigenous nations in this area — including the Petuns, the Tobacco Nation — traded some of their tobacco commercially with other indigenous people in exchange for furs and other items.^[577]

When Christopher Columbus arrived in the Western Hemisphere in 1492, some of his crew saw indigenous people smoking and became the first Europeans to encounter tobacco. On returning to Spain, one of Columbus' crew members, Rodrigo de Jerez, was seen smoking and was imprisoned by the Inquisitors for it. Townspeople had seen smoke coming from his nose and believed he had been possessed by the devil.

On Jacques Cartier's second voyage to North America in 1535, he was offered tobacco by the indigenous people he met when he arrived at the island of Montreal. Cartier described this in his diary:

In Hochelaga, at the head of the river in Canada, grows a certain herb which is stocked in large quantities by the natives during the summer season, and on which they set great value. Men alone use it, and after drying it in the sun they carry it around their neck wrapped up in the skin of a small animal, like a sac, with a hollow piece of stone or wood. When the spirit moves them, they pulverize this herb and place it at one end, lighting it with a fire brand, and draw on the other end so long that they fill their bodies with smoke until it comes out of their mouth and nostrils as from a chimney. They claim it keeps them warm and in good health. They never travel without this herb.^[289, pp. 8-9]

"We tried to imitate them," Cartier wrote, "but the smoke burnt our mouths as if it had been pepper."^[58, p. 90] Smoking was a part of indigenous ceremony, religion, and medicine, and smoking a peace pipe marked the resolution of conflicts with enemies.

In 1560, France's ambassador to Portugal, Jean Nicot, shipped tobacco seeds to the Queen Mother of France in the belief that tobacco would cure many diseases. In Nicot's honour the botanical name *Nicotiana* was given to the tobacco plant, and centuries later the word *nicotine* would also be derived from his name. By the late 1500s, Sir Walter Raleigh was actively promoting tobacco in England. In time, smoking became popular throughout Europe.

As tobacco use increased, some countries moved to curb the practice:

In 1606, Philip III of Spain issued a decree restricting the cultivation of tobacco. In 1610 Japan issued orders against both smokers and planters. Things really got tough in Russia where the patriarch placed smoking and snuffing in the category of deadly sins! The Czar, in 1634, issued a ukase against the use of tobacco, stating that first offenders — smokers or vendors — would have their noses slit. In a number of cases, repeat offenders were sentenced to death. In Berne, smoking was considered as sinful as adultery and was punished accordingly. The Pope ordered that persons taking tobacco or snuff into a Roman Catholic Church be excommunicated — cigar and pipe smoke were competing with the aroma of incense, and some monks were coughing during the solemn chants. ...

Murad IV of Turkey is said to have gone to extremes in his antismoking crusade. He reportedly roamed the streets of 17th century Istanbul in disguise trying to get vendors to sell him tobacco. If they did — an act against his official policy — he would behead them on the spot, leaving the body in the street as a grisly warning to other would-be lawbreakers.^[628, p. 33]

In 1604, England's King James I anonymously wrote *A Counterblaste to Tobacco*, in which he thoroughly and colourfully condemned the emerging product. He concluded by describing the use of tobacco as

a custome lothsome to the eye, hateful to the Nose, harmefull to the braine, dangerous to the Lungs, and the blacke stinking fume thereof, nearest resembling the horrible Stigian smoke of the pit that is bottomelesse.^[314, p. 36]

In 1670, the Sovereign Council in New France imposed duties on tobacco and liquor. From 1676 to 1759, citizens were prohibited from smoking on the street or carrying tobacco.^[419] Because the retail sale was also prohibited for a period, the French colonists tended to grow tobacco for their own use, typically for smoking in pipes. That Canada's tobacco industry is today based in Quebec is an outgrowth of the early start in this region. As well, for a long time much of the country's population was centred around Montreal.

In 1739, Canadian tobacco was exported to France for the first time.^[419] However, these exports were tiny compared with those from some British colonies in America. Starting in the early 1600s, tobacco was an important cash crop for the Jamestown (Virginia) colony and helped the colony survive.

The spreading popularity of tobacco occurred partly because many perceived tobacco as having positive medicinal qualities. However, there were occasional reports of tobacco being harmful, and in 1761 Dr John Hill, an Englishman, made what is believed to be the first clinical report of tobacco as a cause of cancer in his *Cautions Against the Immoderate Use of Snuff*.^[628]

The popularity of the cigarette in Western Europe has its origins in the Crimean War (1854–56). English and French officers returned home with hand-rolled cigarettes obtained from the Turks. Smoking of tobacco products generally, not just cigarettes, became more popular, despite Queen Victoria's personal disapproval. A 1906 article made the following comment:

Before the Crimean war, no well bred man would think of being seen in the daytime in a fashionably frequented part of London with a cigar in his mouth. Nowadays a fragrant Havana, if not an emblem of aristocracy, is regarded anyhow as a proof of means.^[69]

Development of the modern industry

Tobacco consumption received an enormous boost with the 1881 patenting of the cigarette-rolling machine by American James Bonsack. The machine, which after improvements became operational in 1884, replaced the inefficient hand-rolling method, thereby dramatically decreasing the costs of production. The machine could produce 120 000 cigarettes a day, equivalent to the production of 48 workers.^[581] Another critical breakthrough occurred around the turn of the century with the development of the safe, portable match. Cigarettes could then easily be smoked at any moment of the day; there was no need to be near a fire or an oil or gas lamp. The new match eliminated the risks of the early, dangerous versions of the match.^[628] Before the emergence of cigarettes, including hand-rolled cigarettes, tobacco consumption was dominated by cigars, pipe smoking, snuff, and chewing tobacco.

Development of an antismoking lobby

As cigarettes grew in popularity in the United States, a strong anticigarette lobby developed. The lobby focused on cigarettes because cigarettes were seen to cause harm that other tobacco products did not. By 1890, 26 states and territories had prohibited the sale of cigarettes to minors (with ages set somewhere from 14 to 24). Many states soon went further: starting with Washington in 1893, at least 14 states prohibited all or some of the following: the sale, manufacture, possession, advertising, and use of cigarettes. Some 21 other states and territories considered prohibition.^[581] The campaign got a boost from prominent businessmen who believed cigarettes contributed to both criminality and inefficient workers. Henry Ford spoke out against cigarettes, writing *The Case Against the Little White Slaver*.^[180] Thomas Edison was another prominent anticigarette business leader. In Canada, Timothy Eaton never allowed tobacco to be sold in his stores.

In 1878, Reverend Albert Sims of Ontario published *The Sin of Tobacco Smoking and Chewing Together With an Effective Cure for These Habits*.^[547] A later edition in 1894 was retitled *The Common Use of Tobacco Condemned by Physicians, Experience, Common Sense and the Bible*.^[548] This 173-page book discussed health and spiritual consequences of tobacco use and described the progress of the antitobacco movement. It also contained charts showing how much money would be wasted yearly on smoking, with amounts compounded over time by forgone interest.

In 1889, the Anti-Tobacco Association of Saint John, New Brunswick, published *Prize Essays on Tobacco*.^[16] One essay, by R.A.H. Morrow, said that the carbon in tobacco smoke causes “the smoker’s sore throat’, which sometimes ends in cancer.”^[410, p. 30] Morrow approved of those who said that doctors “have failed to do their duty, in not warning against the baneful nature of tobacco.”^[410, p. 32] Miss Laura Bigney of Lunenburg, Nova Scotia, said that a great man had once remarked that tobacco “was leading thousands of young men and boys away from the Promised Land instead of into it.”^[43, p. 58] She supported total prohibition and cited cases of insanity caused by smoking, testimony of doctors on the health effects, and cases in which smoking by men had harmed wives and children (that is, ETS). Reverend Robert Wilson cited seven reasons why he did not smoke: it is expensive; it is filthy and offensive; it is injurious to health; it impairs the mental powers; the practice tends to immorality; it would be inconsistent with his speaking out against tobacco; and he had religious grounds for not doing so.^[633]

Despite what may be indicated from these publications, cigarettes were slow to catch on in Canada. In 1895, only 66 million cigarettes were sold.^[289] that’s an average of only 13 per person per year. But there was a persistent, well-coordinated antismoking lobby, the Women’s Christian Temperance Union (WCTU), which was also lobbying for the prohibition of alcohol. Other organizations and individuals were calling for control over cigarettes, but none was as large or effective as the WCTU.

Early on, several jurisdictions passed laws preventing the sale of tobacco to minors. British Columbia passed legislation in 1891 (age 15); Ontario, in 1892 (age 18); Nova

Scotia, in 1892 (age 16); New Brunswick, in 1893 (age 18); and the Northwest Territories, in 1896 (age 16) (parts of the Territories became the provinces of Alberta and Saskatchewan in 1905 and carried on the same laws). Several of these laws made it an offence for minors to smoke or purchase tobacco, punishable by a fine (such as a maximum of \$2) or even imprisonment. Also the vendor who supplied the tobacco could be fined or imprisoned, with or without hard labour, as was the custom of the day. However, these laws were not enforced and did not curb the growth of smoking. As popularity grew, more grocers and drug stores joined traditional tobacconists in selling tobacco and cigarettes.

Some Ontario municipalities tried to control the sale of cigarettes by imposing extremely high licence fees. However, this movement was dealt a heavy blow in 1906 when a court struck down a \$200 cigarette licence fee in the City of Peterborough as being prohibitive, not merely regulative.^[578]

The threat of alcohol prohibition was of concern to tobacco companies in Canada. They believed that if the government banned alcohol, men could not go into a saloon and enjoy a cigar with a drink. Decreased cigar sales were feared. Further, an alcohol ban would make it easier to argue that cigarettes should also be banned. Tobacco companies gave money to the campaign funds of the liquor interests to help slow the prohibition movement. However, when some provinces adopted prohibition, the fears of the tobacco men proved groundless. Tobacco sales were barely affected.

Notwithstanding these concerns, the tobacco industry was on a massive upswing at the turn of the century. Commented the *Canadian Cigar and Tobacco Journal* in 1902, “Never in the history of our industry have times been so prosperous, nor the opportunity so good for the aggressive development of individual trade.”^[67, p. 477] The industry had not seen anything yet — a far larger prosperity lay ahead.

This journal, a detailed information source on Canada’s early tobacco industry, reported on testimonials of people refuting health claims against smoking or, alternatively, extolling certain health benefits. The journal disseminated this information to help counter the opposition to smoking. For example, one item in 1899 referred to smoking as “preventive of pulmonary diseases.”^[66]

Dominance by the American Tobacco Company

Around the turn of the century, the American Tobacco Company of Canada dominated cigarette sales in Canada, just as its parent company, the American Tobacco Company, was doing in the United States. In Canada, the firm had 80% of cigarette sales.^[529, p. 7] This dominance was maintained by a contract system that effectively prevented wholesalers or retailers from carrying brands of any other cigarette company. Further, the manufacturers set the prices at which products could be resold. Protests from smaller Canadian-owned companies and from tobacco growers led to a Royal Commission. The Commission’s

report in 1903 concluded that although the contract system was not illegal, it was in general use and it did prejudicially affect other tobacco manufacturers.^[529]

The subject of the American Tobacco Company's effective monopoly and its use of anticompetitive measures was raised in Parliament. There was much concern about preventing the tobacco monopoly from maintaining its strong foothold in Canada. In the end, Parliament adopted legislation to prevent the exclusive contract system of the sort then in use by the American Tobacco Company.

Parliament considers tobacco issues

The lobbying by the WCTU, with support from many church organizations and some doctors, led to much debate in Parliament. Cigarettes were attacked on moral and health grounds. The precise impact of cigarettes on health was not well understood and sometimes it was misunderstood, but even at that time medical experts believed there was sufficient evidence to support restricting the product.

In 1903, the House of Commons approved — by 103 to 48 on a free vote — a remarkable resolution supporting an outright ban on cigarettes. The resolution, introduced by Montreal Member of Parliament (MP) Robert Bickerdike, read as follows:

That the object of good government is to promote the general welfare of the people by a careful encouragement and protection of whatever makes for the public good; and by equally careful discouragement and suppression of whatever tends to the public disadvantage.

That the smoking of cigarettes has been proved by overwhelming testimony to be productive of serious physical and moral injury to young people; impairing health, arresting development, weakening intellectual power, and thus constituting a social and national evil.

That legislation licensing and restricting the sale of cigarettes has not proven sufficient to prevent these evils, which will continue while the public sale of the course of the mischief is permitted to go on.

That this House is of the opinion, for the reasons hereinbefore set forth, that the right and most effectual legislative remedy for these evils is to be found in the enactment and enforcement of a law prohibiting the importation, manufacture and sale of cigarettes.^[40]

Prime Minister Sir Wilfrid Laurier voted against the resolution, although he would have supported legislation prohibiting the sale of tobacco to minors. Laurier was of the view that smoking was injurious to boys but not to adults.^[353] Within 3 weeks of this expression of opinion by the House of Commons, Bickerdike introduced a private-member's bill to prohibit cigarettes. The Bill later had to be withdrawn after it was ruled out of order on a technicality.

Shortly afterward, still in 1903, the Minister of Justice, Charles Fitzpatrick, introduced a bill to amend the Criminal Code to include a provision to prohibit the sale of tobacco to persons under 18. This led, however, to dissatisfaction from both sides of the

debate. Those in the tobacco business felt the proposal went too far and would be a “gross injustice” to honest traders because the law would create a “gang of informers who will seek, by tempting children, to create trouble for those who would not otherwise be interfered with in carrying on their business.”^[178] Furthermore, the bill provided no penalty for the youth purchaser and placed the legal responsibility only on the vendor. The tobacco trade sent a deputation to meet the Minister, as well as many MPs, to express their opposition. The WCTU, in contrast, felt the measure did not go far enough because it did not completely prohibit the sale of cigarettes. Women from across Canada sent letters and telegrams expressing their opposition. The provision dealing with tobacco was deleted from the bill at the Committee stage.

In 1904, the House of Commons again agreed to a resolution supporting the prohibition of cigarettes,^[257–259] although some in the tobacco industry felt that many MPs treated the vote as a joke and voted yes just to appease the women. The day after the resolution, Huntingdon (Quebec) MP William Maclaren introduced Bill 128 to enact the resolution. The Bill was approved at second reading on a vote of 52 to 28 and sent to the Committee of the Whole House. The sections of the bill were narrowly approved during clause by clause consideration. Although it was reported back from Committee, the Bill never received final approval before the end of the parliamentary session.^[260–262]

Had the law been adopted, at a time when cigarette consumption was not yet widespread, Canada’s tobacco history might have been different. However, public pressure would have eventually forced a repeal as cigarette consumption rose in the United Kingdom, the United States, and other countries. All of the US states that outlawed cigarettes eventually repealed their bans, with Kansas’ law the last to go, in 1927.^[122]

In 1907 and 1908, the House of Commons again debated (without voting on) resolutions supporting the prohibition of cigarettes. The resolutions were introduced by Peel MP Richard Blain, who was persistent in his efforts to get Parliament to take action on tobacco.^[263–265]

Finally, later in 1908, the Minister of Justice, Allen Aylesworth, introduced Bill 173, the *Tobacco Restraint Act*. The bill, adopted without dissenting votes, prohibited the sale of tobacco to persons under 16 years of age. The House of Commons had approved a minimum age of 18, but Senate amendments reduced the age to 16. Maximum fines were set at \$10 for a first offence, \$25 for a second offence, and \$100 for third and subsequent offences. A provision prohibited persons under 16 from smoking or chewing tobacco in a public place or from purchasing or possessing cigarettes or cigarette papers. A minor’s first offence brought a reprimand; a second offence, a maximum fine of \$1; and a third offence, a maximum fine of \$4. A justice had the authority to order the removal of a vending machine if persons under 16 were using it. The *Tobacco Restraint Act* was a compromise: it addressed tobacco, but it did not go so far as to prohibit cigarettes altogether. The Act would remain on the books unamended until it was replaced in 1994 — 86 years later.

Much of the debate in the House of Commons would foreshadow future debates. Those in support of a ban cited the health effects and other evils of smoking. Bickerdike, the MP who introduced the first resolution, had nearly 100

certificates from most eminent physicians, throughout the country, from the Atlantic to the Pacific, and all these documents go to prove that the cigarette habit, with the boys at least, is very, very injurious.^[41]

The late Dr Christie, who had been an MP, was quoted by Robert Holmes, another MP:

I believe that it is the almost universal opinion of medical men that the cigarette habit is most deleterious to the young, producing physical degradation, and the habit should be denounced in trumpet tones by all who have the welfare of humanity at heart.^[250]

Other medical opinions were cited:

W.O. Lambly, M.D., Cookshire, Province of Quebec. — The effect of cigarette smoking on the young undeveloped system is certainly most injurious, not only affecting the mucous membranes of the nose, throat and lungs, but also having its most injurious effect on the nerve centres.

James Stuart, M.D., Prescott, Ontario. — There are not two sides to this subject. Cigarette smoking is a pernicious habit, injurious to body, mind and soul. ...

Sir William Hingston, M.D., of Montreal, on being asked his opinion, said: 'To youth generally, hurtful, sometimes disastrous, never beneficial'. When asked in what way or on what organs, replied, 'The digestive, nervous and circulatory chiefly'.^[404]

The House of Commons debate included reference to "coffin nails" and to the view that cigarettes led to the consumption of narcotics. *Addicted* was sometimes used, directly or indirectly. Said one MP, "When boys acquire the habit in their youth, it gets fixed and they are not able to give it up afterwards."^[555]

In 1907, a letter from the superintendent of Montreal's Old Brewery Mission was quoted in the House:

Men who have been saved from drink tell me that they find the desire for cigarettes stronger than that for liquor. ... I have had many others cry out to me about their slavery and curse the day they began to smoke the cursed things.^[45]

Although the overwhelming consensus in Parliament was that smoking was harmful to youth, the view was not unanimous. One MP stated that

it has not been proved that tobacco is a poison. It is no worse to smoke tobacco than it is to use hundreds or thousands of other articles that are in common use in this country.^[193]

One MP, who had been smoking since the age of 10, felt it was good for his health.^[356] Another MP, addressing his remarks to the women supporting a ban on cigarettes, said that there was more indigestion from bad cooking than from smoking.^[458]

Many American businesses refused to hire boys who smoked, and this was cited as further evidence of public recognition of the evils of the cigarette. Also cited were the views

of educators that smoking had a bad effect on academic results and led to increased juvenile criminality. It was mentioned that smokers were increasingly likely to be rejected by the armed forces.^[257]

Much of the concern in Parliament was due to the rapid rise in cigarette consumption. Total consumption increased from 89 million in 1898, to 184 million in 1903, to 277 million in 1906.^[44] In 8 years, sales had tripled (but averaged just 45 per person per year). Cigarettes, according to Laurier, were particularly obnoxious because of their cheapness: a boy would get 5 cents and spend it on a pack of cigarettes instead of on candy: “Nothing can be more offensive to me than to meet on the street a young boy of ten or twelve with a cigarette in his mouth.”^[354] A few MPs lamented that even some girls were smoking.

Some MPs were opposed to a total ban on cigarettes, rather than a ban on their sale to minors. Some felt that an outright ban on cigarettes would not work because it would be “entirely inoperative, because you cannot prevent the smoking of cigarettes by adults.”^[162] One MP cited the “flourishing establishments that manufacture [cigarettes], and which thereby carry on a legitimate trade.”^[135] He objected that their investments would be wiped out without compensation. He said that a total ban on cigarettes was an unacceptable intrusion on liberty and wondered what would be next:

We might just as well prescribe the diet that each one should follow at his evening meal, in the pretext that there are people who eat too much, and who thereby injure their health.^[136]

Others felt that education in the home and in the schools was preferable to legislation.

Some felt that if cigarettes were banned, it would still be possible to use papers to roll cigarettes. Others felt that banning cigarettes did not go far enough: all forms of tobacco should be prohibited.

It was the WCTU that kept the issue alive in Parliament. WCTU members wrote letters, sent telegrams, prepared publications, gathered medical opinions, met with MPs, organized petitions, and even met with the Prime Minister. The WCTU did not stop its efforts with the passage of the *Tobacco Restraint Act* but continued to call for a complete ban on cigarettes.

Select Committee on Cigarette Evils

In 1914, the House of Commons set up the Select Committee on Cigarette Evils. The Committee was asked to consider whether cigarettes should be banned or whether any alternative measures could be adopted for “the purpose of remedying or preventing any evils arising from the use of cigarettes.” Public hearings were held, and judges, probation officers, and representatives of insane asylums and children’s welfare organizations all gave testimony.

One witness, Dr L.J. Lemieux, administrator of the Montreal juvenile court, proposed a list of measures far ahead of its time:

- ♦ Placing nicotine levels on cigarette packages;
- ♦ Prohibiting anyone but tobacconists from selling tobacco;
- ♦ Enforcing laws against selling tobacco to minors, setting higher fines, and revoking licences of those stores that do sell to minors;
- ♦ Increasing the national minimum age to 18;
- ♦ Establishing a Central Bureau in Ottawa, with branches in several cities, to collect data and circulate literature on the evils of excessive smoking; and
- ♦ Ending incentives, such as getting a free umbrella if you returned enough empty packs.^[357]

Another witness, J.J. Kelso, Ontario Superintendent of Neglected and Dependent Children, had his own set of policy recommendations:

- ♦ Raising the minimum national age to 18 and appointing special officers to enforce the law, instead of regular police officers;
- ♦ Raising tobacco taxes to discourage smoking and increase government revenue;
- ♦ Restricting advertising — “In Toronto, Montreal and all our large cities the most costly, the most conspicuous signs are usually erected by the cigarette people”;^[329, p. 51]
- ♦ Prohibiting free samples and prohibiting pictures or prize coupons in cigarette packages;
- ♦ Imposing high licence fees and prohibiting tobacco sales at retail by anyone not a tobacconist;
- ♦ Restricting the depiction of women smoking in moving pictures and in theatre productions, as this “has a bad effect on young people because it suggests that it is a correct thing to do”;^[329, p. 52] and
- ♦ Prohibiting women from smoking in public places.

Kelso also expressed concern that some vendors were selling single cigarettes to boys who could not afford a whole package.^[329]

Most other witnesses focused on the effects of smoking, including juvenile delinquency, and on the lack of enforcement of laws prohibiting the sale of tobacco to minors. It was said that juvenile delinquents were almost always “cigarette fiends.” Substantial testimony addressed smoking as a cause of insanity.^[266]

The Committee wanted to hear from cigarette manufacturers and the WCTU but ran out of time. Because the parliamentary session was nearing an end and because “the greater part of the evidence adduced to date [was] based more or less on theory,” the Committee made no policy recommendations.^[266]

Cigarette popularity continues to rise

The advent of World War I later in 1914 dealt a devastating blow to the WCTU campaign. It became patriotic to send tobacco overseas to soldiers. Here is the view in 1915 of the *Canadian Cigar and Tobacco Journal*:

The greatest compliment the weed ever received is through the present national crisis. True, there has been a general setback to the trade. That was expected because of the tightening up of money, the fear of hard times. But the war has proved beyond doubt the value of tobacco to the human race. There is no greater boost for cigarettes than the soldiers' appeal for them and the manner in which the people at home are responding to that appeal.^[70]

After the war, the WCTU still campaigned for a number of years to drive out the cigarette, but to no avail. Many soldiers, who returned as heroes, were smokers who provided smoking with an excellent endorsement. The cigarette continued to rise in popularity, including, slowly, among women. In 1921, as perhaps a sign of the times, the Canadian Pacific Railway said it would add railway sleepers with smoking rooms for female passengers.^[71] The total number of cigarettes consumed per year in Canada rose from 87 million in 1896 to 2.4 billion in the 1920s, a 28-fold increase.^[112]

Early marketing techniques

During the early years, cigarette advertising was more sophisticated than many imagine. The American Tobacco Company advertised aggressively and contributed to the rapid rise in cigarette smoking. Advertising was commonly in print or at point of sale, especially with sophisticated window displays made up of empty packages. Barns visible from rail lines had advertising painted on them; fences were plastered with large posters; and billboards and streetcars were used to advertise products. Associating a brand with special events was another technique. For example, Pall Mall, a cigarette for the elite, was promoted in concert and gala programs. Another promotional technique was the use of stunts, such as the Red Cross tobacco brand — yes, Red Cross — in 1903 sponsoring a person dressed up as a Red Cross package crossing Quebec's Montmorency waterfalls on a high wire, an event witnessed by a reported 30 000 people. The package featured the international Red Cross symbol: a red cross on a white background. Red Cross was one of the most heavily advertised brands in Canada. Other promotional activities included parades on city streets, balloon ascents, and parachute drops.

Manufacturers included cigarette cards with many brands as a way to help maintain brand loyalty. These collectible sets of cards featured politicians, British soldiers, animals, and all sorts of images. The origins of cigarette cards go back to the 1800s, when cigarettes first appeared. Plain cardboard stiffeners were used to protect cigarettes when they were overwrapped with paper. Eventually, someone got the idea that these otherwise useless stiffeners could be used in marketing.

Many early advertising themes and brand images reflected Canada's close connection to the British Empire. Early brands included Hyde Park, Empire, and High Admiral. One important brand at the turn of the century was Athlete. Of the 50 brands made by Imperial Tobacco from 1908 to 1919, only three are still sold today: Player's, Sweet Caporal, and Pall Mall, the latter two of which are only marginal. For years, a quotation that had somehow appeared in the British medical journal *The Lancet* — "The purest form in which tobacco can be smoked" — appeared on advertisements for Sweet Caporal, accompanied by a depiction of Miss Sweet Caporal. Cigars were often named after famous people such as Byron (a poet), Lord Roberts (a famous field marshal from the Boer War), and Baden-Powell (a Boer War hero and later founder of the Boy Scout movement). Laurier cigars were on the market while Sir Wilfrid Laurier was Prime Minister.

A historical look by Imperial Tobacco at some of its brands shows that from early on, advertising portrayed certain images. Player's was often associated with famous naval stations such as Malta and Gibraltar, especially with the advent of World War II. Turret was "oriented towards the blue collar class."^[297, p. 4] To boost sales, Turret offered cash prizes in 1932 for estimating the number of goals scored by National Hockey League teams (prizes doubled when the estimate was attached to Turret package front panels). Another incentive was a weekly prize of a brand-new Chevrolet Standard Coach for the person with the most interesting handwriting features submitted on four front panels of Turret cigarettes.

Sweet Caporal pioneered sponsorship of the first Canadian football radio broadcasts, including the Grey Cup in the 1930s. The 1930s also saw some product innovations, such as cellophane wrapping and the "easy opening" tear strip. Macdonald's Menthol was launched in 1934, and Cameo mentholated was launched by Imperial Tobacco the following year. During the 1930s, Imperial Tobacco continued to dominate, but its market share of 91% in 1930 fell to 83% by 1939.^[297]

Cigarettes and other tobacco products were popular Christmas gifts. Manufacturers sometimes placed regular products in specially decorated Christmas packages, and retailers had displays for special occasions. Father's Day was another big promotional occasion, so much so that International Pipe Week was held in June each year.

Some people had been smoking for several decades, and as cigarette smoking increased, more smokers were feeling effects such as a sore throat or shortness of breath. Advertising seems to reflect this. In 1929, Buckingham cigarettes sponsored the Buckingham Booster [radio] Orchestra. Here is the copy from one advertisement:

'Every member of the Buckingham Booster Orchestra is a Buckingham smoker', says Geoff Waddinton, leader. 'They smoke Buckinghams because they prefer them for their "throat-easy" qualities. The "Buckingham Baritone" and "Marguerite" whose wonderful voices have made them so popular with listeners-in to the Buckingham hour say that singers who wish to guard their throats should smoke only the "throat-easy" Buckinghams'.^[468]

The throat-easy slogan would still be used in the 1940s. A 1951 advertisement for Craven "A" extolled that "Craven 'A' will not affect the throat."^[504]

Smoking restrictions

As cigarette sales increased, so did the number of areas in which smoking was permitted. In 1903, the *Canadian Cigar and Tobacco Journal* urged that smoking sections be established in streetcars. Existing prohibitions in various cities harmed sales and were “distasteful alike to the trade and the smoking public.”^[68] In 1933, an editorial in the journal called for smoking to be permitted in theatre balconies.^[73]

Anticompetitive activities by the tobacco industry

In 1938, a Commission was instituted to investigate anticompetitive practices of various sectors of the tobacco industry in Alberta. The Commission found a system of price fixing, boycotts, and trade-related restrictions detrimental to the public. A massive prosecution was eventually initiated. Charges were laid against 36 companies and individuals involved in the tobacco business, including seven manufacturers and numerous wholesalers. In 1941, an Edmonton jury found the accused guilty of price fixing and participating in a monopoly that substantially controlled tobacco distribution. Fines totalling \$221 500 were levied, but all the accused except one appealed the conviction. On appeal, the trial decision was set aside on a technicality. A new trial was never held.^[571]

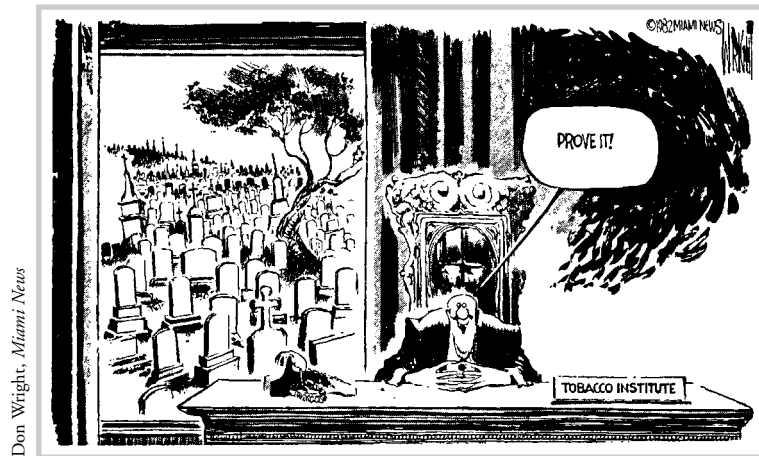
Cigarettes sent overseas during World War II

During World War II, efforts were again organized to send massive quantities of cigarettes overseas to soldiers, in addition to the individual gifts sent by friends and relatives. Many groups pitched in to supply soldiers with cigarettes, including the Canadian Red Cross, the Overseas Tobacco League, the Canadian Legion, the Young Men’s Christian Association (YMCA), and the Knights of Columbus.^[298] Tobacco advertising continued during the war, though ad budgets were restricted. Some Sweet Caporal ads also promoted Victory bonds, Red Cross blood clinics, and a “nearly-new shop in aid of war charities.” Sweet Caps sponsored entertainment for Canadian soldiers during World War II and again during the Korean War (1950–53).

Sales growth continues

As Figure 3 (Chapter 2) illustrates, tobacco sales grew enormously in the 1920s, 1930s, and 1940s. During this period, relatively negligible health concerns over smoking and a lack of organized antismoking groups facilitated this growth. However, health issues would soon reappear at the forefront of the smoking debate.

The Evidence Builds



Differing views on the health question

During the 1920s, 1930s, and 1940s, more scientific evidence linking smoking and ill health was unearthed, but little reached the mainstream. What did reach the public was typically countered by views dismissing the health effects of smoking.

In 1924, *Reader's Digest* published an article entitled “Does Tobacco Injure the Human Body?” The author, Irving Fisher, concluded that “from every indication, it behooves the man who wishes to remain fit to omit tobacco from his daily schedule.”^[177]

In 1938, *Science* published the results of a study by Johns Hopkins University biostatistician Raymond Pearl. After looking at the longevity of 6 813 men, Pearl concluded that 45% of smokers lived until age 60, compared with 65% of nonsmokers, and that a reduction in longevity was found at every age until age 60.^[462]

In 1940, the federal Department of Pensions and National Health produced “Smoking,” a booklet in a series of publications on health matters.^[142] The booklet was “not intended as a forthright condemnation, on all and every count, of a custom which is the solace of millions” but to give the “considered opinion of modern medical science on the effects of smoking” and to contribute to “public information on a matter of vital public health concern.”^[142, p. 2] Inhaling tobacco smoke was said to give rise to “stomach, teeth

and eye trouble,” “smoker’s breath,” and loss of “wind” for an athlete.^[142, pp. 5, 14] The booklet said that excessive smoking was blamed “for promoting nervous symptoms and circulatory disturbances.”^[142, p. 5]

Any research chemist knows that pure nicotine is twice as deadly as strychnine. ... Practically every confirmed smoker is a walking, coughing example of the effect of tobacco on throat and voice.^[142, p. 5]

The booklet cited a study showing that smoking was associated with reduced life expectancy. Smoking by mothers was of concern because smoking damaged the blood supply, and babies depended on mother’s blood supply for nourishment. The booklet said smoke from filtered cigarettes was no more beneficial than smoke from standard cigarettes. As for cancer, there was “no proof that smokers are more susceptible ... than non-smokers.”^[142, p. 10] The booklet offered tips for giving up smoking and noted that “it is not undignified to decline gift cigarettes with the simple explanation that you no longer smoke.”^[142, p. 13]

In 1941, retired world heavyweight boxing champion Gene Tunney, then head of the US Navy’s physical fitness program, wrote an article in *Reader’s Digest* entitled “Nicotine Knockout, or the Slow Count.”^[598] Tunney strongly criticized smoking, writing that “I can bluntly say that few things could be worse for physical fitness than promoting the cigarette habit.”^[598, p. 23] Tunney described tobacco advertising as a “national menace,” recalling that when he was a boxer, he declined an offer of US \$15 000 to endorse a brand of cigarettes, politely saying that he did not smoke. He was then offered US \$12 000 if he would agree to have his picture used with the statement that the brand “must be good, because all my friends smoke them.”^[598, p. 23] He declined this offer as well. The article prompted a report in the *Globe and Mail*, entitled “Tobacco deadly foe, says Gene Tunney.”^[74] Alfred H. Dunhill of London, UK, wrote a letter in reply to the *Globe and Mail*, stating that “the fact, of course, is that with smoking and drinking and many other pleasant habits, vice lies in excess. Nobody, for instance, defends the chain cigarette smoker.”^[74] These events were reported in the *Canadian Cigar and Tobacco Journal* in an article entitled “Eminent American Physician Blasts Tunney for His Tirade on Tobacco.”^[74]

In 1943, *Maclean’s* magazine carried an article entitled “This is the Truth About Tobacco.”^[170] Estimating that 60%–80% of adults smoked, clearly an overestimate if women were counted, the article dismissed almost all the health effects once said to be caused by tobacco. The only exceptions were said to be Buerger’s disease (with 99% of the victims of this rare disease said to be smokers) and dimness of vision. The fact that life insurance companies no longer asked about smoking was cited as evidence that smoking did not lead to higher death rates. In 1948, an article in *Saturday Night* magazine appeared with the title “You May Puff Peacefully While Doctors Disagree.”^[105]

Uncovering the link between smoking and lung cancer

As early as 1912,^[5] scientific reports suggested that the rise in lung cancer might be attributable to cigarette smoking, but few offered hard evidence. A small-scale, seminal study published in Germany in 1939 found that patients with lung cancer were much more likely to smoke and to be heavy smokers than were healthy men of the same age.^[415]

The first large-scale study traces its origins to 1947, when Canadian physician Dr Norman Delarue was working in St Louis, Missouri, with Dr Evarts Graham. At that time Graham was depressed by his unsuccessful attempts to treat lung cancer with female hormones, on the premise that lung cancer was sex-linked. Few women at this time were getting lung cancer. A disgusted Graham asked that “someone please find out what is causing this epidemic.”^[134, p. 431]

In response, Delarue compared 50 patients with lung cancer and 50 patients hospitalized with some other disease. He found that more than 90% of the lung cancer patients had smoked, but only 50% of the other patients had any smoking history. Graham, a chain smoker, was unimpressed. He initially thought that the suggestion that smoking caused lung cancer was nonsense. Nonetheless, Delarue boldly proclaimed that by 1950 no one would be smoking.^[134]

Graham eventually changed his views. In 1950, Ernest Wynder (a medical student) and Graham co-authored the first large-scale smoking study providing scientific evidence of the relationship between smoking and lung cancer. The study, published in the *Journal of the American Medical Association* (JAMA),^[648] found that of 605 men hospitalized with lung cancer, only 1.3% had been nonsmokers throughout the preceding 20 years, whereas 51.2% had smoked more than 20 cigarettes a day over this period. In a control group of general hospital patients without cancer, 14.6% were nonsmokers and only 19.1% had been smoking more than 20 cigarettes a day. After this study, Graham successfully quit smoking in 1953, but it was too late. He died of lung cancer in 1957.

A second study published in the same issue of JAMA, this one by Morton Levin and others, found a statistical association between cigarette smoking and lung cancer.^[359] A study published in September 1950 in the *British Medical Journal* by Dr Richard Doll and Dr Bradford Hill examined the smoking patterns of lung cancer patients in 20 London hospitals and also found that lung cancer was associated with higher rates of cigarette smoking.^[147]

Resolution debated in Parliament

The evidence was mounting and in 1951 the House of Commons debated a resolution introduced by Liberal MP Daniel McIvor from Fort William, Ontario. The resolution read

That, in the opinion of this house, early consideration should be given to the advisability of appointing a special committee of the House to consider the entire cigarette problem; its effect on moral, mental and physical health, especially teenagers and unborn children; fire hazard and other related details.^[394]

Although the debate was short, references during the debate provided an interesting exposé of the state of affairs at that time. One reference was to the fact that there did not seem to be any effective organizations presenting information that smoking was bad for health. As well, some commercials were said to be coming over the air “almost as though cigarettes are a good thing for health,” sometimes with testimonials from a voice “you can imagine being the family physician.”^[221] An MP referred to a cigarette advertisement in a magazine published by the Health League of Canada. The ad included the words “Awarded the certificate of the institute of hygiene for quality and purity” without saying exactly what the institute was.^[222] One MP commented on the exceptionally high percentage of boys who smoked appearing before the courts.

The Health Minister, Paul Martin, Sr, voted against the resolution. Martin had suggested that the motion not be pressed “on the understanding that for the time being the matter could be given consideration at the departmental level.” However, the Cooperative Commonwealth Federation, forerunner to the New Democratic Party (NDP), forced a vote. The resolution was defeated.

The increase in smoking naturally increased the number of smoking-related fires. There was criticism in the House of Commons, including an accusation in 1950 that manufacturers saturated cigarette paper with chemicals to keep the cigarette burning.^[337] The matter of fires caused by cigarettes would be raised several times in subsequent years. In the 1950s, the industry initiated public education campaigns on fire safety but blamed smoking-related fires on negligent individuals instead of on cigarettes.

Industry offers reassurance

In November 1951, in a Canadian Cancer Society (CCS) newsletter, the Executive Director of the National Cancer Institute of Canada (NCIC) drew attention to the possible existence of a link between cigarette smoking and lung cancer.^[65] As time elapsed, more studies provided more evidence of the health consequences of smoking, and many studies made headlines. In 1954, the CMA issued its first public warning on the hazards of smoking. The same year, industry representatives met with NCIC and the CMA to discuss research. In 1954, the industry gave NCIC the first of three scheduled \$100 000 grants to do research on lung cancer.

In 1954, the *Canadian Medical Association Journal* published a report showing that the age-standardized lung cancer death rate in Canada had skyrocketed over the period 1932–54 from 3.0 to 17.0 deaths per 100 000 in males and from 1.6 to 3.7 in females.^[472] By 1958, the rate had further increased to 26.3 in males and to 3.8 in females. Thus in just 26 years, lung cancer mortality had jumped by a multiple of 8.8 in males and 2.4 in females.^[473]

In the 1950s, the sale of filtered cigarettes soared in response to all the media coverage of lung cancer. One well-known item was the 1952 *Reader's Digest* article “Cancer by the Carton.”^[452] Filters gave smokers the impression of health protection, and advertising

enhanced this perception. Filters had another benefit for manufacturers: filter material cost less than tobacco as a cigarette component.

However, filters were sometimes too strong. In the United States, large sales of Kent filtered cigarettes followed the product's introduction in 1952. Advertising focused on the filter. However, after a while, smokers were finding that their nicotine craving was not satisfied. So in 1956, Lorillard, the manufacturer of Kent, changed the filter to allow more smoke, tar, and nicotine through. By 1958, Kent was satisfying consumers and was the fifth leading brand in the United States.^[629]

During the 1950s, much advertising addressed health issues. In 1958, Rothmans took out a series of full-page newspaper ads that discussed lung cancer and then pointed out that Rothmans King Size filtered cigarettes had lower tar intakes (at 18–20 mg) than other cigarettes. Figure 6 reproduces one of the ads in the series. This advertisement noted that

as a precautionary measure in the interest of smokers, ... Rothmans Research Division accepts the *statistical* evidence linking lung cancer with heavy smoking [but that] the exact *biological* relationship between smoking and cancer in mankind is still not known and a direct link has not been proved.^[519]

The ad described the company's techniques to reduce tars in its cigarettes. Near the end of the text, Rothmans reiterated its pledge "to continue its policy of all-out research" and "to impart vital information as soon as available." Rothmans concluded that "as with all the good things of modern living, Rothmans believes that with moderation smoking can remain one of life's simple and safe pleasures."^[521] A different ad stated that the company had developed a filter that could filter "virtually 100% of the total solids in tobacco smoke" but that "such extreme filtration is unnecessary."^[520]

In the United States, advertisements also reassured smokers with slogans such as "More doctors smoke Camels than any other cigarette!" and "Play safe — smoke Chesterfield." A Philip Morris advertisement advised smokers to "Stop worrying about cigarette irritation" and proclaimed "The cigarette that takes the fear out of smoking!"^[339,628] During the 1950s, Ronald Reagan, Bob Hope, Bing Crosby, and other celebrities appeared in ads endorsing cigarettes.

In 1954, Canada's Department of National Health and Welfare decided to conduct its own study of smoking. Beginning in 1956, the Veterans Study followed the smoking behaviour and causes of death of Canadian veterans of the two world wars and the Korean War. Preliminary results released in 1960 showed that the group of cigarette smokers had 60% more deaths than the group of nonsmokers, that smokers who smoked more cigarettes had higher mortality rates, that smokers who quit reduced their risk of premature death, and that cigarette smoking was associated with an increase in lung cancer and heart disease.^[38] Further data released in 1963 essentially confirmed the preliminary evidence: the group of cigarette smokers had 52% more deaths than the group of nonsmokers. Of the excess deaths, 62% were attributed to heart and circulatory diseases and 33% to lung cancer and other forms of cancer.^[39]

The International Cancer Congress and Cigarette Smoking

On July 6-12th. in London, England, 2,000 scientists from 63 countries attending the 7th. International Cancer Congress—an event held every four years—were given the latest data on cancer and smoking by the world's foremost cancer experts. Rothmans Research scientists were also there and have examined the papers submitted along with their own findings.

SINCE THE publication on June 23rd. of the first in this series of research announcements, there has been widespread interest shown in the Canadian press and smokers have asked for more information. Here is a brief summary of the facts as they stand today:-

1. Rothmans Research Division accepts the *statistical evidence linking lung cancer with heavy smoking*. This is done as a precautionary measure in the interest of smokers.

2. The exact *biological relationship between smoking and cancer in mankind is still not known and a direct link has not been proved.*

3. In research laboratory work, inhalation studies on animals have been largely negative. However, the application of tobacco tar on the skin of certain animals has produced cancer and therefore indicates that tobacco smoke condensate contains carcinogenic substances which are at least active to those animals.

4. The suspected chemicals in tobacco smoke that have produced cancer in animals have been identified. In fractionation studies, the majority of the active carcinogenic agents were located in the fraction which is eluted with carbon tetrachloride from the neutral tar. This fraction represents only 1.7% of total tobacco tar and, when applied in the heavy concentration of 10%, produced 100% cancer on animal skin.

5. Further studies were then conducted to determine whether there was a threshold level at which total tobacco tar would not produce cancer on animal skin. It was discovered that there was a dose level at which the development of animal cancer was so small, and the latent period before the formation of tumours so long, that for all material purposes it represented a *threshold level*. This minimum level is about one-third the optimum level.

6. Transposing this data to cigarette smoking, an increasing section of scientific opinion believes that if the tar intake from a single cigarette were reduced to the range of 18 to 20 milligrams (mgs.), there would be a significant reduction in the *possible risk of lung cancer*. Most of the world's cigarettes today yield in the vicinity of 30 mgs. and there are many which exceed 40 mgs.

N.B. The control at 18-20 mgs. of the tar intake from a single Rothmans King Size cigarette is achieved as follows:-

- (i) *the use of tobaccos of lower tar content,*
- (ii) *the fitting of an effective filter which reduces further, and in correct proportion, the amount of tar entering the mouth and lungs, and*
- (iii) *the stubbing out of the butt of a cigarette equivalent to about one-third of its total length (for which purpose the extra length of Rothmans King Size is provided).*

The balance between satisfaction, filtration and ease of draw is constantly checked by scientific instruments.

7. There are no scientific grounds to justify the reduction of tar in a single cigarette to less than 18-20 mgs., except in the case of very heavy smokers of more than 2 packs (40 cigarettes) a day.

N.B. To such smokers Rothmans advocates moderation.

Reducing the tars in cigarettes to the level of 18-20 mgs. does not

affect the pleasure of smoking. Indeed, once people have smoked such cigarettes, they find satisfaction and enjoyment in the cleaner smoke. Below 18-20 mgs., tobacco begins markedly to lose its taste and aroma, and there would be less and less satisfaction as the readings drop.

8. Unburned tobacco contains no cancer forming agents. They are formed only during combustion. Any plant material sets free cancer forming agents when burned at a high temperature. (If lettuce were smoked, the result would be the same.)

From about the middle of a cigarette length to the butt, the temperature reaches 880°C. ($\pm 30^\circ\text{C}$). When this temperature is reduced below 700°C., the biological activity on the skin of animals is reduced to almost nil.

As a further precautionary measure, research projects on this problem include the search for a chemical to make tobacco burn at a lower temperature.

N.B. The present straight virginia manufacturing process as used by Rothmans employs no chemicals whatsoever. Nor would any chemicals be used unless a direct biological link (as distinct from a statistical link) makes it necessary to treat tobacco with such a catalyst.

9. Some statistical studies indicate a higher mortality rate from lung cancer among cigarette smokers than among smokers of cigars and pipes. However, in laboratory experiments, the carcinogenic activity from cigar and pipe smoke was found to be greater than in cigarette smoke, because, burning at a high temperature for a longer time, combustion is more complete in cigars and in pipes.

10. The tobacco-cancer problem is difficult and nebulous. It has brought forth many conflicting theories and evidences. But great knowledge and a better understanding have been gained through research. The controversy is a matter of public interest. The tar contents of the world's leading brands of cigarettes are today under the scrutiny of medical and independent research.

A list of cigarettes, some of which have achieved significant tar reductions of up to 40% in the past year, was tabled at the International Cancer Congress by an eminent cancer expert.

N.B. The performance of Canadian made Rothmans King Size cigarettes (as previously certified by independent research) showed that:-

Rothmans King Size Filter yields from 14.4% to 38.7% less tars than the four other best selling Filter brands in Canada.

Rothmans King Size Unipped yields from 26.5% to 34.0% less tars than the three best known plain end brands in Canada.

ROTHMANS Research Division welcomes this opportunity to reiterate its pledge:-

- (1) to continue its policy of all-out research,
- (2) to impart vital information as soon as available, and
- (3) to give smokers of Rothmans cigarettes improvements as soon as they are developed.

In conclusion, as with all the good things of modern living, Rothmans believes that with moderation smoking can remain one of life's simple and safe pleasures.

This announcement has been issued by
ROTHMANS INTERNATIONAL RESEARCH DIVISION

Figure 6. A 1958 full-page Rothmans advertisement in the *Toronto Daily Star*.^[521]

In 1958, a special committee of NCIC concluded that

while it has not been established that cigarette smoking is a cause of lung cancer, statistical studies show that cigarette smokers have a greater risk of dying of lung cancer than have non-smokers and the risk increases with the amount smoked.^[425, p. 568]

In 1962, a second report was far stronger:

the available statistical and epidemiological evidence of the association between smoking and lung cancer favours the conclusion that cigarette smoking is an important factor in the causation of lung cancer and is largely responsible for the dramatic and continuing increase in the recorded lung cancer death rates.^[426]

In 1960, the CMA voiced concern about a possible relationship between tobacco smoking and bronchitis, bronchiectasis, emphysema, and coronary heart disease. In 1961, the CMA accepted the “weight of evidence [implicating] cigarette smoking as the principal causal factor in the increased incidence of lung cancer in Canada.”^[76, p. 690]

In July 1961, the Canadian edition of *Reader’s Digest* reported that Craven “A” had the lowest tar and nicotine of any Canadian cigarette. Afterward, Craven “A” sales “soared spectacularly,” according to Rothmans, the brand’s manufacturer.^[525, p. 11]

In 1962, the Royal College of Physicians of London released a report on smoking and health. The report concluded that

cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various other less common diseases. ... The number of deaths caused by diseases associated with smoking is large.^[528, p. 57]

As well, the report stated that “decisive steps should be taken by the Government to curb the present rising consumption of tobacco, and especially of cigarettes.”^[528, p. 58] The report listed seven possible measures:

- ♦ More education;
- ♦ More effective restrictions on sales to minors;
- ♦ Restrictions on advertising;
- ♦ Restrictions on smoking in public places;
- ♦ Tax increases;
- ♦ Information on tar and nicotine content for consumers; and
- ♦ A look at the value of antismoking clinics.

The report was followed by a decline in cigarette sales in Britain, a decline that lasted only 1 year.

In 1963, the CMA president urged doctors to stop cigarette smoking, at least during professional duties.^[76] Subsequently during the 1960s, the CMA publicly advocated measures, including legislation, to control smoking and was far more active than its American counterpart.

Canada's smoking and health program begins

On 17 June 1963, Canada's Minister of National Health and Welfare, Judy LaMarsh, made a landmark statement in the House of Commons acknowledging the harmfulness of smoking. "There is scientific evidence that cigarette smoking is a contributory cause of lung cancer, and that it may also be associated with chronic bronchitis and coronary heart disease," she declared.^[350, p. 1214] A national conference would be held, and representatives of the provinces, health agencies, tobacco companies, and tobacco growers would be invited to attend. LaMarsh herself quit smoking.

Cabinet records now show that LaMarsh had planned a stronger statement but that her ministerial colleagues succeeded in getting her to tone down the words. The draft statement originally said that smoking was an "important contributory" cause of lung cancer, but this was changed to *contributory*. For chronic bronchitis and coronary heart disease, it was suggested that the words *may also be* replace the words *is probably also* to describe the association with smoking. Ministers urged her to be as "neutral and dispassionate" as possible "so as not to frighten people unnecessarily." Interestingly, just 2 months before the statement, Cabinet had decided to permit smoking at its meetings.^[217]

Held in the Parliament buildings, the 1963 national conference was chaired by Minister LaMarsh. Ashtrays were scattered throughout the room, and the amount of smoking increased as the meeting went on. The conference was one of the few occasions when health organizations and the tobacco interests were brought together under one roof. Naturally, the perspectives were wildly different. Tobacco growers objected to some of the anti-smoking publicity of health charities, arguing that donations would be better spent on research. They objected to the "cancer stick" type of campaign, calling it "macabre."

Tobacco manufacturers had a detailed written brief criticizing existing health studies and calling for more research. "The fact is," asserted the industry,

that the 'mounting evidence' consists of repetition of the same charges restated by different people. This 'evidence' was and remains inconclusive no matter how often it is repeated and restated.^[3, p. iv]

The industry recommended that the difference in lung cancer rates between provinces be studied and explanations sought in terms of air pollutants, industry, population density, ethnic composition, climate, and smoking habits.

The briefs of health organizations tended to emphasize evidence supporting the scientific link between smoking and health. The Minister's June statement on the health consequences of smoking was affirmed by most health participants. Although some people at the conference supported a legislative approach, the consensus favoured health education and research.

The federal government announced a 5-year, \$600 000 antismoking budget starting in 1964: \$200 000 for scientific and behavioural research (\$40 000 a year) and \$400 000 for health education (\$80 000 a year). This was the real beginning of Canada's smoking

and health program. Before this, the federal government had an explicit policy of not being involved in any smoking-related education.^[407]

On 11 January 1964, the landmark report of the US Surgeon General's Advisory Committee on Smoking and Health was released.^[612] The Committee comprised 11 scientists, 5 of them smokers. Their report was much anticipated. January 11 was a Saturday, chosen because stock markets were closed. An auditorium in the State Department provided a location with excellent security. The report's contents had been a closely guarded secret. Even the White House did not get copies before 7:30 AM on the day of release. Media were allowed into the auditorium at 9:00 AM and "locked in," unable to phone out until the media session was over.

The Committee's report concluded that cigarette smoking was a cause of lung cancer and laryngeal cancer in men, a probable cause of lung cancer in women, and the most important cause of chronic bronchitis. As well, the report stated that "cigarette smoking is a health hazard of sufficient importance in the United States to warrant remedial action." The Committee based its conclusions on several thousand articles on smoking and health. The Canadian Veterans Study was one of seven prospective studies cited in the report.

The Committee's report received enormous press coverage. The credibility of the report was enhanced because the tobacco industry had been given the opportunity to vet all the Committee members before the work had begun. Thus, it was much more difficult for the industry to attack the report. Cigarette sales in both the United States and Canada dropped following release of the report but recovered after the initial impact wore off.^[523,628]

In Canada, the Rothmans 1964 annual report tried to downplay the Committee report:

This report has created a further storm of controversy, since many eminent doctors, scientists and statisticians have questioned the conclusions reached in this report on the basis of the available scientific evidence. ... The problems confronting the industry cannot be solved by charges and counter-charges in the press, but only by a continuing co-operative program between Government, the tobacco industry, and medical and scientific research.^[523, p. 18]

At the same time as the federal government was launching Canada's antismoking program, it was giving large amounts of assistance to tobacco interests: \$120 000 for anti-smoking initiatives versus \$575 414 for research on tobacco growing in fiscal 1964/65. Between 1954 and 1966, a total of \$4.9 million was spent on tobacco-growing research.^[216] In 1965, the Department of Trade and Commerce appointed a commodity officer, who would be "exclusively responsible for serving the needs of the tobacco industry in relation to export market research and trade promotion."^[215] Nonetheless, tobacco farmers were still upset at the mere existence of an antismoking program. To assuage the farmers the government asked the House of Commons Agricultural and Colonization Committee to initiate hearings on help for tobacco growers.

Clearly, the political environment in which the tobacco industry operated had changed, and the industry responded. In 1963, the four major companies formed the Canadian Tobacco Manufacturers' Council. The industry retained clout in high places, with former Liberal Prime Minister St Laurent as Chairman of Rothmans. For the new Liberal government considering measures for its antismoking program, St Laurent's position was powerful evidence of the industry's connections.

The goals of Canada's new antismoking campaign were threefold: to inform the public of the health risks, to encourage smokers to quit, and to dissuade nonsmokers from smoking. By today's standards, the efforts were relatively modest. The Department of National Health and Welfare prepared and distributed *Smoking and Health Reference Book*,^[139] which was sent to every doctor in the country, the Teacher's Information Kit, educational materials (primarily aimed at youth), and public service announcements for radio and television. *The Drag*, an educational film commissioned by the Department and produced by the National Film Board in 1967, was nominated for an Academy Award in the animated cartoon category. In 1965, the government conducted a national survey on smoking. To the surprise of many, the survey found that a bare majority of adults were nonsmokers (a majority of men, however, were smokers).^[141] In 1968, the Post Office introduced a cancellation mark with the slogan "The safe cigarette is the one you don't light."

In 1965, a Canadian Youth Conference on Smoking attracted 70 teenage participants from the 10 provinces. The Department of National Health and Welfare organized the conference to learn first hand from youth about smoking issues. Many ideas for action were generated, including a suggestion to restrict tobacco advertising.^[140]

Support for Canadian legislation grows slowly

In 1964, the Canadian tobacco industry announced a voluntary code to restrict advertising, several months before the American industry announced its own code. Advertising was to be directed to adults, models were to be at least 25 years old, health claims in ads were restricted, athletes and celebrities were not to be used, and poster or bulletin-board advertising was not to be "immediately adjacent" to schools. No advertising was to "state or imply that cigarette smoking is essential to romance, prominence, success, or personal advancement." Not surprisingly, the use of the word *essential* meant that this provision would be completely ineffective at curbing lifestyle advertising. The existing practice of not placing television commercials until after 9:00 PM was included in the code.^[286]

In the United Kingdom and the United States, there were some early legislative controls. The United Kingdom banned tobacco advertising on television in 1965. The same year, the US Congress adopted a law requiring a mild warning on packages: "Caution — Cigarette Smoking May Be Hazardous to Your Health."

Through most of the 1960s, Canada was slow to consider legislative action against tobacco. The Department of National Health and Welfare emphasized an explicitly cooperative rather than confrontational attitude with the tobacco industry. Why? Tobacco

growers and manufacturers represented a major industry. Memories of the failed attempt at alcohol prohibition lingered and discouraged the government from taking action. There was also a view that research and technology could find ways to make smoking safe, such as identifying the harmful substances in smoke and filtering them away. Another factor was that federal tobacco taxes made up fully 7% of all federal budgetary tax revenues.^[526] A 1970 National Health and Welfare publication recalled that “the Department of Finance was sharply conscious of the \$400 million annual tax revenue which the tobacco industry provided.”^[141, p. 2]

In the 1960s, more than 20 private-member’s bills were introduced in the House of Commons. More than half were authored by Vancouver area MP Barry Mather (NDP), a tireless and visionary supporter of tobacco-control legislation. Mather persistently pressured the government to take action, and he dismissed arguments about the insufficiency of medical evidence:

Then it is sometimes said that they do not really know the cause of lung cancer. The same was once said of cholera and typhoid, which were brought under control long before the germs causing them were discovered. This was based on observation that drinking polluted water was associated with disease. If the provision of clean water had had to wait until the discovery of bacteria, thousands of preventable deaths would have occurred.^[388]

Mather’s first bill, Bill C-75, was introduced immediately after LaMarsh made her 1963 statement. This bill would have given the government the authority to regulate the labeling, packaging, and advertising of cigarettes.^[387] Mather and other MPs presented proposals to place tobacco under the *Food and Drugs Act*, to restrict advertising, to require a warning on packages, and to limit tar and nicotine content. Other issues came up in Question Period, for example, tobacco sponsorship of skiing; and tobacco advertising on programs broadcast by the government-owned CBC.

Tobacco-belt MPs from southwestern Ontario led the parliamentary opposition to antitobacco legislation. In criticizing one of Mather’s bills, tobacco-belt MP Jack Roxburgh proclaimed that “if this bill is passed it will be the first step toward doing away with everything for which democracy stands, from freedom of speech to the freedom of free enterprise.”^[527]

In the second half of the 1960s, health and medical organizations increased their support for a legislative approach. Inside the Department of National Health and Welfare, proposals to restrict advertising and require health warnings, with the support of officials like Harold Colburn, were actively considered.

Cabinet documents obtained under the *Access to Information Act* reveal that in May 1967 Cabinet approved a recommendation by National Health and Welfare Minister Allan MacEachen to have legislation prepared to require tar and nicotine levels on packages and in advertising and to prohibit advertisements “likely to create an erroneous impression regarding character, merit or safety of cigarettes or cigarette tobacco.”^[204, p. 7] Despite initial Cabinet approval, this legislation was never introduced.

The first World Conference on Smoking and Health was held in New York in September 1967, giving a boost to the movement. Also in 1967, the NDP and Conservatives were pressuring the government to restrict tobacco advertising. They were also calling on MacEachen to refer all existing private-member's bills on tobacco to the House of Commons Standing Committee on Health, Welfare and Social Affairs. Eventually, on 29 November 1968, the government agreed with this second alternative and referred the bills to Committee. This decision set in motion an unprecedented, comprehensive examination of tobacco issues in Canada.

The Second Attempt at Regulation



The Isabelle Committee

The all-party House of Commons Standing Committee on Health, Welfare and Social Affairs was chaired by Dr Gaston Isabelle, a Liberal MP from Hull, Quebec. Some Committee members, such as Barry Mather, were well known for their antismoking views. On the other hand, the Committee had tobacco-belt representatives who were sympathetic to the industry. This ensured that the proceedings investigating smoking were lively.

The industry viewed the hearings with some significance. A week before the hearings began, the President of Brown and Williamson, Imperial Tobacco's American sister company, wrote to a senior official at parent company BAT that

Paul Paré and Leo Laporte have kept me advised of the latest developments on the health situation in Canada. We are very disturbed at the situation and feel that whatever happens in Canada will have a direct bearing on what may happen in this country.^[174]

On 19 December 1968, Health Minister John Munro opened the hearings with a statement calling for advertising restrictions, a warning on packages, legislated maximum tar and nicotine levels, and some voluntary research by the industry on ways to make smoking less dangerous. Munro strongly condemned cigarette advertising, saying that

almost every minute of every day, we are urged, coaxed, and cajoled to buy a variety of different brands of a potentially dangerous product — namely cigarettes. ... On the ads we are told that cigarettes increase pleasure, attractiveness, sophistication, and sexual potency.^[417, p. 130]

The Health Minister was committed to action, but the government as a whole was not. In 1968/69 and 1969/70, it spent about \$500 000 each year on tobacco development research, more than double the amount it spent on antismoking research and programs. Further, the Department of Industry, Trade and Commerce spent \$15 000 on a trade mission promoting Canadian tobacco exports, and the Department of Regional Economic Expansion granted \$909 000 to the tobacco growing and manufacturing sectors.^[319]

The Committee hearings received substantial publicity. On the one side were health and medical organizations that all confirmed the harmful consequences of smoking and recommended remedial action, including legislation. The CMA noted that over the preceding 15 years, the proportion of doctors who smoked had dropped from 65% to 35%.^[76] On the other side were those with an economic interest in opposing controls, such as tobacco manufacturers and growers, the National Association of Tobacco and Confectionery Distributors, and the union representing workers in tobacco factories. The manufacturers brought to the Committee scientists and doctors who denied that smoking was harmful and who delivered testimony consistent with industry views. Some of the industry witnesses had previously given similar testimony before US congressional committees. By using this tactic, the industry sought, at a minimum, to demonstrate that medical opinion was divided on health issues, despite the fact that no credible scientific body anywhere was known to agree with the industry position. The industry sought to put forward more witnesses than the Committee was willing to hear.

Partway through the hearings, on 7 May 1969, the CBC announced that it would voluntarily stop tobacco advertising. “We took action on our own initiative rather than have government action push us as reluctant dragons into it,” said the CBC President.^[558] This decision and similar decisions by some private radio and television broadcasters added support to the call to ban advertising.

The tobacco industry’s oral and written presentations to the Committee, delivered on 5 June 1969, were a classic example of industry deception and misinformation. The heads of the four companies appeared under the banner “Ad Hoc Committee of the Canadian Tobacco Industry,” with Imperial Tobacco President Paul Paré designated as the principal spokesperson. He claimed that

the tobacco industry — in Canada as elsewhere — has been and continues to be deeply concerned over the question of tobacco’s possible effect on some people and has been doing something about this through scientific research and investigation.^[461, p. 1539]

Here are some other excerpts from his testimony:

... efforts are made to blame cigarettes for every ailment with which they may be statistically associated.^[461, p. 1541]

It is actually a disservice to those millions who enjoy smoking to be constantly assaulted with some of the extreme and unsubstantiated propaganda that is spread about the so-called evils of smoking.^[461, p. 1542]

With respect to people who should not have carrots but eat them, carrots could then be described as being harmful to health.^[461, pp. 1554–1555]

When asked whether there should be controls on heroin, Paré replied,

Of course, I do not think the positions can be equated in terms of the dangers of the use of the products you are speaking of. Heroin is not only addictive, it is destructive of human life. This has been demonstrated. There is no question of statistical association. There is proof.^[461, p. 1570]

A written brief detailed the industry's position on the "health controversy," gave the industry's views on legislative issues, described the industry's support of health research, and provided information about the industry's economic importance.^[4] The brief said the "riddle of lung cancer remains basically unsolved."^[4, p. 1615] The industry went on to describe what it saw as the benefits of smoking: in small quantities, smoking improved concentration and had a stimulative effect; in larger amounts, smoking was relaxing; and smoking helped with weight control.

The industry opposed advertising restrictions, arguing that manufacturers only competed for market share and did not seek to increase overall sales like the coffee, tea, and milk sectors did. An advertising ban would penalize the media and all sectors of the tobacco industry and would "largely eliminate" competition among tobacco companies. "Restrictions could tend to freeze the present marketing pattern among companies and would make the successful launching of new competitive brands almost impossible," said the brief.^[4, p. 1657] New companies might be effectively excluded. The industry disputed that an advertising ban would work and asked what other suspects might be next. Automobiles? Eggs? Beefsteak? The industry recommended voluntary self-regulation as an alternative.

The industry suggested that health warnings might be counterproductive and encourage rebellious youth to smoke. Further, the industry saw as unjustified this requirement to advertise against its own product at its own expense. It opposed maximum tar and nicotine limits because there was no proof lower levels were safer. It even opposed printing tar and nicotine levels on packages because this would imply that brands with lower levels were safer and therefore to be preferred.

In the end, the Committee thoroughly rejected the industry's position. On 18 December 1969, a year after the study on tobacco began, the Committee presented a well-written and far-reaching report:

We believe it sufficient to point out that there is no longer any scientific controversy regarding the risk created by cigarette smoking. The original statistical observations

have been validated by clinical observation and the evidence is now accepted as fact by Canadian medicine.^[269, p. 2:12]

The production, distribution and sale of cigarettes should no longer be considered in the same light as the production, distribution and sale of other products. ... The cigarette stands unique among health and social problems. Therefore, society is justified in seeking unique solutions and in rejecting arguments based on technicalities. It is clearly contrary to the public interest for the use of a harmful product to be actively promoted even though a ban on production and sales would be unacceptable.^[269, p. 2:52]

Young people can hardly be expected to believe that governments really consider cigarette smoking to be hazardous if they allow unlimited cigarette promotion. Further, large numbers of smokers wish to stop smoking or stay stopped and anything that could be done to support their resolve and reduce the pressures to smoke, which are part of our society, would be desirable.^[269, p. 2:54]

The report recommended that

- ♦ A complete ban on advertising be phased in;
- ♦ Warnings be placed on packages, on vending machines, and, during the advertising phase-out period, on ads as well;
- ♦ Tar and nicotine levels be listed on packages and in warnings;
- ♦ Maximum levels for tar and nicotine be set;
- ♦ Placement of vending machines be restricted;
- ♦ Prominent displays of cigarettes be discouraged;
- ♦ Standards be set to make cigarettes less of a fire hazard;
- ♦ The sale of tobacco in hospitals and health facilities be discontinued;
- ♦ Coupon-premium schemes and free distribution be banned;
- ♦ Public education be increased;
- ♦ More surveys be undertaken; and
- ♦ Coordinating committees be established at national, provincial, and local levels.

All in all, the report represented an unprecedented Canadian call for legislative action to control tobacco.

Incentive promotions spread like wildfire

In 1970, Imperial Tobacco got into trouble with a brand of cigarettes called Casino. This brand contained potential instant winnings of \$5 to \$100. A printing error on game cards resulted in consumers winning prizes repeatedly. Some people were claiming winnings of \$20 000 and \$30 000, but Imperial Tobacco, at least at one point, refused to honour many

claims. Once the error was discovered, the company quickly removed the brand from the market. Imperial eventually paid out vast sums of money. Further, the company was convicted of misleading advertising because it promoted the cigarettes as “\$5 in every pack of new Casino,” when in fact there was only a chance to win \$5.^[483]

The Casino controversy came at a time when incentive promotions for cigarettes had spread like wildfire, rising to a point in 1970 when 63% of the cigarette market carried some type of incentive.^[524] Apart from being costly to the industry, the incentives also brought much public criticism. MP Mather complained in Parliament about a Mark Ten promotion inviting smokers to save coupons found in cigarette packs and turn them in for a television. He calculated that at one pack a day, it would take 243 years for a smoker to earn enough coupons to earn a colour television.^[389] During 1970, tobacco companies got together and voluntarily agreed to stop incentive promotions.

Committee recommendations move to Cabinet

During 1970 and 1971, Cabinet actively debated the extent of legislative restrictions that should be imposed on tobacco. Although the Cabinet Ministers generally agreed with the recommendations of the Standing Committee, a few ministers were still opposed. As described in Cabinet documents obtained under the *Access to Information Act*, reasons for opposition included the following:

- ♦ There would not be that much of a reduction in consumption.
- ♦ New forms of advertising would be created to get around the law.
- ♦ Individuals should be left to make their own choices.
- ♦ It would be inconsistent to restrict tobacco advertising and to continue to allow liquor advertising.

Some ministers felt that it was inconsistent of the government to discourage smoking at the same time as it encouraged the export of tobacco and the Department of Regional Economic Expansion and the Department of Agriculture were encouraging tobacco growing in Canada.^[205–208] The Liberal caucus, however, strongly held the view that tobacco advertising should be banned in newspapers in addition to broadcast media.^[205]

Bud Drury, President of the Treasury Board, suggested that tobacco companies be encouraged to do more research into the effects of smoking.^[206]

On 18 June 1970, Cabinet agreed that it would enact legislation “at the earliest convenient time” to prescribe maximum levels for tar, nicotine, and other constituents, to prohibit incentive promotions and the free distribution of cigarettes, and to prohibit advertising in electronic media and in newspapers. Health Minister Munro was asked to report back on the feasibility of eliminating the tax deduction for tobacco advertising. Cabinet also decided to require, through regulations under the *Hazardous Products Act*, the disclosure of levels of tar, nicotine, and other constituents on packages and in remaining

advertising.^[206] These regulations, however, were never adopted. It would be another year before new legislation was introduced in Parliament.

Cabinet minutes from 6 May 1971 state that “all tobacco companies recognize a world-wide ban on advertising is inevitable and there may be little advantage in Canada going faster than the United States in this regard.”^[208, p. 5] The minutes reveal that the government had held ongoing discussions with the tobacco industry about voluntary restrictions. Because one of the companies changed its mind after initial agreement, legislation became necessary. Given that a by-election for a riding in the Ontario tobacco belt was scheduled for 30 May 1971, it was decided to not introduce a bill until after the by-election. On 7 June 1971, before the summer recess, the Cabinet agreed to introduce a bill “for first reading only at this time.”^[209] There was no commitment to ensure the bill went beyond initial introduction.

Bill C-248 introduced

Finally, on 10 June 1971, Health Minister Munro introduced Bill C-248, the *Cigarette Products Act*. This bill would have eliminated cigarette advertising effective 1 January 1972, would have required a warning on packages and on vending machines, would have created authority to set maximum limits for nicotine and other constituents, and would have required disclosure of tar and nicotine yields on cigarette packages. In announcing the Bill, the Minister told reporters that he had reduced his own smoking from three packs a day to a pack and a half. Health groups roundly applauded the Bill’s introduction.

The tobacco industry wasted no time in opposing the legislation. Imperial President, Paré, held a news conference in Ottawa on the same day the Bill was introduced. Paré said that the advertising restrictions would not affect the industry but that reducing tar and nicotine levels could have a devastating impact. He pointed out that a new Imperial Tobacco brand with a too-effective filter was a failure in the market because smokers were unsatisfied.^[196]

Despite support from opposition parties, Bill C-248 was never even debated. On 21 September 1971 the industry announced a package of new voluntary measures:

- ♦ It would stop advertising cigarettes on radio and television. [This measure was less significant than it appeared because the CBC and some private stations had already stopped accepting cigarette advertising.]
- ♦ Packages would bear the warning “The Department of National Health and Welfare advises that danger to health increases with amount smoked.”
- ♦ There would be a maximum tar yield of 22 mg per cigarette and a maximum nicotine yield of 1.6 mg per cigarette. [This measure affected only four brands then on the market.]
- ♦ Advertising expenditures would be restricted to 1971 levels.

- ♦ Free distribution would be restricted to new brands, to employees, and to consumers sending in complaints.
- ♦ The ban on poster and bulletin-board advertising would be extended from “immediately adjacent to schools” to “in the immediate vicinity of schools.”^[36]

The same day, Munro said that he still planned to press ahead with legislation. He also announced that spending for antismoking research and publicity would be doubled. This was a clear sign that the government and the industry had been actively communicating, perhaps negotiating, before the simultaneous announcements. The industry’s initiative was a shrewd public relations move that not only deflated the government’s sails but tamed the calls for action by the opposition and by the health community. Bill C-248 died when the parliamentary session ended.

When the new parliamentary session opened in 1972, the government included cigarette legislation on a list of 29 bills it intended to introduce. However, no bill was ever introduced, and Cabinet documents reveal that cigarette legislation was not on the list of bills really intended for passage. The second round of trying to legislate the industry, and the first since the turn of the century, had ended unsuccessfully. There were five important reasons for this:

1. The antismoking lobby was not as big or effective as it would later become. Although health and medical groups did call on government to take action, they did not have the lobbying experience or did not commit the staff resources to ensure the government carried through on legislative proposals.
2. A relatively high proportion of Canadians still smoked, especially among men, who dominated policy-making. Smoking was not as socially unacceptable as it would later become.
3. The historic uncertainty of the medical evidence on the health consequences of smoking was still within memory.
4. Industry self-regulation proved to be a strong counter to the legislative approach.
5. The tobacco industry was seen to be economically important, and parts of the federal government were taking measures to foster further growth.^[230]

In 1972, Industry Minister Jean-Luc Pepin boasted in the House of Commons about the government’s efforts to support the tobacco sector:

I do not think you will find many people in the tobacco industry in Canada who will say that they have not been fully supported by the Department of Industry, Trade and Commerce. The recent sale to China which I announced was a direct result of the efforts of the department. If my friend knows of other ways in which we can support the tobacco industry, I will be glad to look into them.^[463]

In 1971/72, aid to improve tobacco crops had risen to \$965 000, still far outpacing the amount spent on nonsmoking projects, now up to \$381 000 a year.^[484]

Initiatives in the 1970s

In late 1972, Marc Lalonde became Minister of National Health and Welfare, replacing Munro. During Lalonde's 5-year tenure as Health Minister, the government had no anti-tobacco legislative initiatives. However, the Health Department released the landmark report *A New Perspective on the Health of Canadians*.^[348] Following the release of this report, influencing people to make lifestyle changes (exercise, nutrition, smoking, drinking) became a more widely accepted principle of national health promotion.

During the 1970s, the government's antismoking program produced television spot announcements, films, posters, leaflets, and teachers' guides to educate the public. The amount spent by the government, however, was a pittance compared with the millions in advertising dollars spent by the industry. Health and Welfare Canada cooperated with the Department of Agriculture in research on less hazardous tobaccos and tobacco products. A new research laboratory at the Delhi Research Station was jointly opened in 1973 by Lalonde and Agriculture Minister Eugene Whelan.^[118] Health and Welfare Canada continued a practice started in 1968 of publishing a list of the tar and nicotine yields of the most widely available cigarette brands.

In the mid-1970s, Health and Welfare officials "negotiated" with the industry, urging it to further reduce tar and nicotine yields in the belief that this would have notable public health benefits. Although some officials were dissatisfied that terms like *light* and *mild*, once used to describe low-tar and low-nicotine products, now appeared on cigarettes having relatively high tar levels, there was no tobacco legislation to permit the officials to take remedial action.

In 1975, the industry amended its voluntary code:

- ♦ Roll-your-own tobacco was now covered by the code.
- ♦ Advertising of sponsored events in broadcast media was prohibited, as was the use of direct mail.
- ♦ The rule limiting expenditures to 1971 levels was altered to allow for inflationary increases. [This was a very significant weakening of the code.]
- ♦ Average tar and nicotine yields would be placed on packages and print advertisements.
- ♦ *Avoid inhaling* was added to the end of the package warning. [This measure was meaningless and comparable to advising a person consuming a soft drink to avoid swallowing.]
- ♦ The warning would also be displayed in print advertising and "prominently displayed" on all transit and point-of-sale advertising greater than a certain size. [Once in place, however, the warnings on advertisements were often illegible, let alone prominent. The warnings on packages appeared on the side in colours that often blended in with the package design.]

The tobacco companies continued to use the code as a shield to deflect arguments that legislation was necessary. Health ministers used voluntary restrictions as an excuse for not introducing legislation. All in all, the code continued to be an extremely weak restraint on industry marketing.

As the 1970s progressed, the nonsmokers' rights movement grew, and municipalities began to pass bylaws restricting smoking in public places. NSRA was founded in 1974. The same year, acting on a formal recommendation of the 1973 national conference on smoking, health organizations created an umbrella group known as the Canadian Council on Smoking and Health (CCSH). However, it would be another decade, well into the 1980s, before proposals for meaningful national tobacco legislation were again firmly on the parliamentary agenda.