Tobacco Possession

“Be it resolved that the possession of tobacco by minors be made illegal.”

Excellent health statistics - smokers are less likely to die of age related illnesses.'

Research prepared by Deron Staffen, Fall 2003
SEDA

The Saskatchewan Elocution and Debate Association (SEDA) is a non-profit organization that promotes speech and debate activities in English and French. The Association is active throughout the province from grade 6 through grade 12, and at the University of Regina and the University of Saskatchewan. The Association co-ordinates an annual program of speech and debate tournaments and other special activities, including a model legislature.

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Introduction

Teen smoking has always been a contentious issue. Although the debate started as a form of the smoker’s right to choose his or her poison, the current incarnation of the debate is over health concerns and the protection of youth.

Tobacco companies have now readily admitted that there was evidence of the addictive nature of nicotine. Furthermore, cigarette manufacturers have also admitted to experimenting in an attempt to make cigarettes even more addictive. Like alcohol consumption, smoking remains a socially accepted vice in today’s society. Also like alcohol, laws are currently in place prohibiting the sale of tobacco to people under the age of 18 or 19, depending where you are in the country. But while teens cannot possess or consume alcohol in public, they still have the right to possess and smoke tobacco, which some feel is a double-standard. The efficacy of purchase, use, and possession laws, also known as “PUP” laws, is a contentious issue.

On one side of the argument are the lawmakers who, under considerable pressure from anti-tobacco lobby groups, consider tougher laws on tobacco and teen smoking. Federally, Canada has laws in place prohibiting the sale of tobacco products to youth: enforcing laws on the possession of tobacco is the next logical step. Prohibiting the sale of tobacco does little more than force teens to obtain tobacco through a network of older friends and parents. Retailers are punished unfairly for the sale to minors, sometimes being fined for what happens outside their stores — they argue that responsibility for tobacco purchased should be shared, not just placed upon one side. Tax increases have been effective in reducing youth smoking, but the cigarette smuggling problems in 1994 left taxers unwilling to follow that route again.

Tobacco companies, on the other hand, argue that smoking is a personal choice. The tobacco industry is already one of the most strongly regulated industries in Canada. Although smoking is a legal activity for the majority of Canadians, tobacco companies are no longer allowed to advertise, unlike breweries and alcohol companies; in Saskatchewan, a tough law was introduced requiring all tobacco products in stores to be hidden from view. Tobacco companies attempt to self-regulate the sales of products to minors, through programs like Operation I.D., and many actively support youth possession laws.

Nova Scotia and Alberta have both introduced youth possession laws, prohibiting the possession of tobacco. The Alberta law goes a step further than Nova Scotia, introducing fines for teens carrying tobacco. Many groups have come out critical of the new laws, stating that they divert resources from the enforcement of existing sales laws, shift attention away from population-based anti-smoking approaches, and create the public impression that the youth smoking problem has been solved. However, the laws may act as a deterrent by making the cost of smoking prohibitive to teens, and they help send a consistent message of tobacco use being unacceptable. Additionally, possession laws have shown some success in US states such as Florida and Illinois.

Though tobacco companies insist they do not directly market to youth but continue to portray tobacco use as an adult-only activity, critics charge that this creates more of a demand among youth, as cigarette smoking becomes associated with maturity and adulthood. Tobacco companies constantly need to attract new customers, and youth continues to remain a vulnerable target audience.
Affirmative

In this policy debate you have to consider the following:

WHO is this law going to apply to? How will you define minors? Will they be people under the age of 16, 18, or 19, or another age restriction entirely?

WHAT is possession? Does possession mean on the person, or does it also mean near the person? Will authorities have the right to search someone for suspicion of tobacco possession? How much tobacco qualifies as possession? Will a single cigarette be enough, or will a person need to have an entire pack on them?

WHAT is tobacco? Is it cigarettes only? Cigars only? Everything except smokeless (chewing) tobacco, or everything with tobacco as an ingredient? What about herbal cigarettes? What about tobacco products from other countries, like American cigarettes, or bidis from India?

WHAT is illegal? Does it mean there will be jail time for convictions? Does it mean fines or community service? Does it involve the loss of some right, like the suspension of a driver’s license?

WHERE is this law going to be in effect? Is it a federal law passed by the Government of Canada, or is it a provincial law put forth by the Government of Saskatchewan?

WHEN is this law coming into effect? Will possession become illegal immediately, or will there be an adjustment period? Will different tobacco products become illegal after certain lengths of time?

WHY is this law being put into effect? What is the purpose of this law? Why is this law more effective than other methods — or conversely, what are the failings of other methods that lead to this law being more effective?

HOW is this law going to be enforced? If fines or tickets are going to be handed out, who has the right to do so — police only, or other authorities as well? Will a special tobacco task-force be created, and if so, where will the money come from?

Also, consider how you wish to present your case.

*The Need Case* suggests that the plan is the best solution to serious problems with the status quo. For example, the current laws permit teens to smoke so long as they get their tobacco from elsewhere, such as parents or older friends. This law will prevent teens from carrying tobacco, thus reducing the incidence of teen smoking.

*The Comparative Advantage Case* suggests that the plan contains significant advantages not available in the present system. For example, a plan making people under the age of 18 perform community service prevents teens from smoking, (which the current system cannot do), and allows for the completion of community projects at low cost (something the current system cannot do).

*The Goals Case* suggests that the plan achieves more of the goals of the present system than the present system does. For example, the goal of the current system is to prevent teens from smoking and send a consistent message regarding tobacco use. A plan restricting the possession of tobacco by minors meets the goal better than the present system, where teens are able to smoke but not buy tobacco.

*The Criteria Case* suggests that the plan meets the presented criteria better than the status quo. For example, reasonable criteria for a youth possession law is to reduce the significance of teen smoking and render a shared responsibility for tobacco sales. As there is significant evidence in states such as Florida and Illinois that such laws are effective, and as possession laws remove the onus of responsibility from the retailers alone, the law should be introduced.
Negative

In this policy debate you have to consider the following:

Has the Affirmative established all parts of their case (the needs for change, the plan, and the benefits of the plan)? Is the change beneficial and significant? Is the change necessary, or can the present system solve the problem? What are the disadvantages to the plan? Do the disadvantages outweigh the benefits? For example, a plan that requires teens guilty of tobacco possession to serve a jail term presents problems of prison overcrowding, enforcement problems, and an excessive drain on financial resources.

Are there problems associated with the status quo? Is it necessary to have a major change to the current system, or will minor repairs be sufficient to solve the problem? For example, rather than introduce new laws, perhaps stronger enforcement of existing tobacco sales laws will lower teen smoking rates.

Do you want to introduce a counterplan? If so, you agree that the needs for change are valid but the Affirmative plan is unfeasible or undesirable; the Negative’s plan must be significantly different from the Affirmative plan, and also be shown to be more desirable. It must also differ significantly from the status quo.

In one type of counterplan, the Negative introduces a plan that is an alternative to the Affirmative plan, but does not adopt the resolution. For example, the Negative could introduce a plan allowing minors to receive a “smoking license,” thereby allowing them to smoke legally. This presents an alternative to the Affirmative plan but does not adopt the resolution — the Negative still disagrees that possession of tobacco should be illegal.

Another type of counterplan works within the resolution. The Negative introduces an alternative plan, but one very different from what the Affirmative proposes. For example, if the Affirmative introduces a plan suggesting that all people under the age of 18 who are found with tobacco on or near their person must perform 20 hours of community service for each offense, the Negative can present a counterplan suggesting that all people under 16 who are found with more than ten cigarettes on their person will be sent to prison for 90 days per offense.

Don’t forget — the main duty of the Negative is to clash directly with points made by the Affirmative. Although the Affirmative has the harder job, a lack of clash is enough for the Negative to lose the debate.
Selling tobacco to teens is illegal; why not complete the effort with ban on smoking?

Making it illegal for Ontario residents under the age of 19 to smoke seems like such a sensible, consistent step that it's hard to understand why it hasn't been done.

After all, it's already illegal to sell tobacco products to anyone under 19, or to supply them free of charge.

Oddly, though, it's not against the law for 18-and-unders to buy cigarettes, cigars, snuff or chewing tobacco. Nor is it illegal for them to smoke, snort or masticate whatever tobacco products they can get their hands on.

Yet the rationale for the law against supplying tobacco to teens is to protect them from the well-documented health risks those habits lead to.

And the rationale for extending that ban only to the young is, presumably, that they aren't capable of appreciating the awful risks they are letting themselves in for. Too immature to make a sensible call on their own, they need the protection of the law.

While that sweeping generalization about teen irresponsibility isn't universally true, there is enough truth in it that the ban on underage tobacco sales is accepted nationwide (although the age limit varies in some provinces). As a society we agree that young people do need direction in making the right choices, including the choice not to use tobacco.

The same is true for alcohol, although the concern is more related to impairment and its consequences than long-term health risks.

The difference, however, is that alcohol laws take that next, logical step. It is illegal to sell the stuff to teens, and it is illegal for them to buy, possess or drink it.

So, what's the difference? Why one set of rules to protect teens from harming themselves with alcohol and another, more relaxed set for tobacco?

The obvious reason is that impaired teenagers are capable of doing damage to others as well as themselves, particularly if they are driving. But it is also true that we have always been more willing to use the law to limit personal freedoms where the impacts are immediate. When a drunken 18-year-old crashes his car or drowns, his death registers as an immediate tragedy. When a 40-year-old who smoked for 25 years dies of lung cancer the public impact is not the same. Then there is the fact that the dangers of smoking have only been fully appreciated for the past 30 years or so, while alcohol has been recognized as a public vice since at least the 1920s. Old habits, as the saying goes, die hard.

Joe Crowley, a councillor from Asphodel-Norwood, wants to change those habits. He is asking Peterborough County council to petition the province to make it illegal for anyone under 19 to smoke. Crowley drives a school bus and is worried about the increasing number of students he sees smoking.

He's not alone. Ontario Health Minister Tony Clement has mused publicly about extending the prohibition on teen tobacco sales to possession. Alberta has actually done it. As of April 1, anyone under the age of 18 caught smoking, or possessing, tobacco in a public place can be fined $100.

The Alberta law is worth considering. It takes care of the enforcement concern by giving every "peace officer" the authority to issue tickets. That includes any police officer, municipal enforcement officer with the authority to hand out tickets, and park wardens or conservation officers. In Ontario that would mean police could do it, but so could the "smoke police" already employed by health units, or other municipal bylaw enforcement officers.

Smoking statistics highlight the need. According to the Alberta government, 85 per cent of adult smokers started before they were 16. In Ontario, 16.5 per cent of of all 15 to 19 year olds smoke daily. About half of them will die from smoking if they don't quit, and a quarter of them won't live to 70. The cost in health care runs into the billions, let alone the personal tragedy.

Making smoking illegal wouldn't end the habit among teens, any more than underage drinking laws have been a complete success. However, the threat of a $100 fine will have some effect, and is worth adopting.
Forget smoking in the boys' room — there will be no smoking in schoolyards, outside malls and at bus stops for Alberta youths as of April 1.

Wednesday, the provincial government announced that Albertans aged 17 and under will be prohibited from possessing and using tobacco products in public places. If they're caught with cigarettes, the product could be confiscated and/or the youths could face a fine of up to $100.

"The legislation will complement federal legislation that makes it more difficult for minors to buy and use tobacco products," Health Minister Gary Mar said.

Currently, those under 18 are restricted from buying cigarettes, but there's no law saying they can't smoke them if they get them.

Nova Scotia is the only other province to have a similar possession law. As of Jan. 1, Nova Scotians under age 19 can have their tobacco products confiscated. But Alberta is the only province to fine youths, according to Alberta Health.

While the province is promoting the law as another tool to prevent children from starting smoking, both teens and anti-tobacco advocates raised questions about how effective and enforceable the law will be.

"No one will cut down," said Stevie Stanger, 17, a Grade 12 student at Sir Winston Churchill High School in Calgary. "They'll go and find different places to do it. . . . they'll go behind Mac's or something, where the cops or the constable won't see them.

"It's our money, it's our choice."

It's not the first time Canadian kids were supposed to be barred from smoking. Between 1908 and 1994, it was illegal for anyone in Canada under age 16 to possess and use tobacco under the federal Tobacco Restraint Act. But that's probably a surprise to most people.

The law was rarely enforced, and the maximum fine — still on the books from the early 1900s — was $1.

Garfield Mahood, executive director of the Non-Smokers' Rights Association, said this new law is not only going to be ineffective, it could also do some harm.

"It's a measure that the tobacco industry will warmly embrace," Mahood said, calling the Alberta government's actions irresponsible. "The industry wants to position its product as a badge of entry into adulthood and the more you emphasize that magic crossover into adulthood, the more you make the cigarette desirable."

The Canadian tobacco industry does in fact support the law, but argues that it's not for the reasons Mahood claims. David Laundy, spokesman for the Canadian Tobacco Manufacturers' Council, said his organization likes the principal of the law because it puts the onus on teens instead of retailers, who already can face fines as high as $50,000 for selling tobacco to minors.

Les Hagen, executive director of the anti-smoking group Action on Smoking and Health, said Alberta is still the only province without legislation to reduce the sales and marketing of tobacco. Mar, the health minister, had tried to push through more comprehensive smoking legislation this past fall, but was defeated in cabinet and caucus.

"This is the consolation prize," Hagen said. "It's a gesture."

Police agencies say they're not going to go out looking for kids who smoke, but if they come across them, they might charge them. Calgary police service Staff Sgt. Brad Berrow said "if we solely targeted cigarettes, we'd be overwhelmed."

Berrow said education works better to combat smoking.

Wes Bellmore, spokesman for the Edmonton police service, said school resource officers might be able to use the law more frequently.
"I don't foresee it as being one of our top charges laid, but it certainly does send a message to young people that owning tobacco products is unacceptable. As of this spring, it will be illegal."

Victor Tanti, Edmonton Public Schools spokesman, said this will not affect his board's policy. Already, there is a ban on smoking on school property, although some schools are still phasing in the program. "The district does not enforce the law, the police do," he added.

LeRoy Johnson, the backbench MLA who introduced the youth tobacco legislation, said the purpose of the law is to "de-normalize" tobacco consumption for teens. Combined with increased tobacco awareness programs and a huge increase in tobacco taxes last spring, Johnson said he hopes the law will have a noticeable affect on youth smoking rates.
A $15-million study funded by the U.S. National Cancer Institute followed nearly 8,400 students in Washington state over 15 years to see if a rigorous smoking-prevention program given to half of them would make a difference in smoking rates.

But despite the plays about the dangers of secondhand smoke, coaching on how to refuse cigarettes and damning re-enactments of Big Tobacco put on trial, the study found that students who attended the smoking-prevention programs were just as likely to smoke by their fourth year of high school, and two years afterward, as those who didn't.

"What this shows is that a direct and well-financed attempt to influence peer pressure doesn't work," said Frances Thompson of the Non-Smoker's Rights Association. "But we have crystal-clear evidence that if you increase tobacco tax you decrease consumption . . . and youth are the most price-sensitive smokers of all."

The results of the new study — the longest and largest research effort ever to look at school-based smoking prevention — were published today in the Journal of the National Cancer Institute.

The study was conducted by the Fred Hutchinson Cancer Center in Seattle. It involved 40 school districts and the efforts of more than 600 teachers who were trained in the smoking-prevention strategies aimed at different age groups.

Half of the school districts implemented the smoking-prevention program from Grade 3 until the Grade 10 and the other half just taught normal health curriculum.

The students filled out questionnaires in their senior year of high school and two years later about their smoking habits.

Among Grade 12 girls, 24.4 per cent who received the prevention program smoked daily compared with 24.7 per cent of girls who did not receive the program.

A full 26.3 per cent of Grade 12 boys smoked daily despite receiving prevention education compared with 26.7 per cent of boys who didn't take the program.

The comprehensive research is being considered a nail in the coffin for smoking-prevention efforts that target social pressures alone — and a call to action to health-policy-makers to consider new ways to prevent youth smoking.

"Tobacco-prevention researchers and educators have been pinning their hopes on the social-influences-based theory of smoking prevention for the last 25 years . . ." said Arthur Peterson, the study's lead investigator and a University of Washington professor of biostatistics. "... it is time for researchers to go back to the drawing board and re-examine the smoking-onset process in children and develop new strategies for reaching youth."

But Mr. Thompson warns that Canadian schools — which traditionally have spent less than their U.S. counterparts on smoking-prevention programs — don't necessarily need to abandon their programs.

"You can't say mechanically that if it didn't work in the U.S. it won't work in Canada," Mr. Thompson said. "But, if you are trying to talk to kids, the least effective way of doing it is to have adults telling kids what to do."

Smoking among youths went up steadily in the early 1990s, but hit a plateau in 1995 and has remained steady ever since at 28 per cent of youth, according to the 1999 Ontario Student Drug Use Survey, one of the most respected barometers of cigarette use in Canada.

In the 1980s and 1990s, Canadian governments tried to discourage smoking by making it expensive. Tobacco taxes rose more than 500 per cent between 1982 and 1991.

Cigarette companies responded by shipping millions of Canadian cigarettes to the
United States. Smugglers brought them back, flooding Canadian cities with cheap, untaxed cigarettes.

By 1995, politicians had admitted defeat and cut the taxes across much of the country, a decision still criticized by antismoking groups.

Earlier this year, a poll commissioned by the Canadian Cancer Society showed that a majority of Canadians supported a private bill that would create a $360-million fund to battle smoking among youths through a 19-cent levy on each package of cigarettes.

The National Cancer Institute also released a study yesterday of people who used cell phones for an average of less than three years that found no evidence the devices cause brain cancer.

The research, which was funded by the industry group Wireless Technology Research, does not answer the question of whether longer-term use is dangerous. It appears in today's Journal of the American Medical Association.
To hear the stories told by the antitobacco lobbyists, you would think that Canadian tobacco companies were run by greedy, immoral criminals, deceitfully encouraging everyone to take up the smoking habit.

What I see as a member of the senior management team at JTI-Macdonald Corp. is the opposite: We actively implement a code of responsible and ethical business conduct. We support providing consumers with information about health risks associated with smoking. But the fact remains that tobacco is a legal product, manufactured and distributed by arguably one of Canada's most tightly regulated industries.

With more than five million Canadian smokers (and $10-billion a year in direct government revenues, 18 times the total annual profits of all the Canadian tobacco companies), prohibition of tobacco would be as unsuccessful as the ill-fated U.S. prohibition of alcohol in the 1930s.

Faced with the reality that tobacco continues to be part of our society, there is only one rational option: Its manufacture and distribution should be performed under reasonable regulatory control by companies with a commitment to handling these products in the most responsible way possible. What's the alternative? Bootleg cigarettes that avoid taxes, health warnings and other regulatory controls, sold from the back of a truck on a roadside?

Yet since graphic health warnings, high taxation and banning smoking in many locations have not produced the results the antitobacco lobbyists desire, they now urge Ottawa to adopt a strategy of "denormalization." This would have government-sponsored ads portraying tobacco manufacturers as unethical businesses, which should be pilloried for selling tobacco to children.

Now that obesity has been identified as a leading cause of illness and health-care costs in the U.S., should government "denormalize" fast food restaurants and embark on a campaign of vilification? What about booze, gambling and cars that can exceed the speed limits and pollute?

Rather than diverting government funding to attack Canadian tobacco manufacturers, resources would be better invested in research into what triggers children to experiment with tobacco. This could lead us to a solution for drug and alcohol abuse, and other risky behaviour by children.

To set the record straight, JTI-Macdonald Corp. never undertakes any activity that would encourage anyone to take up smoking. Yes, we do compete for brand share among current adult smokers. But we do not market to children, period.

Tobacco product advertising to consumers is not permitted in Canada, yet antitobacco lobbyists rail against advertising as though it were happening here (it's still legal in the U.S.).

Canadian tobacco manufacturers support a program to help retailers prevent cigarette sales to minors. Independent inspectors use underage "shoppers" to test stores' compliance with the law; the Operation ID program provides, among other services, signs in retail stores reminding consumers of the legal age to buy tobacco.

Until there is a better solution, the only realistic approach is reasonable regulation of legitimate businesses such as JTI-Macdonald Corp. that manufacture and distribute these legal products in a responsible way.
Title: Open letter to Anne McLellan: to compete with tobacco-industry advertising, antitobacco advertisements need to be ambitious, hard-hitting, explicit, and in your face.

Source: Globe & Mail

Date: August 19, 2002

Dear Minister:

It's time to get serious about effective mass-media campaigns to reduce smoking. When dealing with an epidemic that prematurely kills 45,000 Canadians every year, any delay in implementing an effective tobacco-control measure is literally costing lives.

More than a year ago, Ottawa established a fund of $480-million to be spent over five years to reduce tobacco-related disease and death. It earmarked 40 per cent for mass media initiatives. The first year of this five-year program has already expired, deepening our concern for the implementation of an effective strategy to deliver this mass media campaign.

After four decades of public education campaigns, there is solid evidence about what public education measures are effective at reducing smoking. Effective mass media campaigns use blunt messaging, often use real people, explain the consequence of tobacco use in graphic ways and reframe the debate to expose the industry's role in the epidemic. They build public support for more effective tobacco-control measures through tobacco-control policy and legislation. They do not preach to young people.

The most successful campaigns to reduce smoking among kids as well as adults have been in California, Florida and Massachusetts. All employed what is called "tobacco-industry denormalization" strategies. Experts in tobacco-control mass media campaigns now recognize that society can't ignore the tobacco industry's behaviour in the tobacco epidemic any more than it can ignore the role of the mosquito in a malaria epidemic.

In plain language, tobacco-industry denormalization is simply telling the truth about tobacco-industry behaviour. Industry denormalization works because it is powerful with non-smokers and smokers alike. It helps direct the frustration smokers feel about their addiction away from themselves and toward the tobacco manufacturers. It helps non-smokers understand why they should care about this public-health problem.

When tobacco industry researchers first confirmed, long before the medical community, that smoking causes cancer, company executives did not seek to minimize the damages. Instead, as numerous governments have alleged in court over the past decade, the industry deliberately misled the public about the risks, about addiction, about nicotine manipulation and about youth-directed marketing.

This is why antismoking campaigns cannot be modeled on other public-health campaigns, such as those promoting vaccinations, AIDS precautions, or exercise. In those cases, industries aren't spending multibillion-dollar budgets to achieve the opposite results.

Industry denormalization also helps young people understand that smoking is not an expression of free will, but rather a form of submission to an unscrupulous industry. This new perspective puts the health messages they have been taught in a different light and encourages them to rebel against the tobacco companies instead of the health establishment.

Young rebellious teenagers are particularly vulnerable to smoking. This fact isn't lost on the industry. Staff at Imperial Tobacco once reflected: "The adolescent seeks to display his new urge for independence with a symbol, and cigarettes are such a symbol since they are associated with adulthood and at the same time adults seek to deny them to the young." This is why campaigns that reinforce the industry's carefully chosen mantra that "kids should not smoke" are generally doomed to be ineffective.

However, antitobacco campaigns can use young people's urge to rebel to discourage them from smoking. Writing on counteradvertising in Public Health Reports, Lori Dorfman and Larry Wallack observe that denormalization ads "challenge the legitimacy and credibility of
the industry marketing the product. These are counter-ads because they represent a clear transfer from the personal blame-the-victim approach to the policy environment and focus on the corporate entity or public policy as a major player in that environment."

Tobacco-industry denormalization campaigns stand in sharp contrast to the ineffective antismoking campaigns traditionally targeted at youth. When young people are the obvious target of a media campaign, they feel that someone — usually an adult — is preaching to them. Of course, if adults tell kids — directly or indirectly — not to do something, that forbidden fruit suddenly looks very tasty.

And the fact that this youth-focused antismoking approach is favoured by the tobacco industry (especially those tactics that emphasize "choice") should speak volumes about the efficacy of the approach.

A recent report commissioned by Health Canada from Anne Lavack, one of the country's leading experts on marketing, concluded that: "When teens are targeted for antismoking campaigns but adults are not, it sends the message that smoking is okay for adults, and smoking is then positioned as a rite of adulthood. Therefore, it is important to target the entire population with antitobacco messages, and not limit the focus to youth as a target group. This ensures that smoking becomes socially unacceptable for everyone, not just for youth."

The report goes on to recommend that a Canadian tobacco-reduction campaign "should focus its efforts on three primary concepts: lies of the tobacco industry; nicotine is addictive; and second-hand smoke is harmful."
The report concludes with a quote from one of the world's leading tobacco-control experts, Dr. Stanton Glantz: "To compete with tobacco industry advertising, antitobacco advertisements need to be ambitious, hard-hitting, explicit, and in your face."

It took several decades for public-health organizations to understand that previous attempts to discourage youth from smoking were largely ineffective. Given that we now have solid and convincing evidence regarding the effectiveness of industry denormalization (as well as the weakness of youth-oriented campaigns), we strongly urge you, as Health Minister, to apply this evidence to Health Canada's national mass media strategy.

Signed by:

Action on Smoking and Health (Alberta); Canadian Cancer Society; Canadian Council for Tobacco Control; Canadian Dental Association; Canadian Lung Association; Canadian Medical Association; Clean Air Coalition of British Columbia; Coalition quebecoise pour le controle du tabac; Heart and Stroke Foundation of Canada; Non-Smokers Rights Association; Ontario Campaign for Action on Tobacco; Physicians for a Smoke-Free Canada; Saskatchewan Coalition for Tobacco Reduction; Smoke Free Nova Scotia
Our governments spend millions of dollars a year to combat the scourge of teen smoking. Many "hip" public health campaigns have been tried with limited success.

There seems to be no magic formula to tap into the psyche of teens that would reduce the incidence of smoking. The dilemma is that, in our zeal, we may come across as patronizing. Teenagers are in the process of developing their sense of self. They strive for independence, yet conform to their peer group. The ability to project future consequences is not firmly established in all 15-year-olds. Telling them they will develop heart disease and lung cancer doesn't cut it. They cannot conceive of these events and ignore the message. If the message is ridiculed by the peer group, the game is over.

What other approaches can be used for this problem? During our classroom visits many students ask about smoking. The questions cover primary health issues to comparative risks between cigarettes and marijuana. Repeating the same old truisms about cigarettes, although factual, does nothing to further the debate.

Fifteen-year-olds tend to be idealistic. Issues such as social justice are seen as black or white, fair or unjust. They want to be independent and to be treated as adults. Using several hypothetical scenarios, we approach smoking from a different angle.

One scenario takes place at 2 a.m.: "You are out of cigarettes. A winter storm rages outside. Do you go to bed or make a dash for the corner store?" We ask the class if they know of any friends who would venture out into the storm. There are always a few nods and hands raised in response. A discussion ensues about what constitutes reasonable behaviour. Do they think this robs them of their independence? To further emphasize the point we recount an event that occurred in Italy about five years ago. Italy had a dockworkers' strike that cut off cigarette imports. A cigarette shortage ensued. Smokers from all walks of life were in desperate straits. They began hunting for cigarette butts on the street and yanking the cigarettes out of the mouths of passersby. We explain independent people would not behave in this manner. Their actions are being directed by their addiction to nicotine. Further, they are paying for the privilege for this loss of independence.

A discussion ensues about what constitutes reasonable behaviour. Do they think this robs them of their independence? To further emphasize the point we recount an event that occurred in Italy about five years ago. Italy had a dockworkers' strike that cut off cigarette imports. A cigarette shortage ensued. Smokers from all walks of life were in desperate straits. They began hunting for cigarette butts on the street and yanking the cigarettes out of the mouths of passersby.

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The smokers in the class are asked how they behave if they run out of cigarettes. Do they get irritable? Have difficulty concentrating? Snap at their friends and family? We submit to them the following:

* They are not in control of themselves, the drug is.
* They risk not becoming fully independent. The cigarette companies bank on this and could not be more thankful.
* The cigarette companies benefit at their expense. They have ensnared them, possibly for life, robbing them of their independence, health and money.

Many students have younger siblings. When we ask them, all say the image of their eight-year-old brother or sister smoking is abhorrent. They respond with the same message we give them: That it's bad for their health. I am always amazed by this compartmentalized thinking.

We bring up reports that cigarette companies have exported millions of dollars of free cigarettes to developing nations. Since the North American market is shrinking, they seek to increase their markets in these countries. Cigarettes ultimately fall into the hands of young children. Addicted, they become lifelong smokers.

Given that the students have already voiced their complete disapproval of childhood smoking, they are now faced with a dilemma. This is a black-
and-white issue. Should they continue to smoke, they will be supporting the cigarette companies' endeavour to find new smokers, usually children in Third World countries. In fact, they will be no better than these companies because they become a contributing member of this system.

They have been presented with a problem requiring an adult decision. Does their sense of social justice overcome their desire to continue smoking? Do they quit smoking and stand up for their principles or partake in hypocrisy? Are they independent enough to follow through on their convictions? Health concerns are not important in this instance. It becomes a moral issue.

We leave them with these thoughts to mull over. This planted seed is effective. They can never erase the images nor run away from their own conscience. They become responsible for their actions with all its social implications.

This information is presented to them at their request. I have outlined our approach in a format that might seem like a lecture in the interest of clarity. However, it is the students who set the agenda. Responding to their questions and concerns creates a more receptive environment. This technique can be applied to many situations. You will have their rapt attention. That is a start.

— Barry Dworkin is a family physician who also runs a full-service clinic in an Ottawa high school. This column is alternately written by Dr. Dworkin and Toronto pediatrician Dr. Miriam Kaufman.
A new law forbidding younger teenagers from lighting up will do more harm than good, the Canadian Cancer Society says.

As of April 1, Albertans aged 17 and under will be prohibited from possessing and using tobacco products in public places. If they're caught, the product could be confiscated and the youths could face a fine of up to $100.

Health Minister Gary Mar said Wednesday the legislation will complement federal laws that make it more difficult for minors to buy and use tobacco products.

But Jennifer Duncan, cancer control co-ordinator for the Canadian Cancer Society in Calgary, said Thursday the legislation is dangerous.

"We have quite grave concerns about the bill because, by saying it's illegal to smoke (if you're 17), but not when you're 18, the message it sends is that it's OK to smoke if you're an adult — and it's not OK." Duncan said.

"It actually enhances the illicitness of tobacco products for some youths that are more likely to experiment with smoking. It may actually increase tobacco use."

Duncan applauded the provincial government's move in March 2002 to increase the price of tobacco products — which has sparked a 21 per cent decrease in cigarette consumption in Alberta — but said there is no evidence that youth possession laws are effective tobacco control measures.

Olivia Howells, a Grade 10 student at Bishop Grandin High School, agreed the new law will do little to win the war on tobacco.

"Whether they want us to smoke or not, it's going to happen. It's an addiction and we can't just run away and hide every time we need to have a cigarette," said Howells, who has been smoking for a year.

"Just because the police are saying we're not allowed it, it's not like we're just going to decide to quit. It's really hard. Lots of fines are going to be given out, but I don't think people are going to stop smoking."

Non-smoker Jonathan Giannuzzi, a Grade 9 student at St. Paul's Academy, agreed.

"It's not going to do very much. There are some teenagers who look older than 18 and they're going to get away with it," Giannuzzi said.

Stephen Jenuth of the Alberta Civil Liberties Association said the need to protect children from harm outweighs their rights.

"In one way, it's part of government's responsibility to look after our young people," Jenuth said. "It's one of these things . . . that one hopes will be enforced with a little bit of discretion, but it's like children aren't allowed to buy alcohol and consume that in public, either."
A ready source of cheap cigarettes is just a mouse click away, a new reality that threatens public-health programs designed to reduce smoking, particularly among teens.

Consumers are increasingly using the Internet to avoid punitive taxes and to sidestep restrictions on advertising and sales to minors, according to researchers. They estimate that within a decade, on-line cigarette sales will exceed $10-billion (U.S.) annually, or one-quarter of all sales.

Writing in today's edition of the journal Tobacco Control, Kurt Ribisl of the school of public health at the University of North Carolina identified 88 Web sites that sell more than 300 brands of cigarettes.

The vendors are located in 23 states, primarily in tobacco-growing states where excise taxes are low, and on Indian reservations that sell tobacco tax-free. More than half the vendors were in New York state, most in the Seneca band near the border with Ontario. There is no evidence of Web-based tobacco sellers operating in Canada, where high taxes make the practice unattractive.

Buying on-line can save $10 a carton or more, and the product is delivered to the door by courier.

Dr. Ribisl said that has "significant public-health implications because tobacco consumption is adversely affected by price — when cigarette prices increase, smokers are likely to smoke less, switch to generic brands or quit smoking."

Tobacco products are a major retail item, with sales exceeding $40-billion in the United States and $4-billion (Canadian) in Canada. There are 543,000 tobacco retailers in the United States and another 50,000 in Canada.

Joanna Cohen of the Ontario Tobacco Research Unit at the University of Toronto said that while the practice of selling smokes on-line is still marginal, it poses a major challenge to antismoking programs.

Writing in Tobacco Control, she says the most obvious factor is avoidance of taxes. Internet sales also fuel smuggling and criminal activity because cigarettes can be purchased tax-free, particularly from reservations, and then resold illegally.

The researcher said it is particularly attractive for underage smokers to buy on the Internet because age verification is minimal and teens are most sensitive to price. U.S. investigators have found children as young as 8 buying on-line.

More than 51 million people smoke regularly in the United States, including four million teenagers.

There are another six million smokers in Canada, including nearly 500,000 underage smokers.

Dr. Cohen said Web sites tend to glamorize smoking, undermining tobacco-control strategies that target advertising, marketing and promotional activities. Another key public-health strategy is to "denormalize" tobacco use, but on-line sales "offer a venue for the continued normalization of these products by casting them as just another consumer item," Dr. Cohen said.

She cautioned, however, that there is no easy fix to the challenges posed by tobacco commerce on the Internet. Because the Internet is global in nature, Dr. Cohen suggests that restrictions on e-commerce be included in the framework convention on tobacco control, an international treaty slated for adoption in 2003.

Further, law-enforcement officials must turn their attention to on-line sales, she said. For example, the Jenkins Act, a U.S. federal law that regulates mail order sales of cigarettes, is rarely enforced.

But another article in today's issue of Tobacco Control found that, so far, underage smokers are not turning in large numbers to the Internet to buy cigarettes.

Researchers at the University of Massachusetts found that the primary source of tobacco for new smokers is stealing it from their parents. By the high school years, most underage smokers have friends who work in stores, facilitating illegal sales or theft.

Smoking kills about 430,000 Americans annually, and another 45,000 Canadians. They die principally of lung cancer and cardiovascular disease.

Globally, about 10,000 people a day die from smoking, a figure expected to rise to 27,500 deaths daily by the year 2020. There are about 1.15 billion smokers worldwide.
Health officials question integrity of tobacco-sponsored education program

We read with interest an ad that has appeared recently in local newspapers about Operation I.D. School Zone. The ad states that Operation I.D., a campaign organized by Canada's tobacco companies, will help Kingston retailers located in "high-risk" areas refuse tobacco sales to children.

Local groups that have joined Operation I.D. include: the Greater Kingston Chamber of Commerce, Junior Achievement, the Boys and Girls Club of Greater Kingston, the Kingston Jaycees, The Border radio station, the Kingston KIMCO Voyageurs hockey club, and The Kingston Whig-Standard.

Provincial law requires the KFL&A Health Unit and all Ontario health units to implement tobacco use prevention programs, including enforcement of tobacco sales to minors legislation.

We, too, are concerned about keeping tobacco out of the hands of children, so we wonder why we were not consulted about Operation I.D. We are writing this open letter to share what we know about the tobacco problem.

Operation I.D. is interesting for what it says about eliminating tobacco sales to youth, but we believe it's especially interesting for what it doesn't say. While the campaign organizers say they support the goal of preventing tobacco sales to young people, nowhere in their advertising or promotional material do they explain why this goal is important; that is, if a person reaches the age of 19 without smoking, he or she likely never will start smoking.

Also absent from their ad and literature is any mention of the well-documented harm that tobacco does to both individual health and to society. Tobacco use is the single largest preventable cause of disease, disability, and early death in Canada, killing 45,000 people every year, 12,000 in Ontario alone. Nicotine is this nation's most widespread addiction, more serious than cocaine or heroin. Five per cent of people who drink are addicted to alcohol, but 75 per cent of tobacco users are addicted to nicotine.

Tobacco smoke is the biggest source of indoor air pollution. Three-hundred and thirty non-smokers die from lung cancer each year caused by their exposure to second-hand smoke, and 10 times that many die from heart disease.

Children who breathe second-hand smoke are more likely to suffer health problems such as bronchitis and respiratory ailments than children who don't.

More than 25 per cent of teenagers in this country are regular smokers. Unless they quit, half of them will die prematurely of smoking-related causes, half of those in middle age. The cost of treating smoking-related illness is about $3 billion per year. And most house fires are the result of the careless use of smoking materials. To us, tobacco use is undeniably a public health catastrophe. Yet not one of the above facts about smoking is even hinted at in the newspaper advertisement or glossy promotional brochure.

Helen Ouellett, national director of Operation I.D., is quoted in the Dec. 4 Montreal Gazette saying coalition members are united in their belief that the two essentials of preventing youth access to tobacco are education and training. Education and retailer training are basic components of a comprehensive strategy to restrict youth access. But Ouellett fails to point out that these are the weakest links in the chain of prevention, and by themselves are probably ineffective.

To work well, education and training need to be part of a larger program that combines compliance monitoring of all retailers, test purchases, enforcement and stiff penalties for those who violate the law. Such programs are currently carried out by Health Canada in...
those provinces covered under the federal Tobacco Act, and in Ontario, by the 37 public health units responsible for enforcing the provincial Tobacco Control Act.

Operation I.D. School Zone is aimed at tobacco retailers located in "high-risk" areas, that is, businesses that are near schools.

But what about tobacco retailers who are not located near schools? Our experience shows that even retailers located far from schools have been known to sell tobacco products to minors. A comprehensive and truly effective campaign would target all tobacco retailers. Again, that is the approach public health agencies, including the KFL&A Health Unit, take in addressing illegal tobacco sales to youth.

The Operation I.D. kit for retailers paints a picture of shopkeepers subjected to "constant intimidation, insults, threats, physical aggression, and vandalism" when they refuse to sell to minors.

In our experience, most often the young person quietly leaves the store. Just to confuse matters, the promotional information never describes the relevant federal and provincial laws governing tobacco and who is considered a minor. Thus, the puzzled retailer is left wondering whether the legal age in his or her province is 18 or 19.

Interestingly, the kit never mentions the aggressive and deceptive marketing and promotional techniques the tobacco industry uses to make tobacco products attractive to young people in the first place. Sponsorship of sports and cultural events is a good example of this.

The kit discusses only aggressive teens trying to buy tobacco. As a result, the tobacco industry ends up blaming the victim. In Canada, tobacco companies spend between $80 million and $100 million per year to promote their products, mainly to young people, despite national legislation that severely limits tobacco advertising and promotion.

Smoking is a pediatric disease. Ninety per cent of smokers take up the addiction before the age of 19, and 70 per cent before age 14. To stay viable, the tobacco industry must recruit new, young smokers every day to replace the thousands of adult smokers who either die from tobacco-related illnesses.

The kit goes on to lament the risk of losing customers and therefore profit in the face of aggressive teenagers trying to buy tobacco. We find it disturbing that the tobacco industry clearly, with no apologies, puts money ahead of the public’s health.

So, are we concerned about children smoking? Yes, we are. We look forward to the day when smoking is obsolete, and children - and adults, too - can live free of the addiction, suffering, lost productivity, financial drain and premature death that tobacco inflicts.

Given our responsibility to prevent tobacco-related problems, we thought it important to share the facts about this issue.

We believe that the best approach for keeping tobacco out of the hands of young people is a comprehensive one. This includes the essentials of education and training combined with prevention and cessation programs, sales to minors legislation, increased tobacco taxes, limits on advertising and sponsorship controls on public smoking, and enforcement. Only with all of these measures can we hope to control the tobacco epidemic before us. For more information about our tobacco prevention programs, visit our Web site at: www.healthunit.on.ca

Dr. Ian Gemmill, Medical Officer of Health
Darlene Mecredy, Director School Health and Tobacco-Free Living Programs
Robert Goodfellow, Public Health Promoter
Dave McWilliam, Public Health Inspector
Enforcing laws that limit tobacco sales to minors may boost the number of retailers who won't sell to kids, but has minimal effect on youth smoking, a new study suggests.

When blocked from buying cigarettes over the counter, teen smokers turn to friends and family members to obtain cigarettes, according to the study, which examined ninth graders in Erie County, New York.

Results of the study by K. Michael Cummings, PhD, MPH, and colleagues from the Roswell Park Cancer Institute in Buffalo appeared in Nicotine & Tobacco Research.

Cummings and his colleagues tested enforcement by monitoring tobacco sales to minors in 12 communities in Erie County. In six communities randomly designated for enforcement, police hired teens aged 14-16 to go into the stores one to four times a year and attempt to buy cigarettes. The other six communities saw no enforcement action.

Researchers found that average retailer compliance with laws prohibiting tobacco sales to minors more than doubled, from 35% in 1994 to 73% in 1995. Six of the 12 communities got above the 80% mark, considered the minimum level of compliance by federal agencies.

But those improvements were apparently unrelated to whether or not police in those communities carried out the targeted enforcement program. The researchers surveyed retailers at the end of the study and found almost total awareness of the law and the police enforcement operation in both types of communities.

"The improved retailer compliance occurred because of efforts made to educate and inform retailers throughout Erie County that illegal tobacco sales to minors would not be tolerated," Cummings said, not necessarily because they were targeted by the enforcement teams.

Cummings had investigated student smoking patterns in 1992 using a survey of 4055 9th-graders. In 1996, after the enforcement experiment, another group of 4741 students responded to the questionnaire. Between 1992 and 1996, indicators of smoking in the previous 30 days (27%) and frequent smoking (10%) remained about the same in all 12 communities.

In the six communities that did not achieve the 80% retailer compliance, prevalence of smoking in the previous 30 days increased from 26% to 30% and frequent smoking increased from 10% to 13%. However, the 30-day prevalence stayed the same and frequent smoking fell slightly (from 9% to 8%) in the six communities that reached the 80% retailer compliance mark.

"The difference in smoking behavior seen in students from high- and low- compliance communities shows an impact of retailer compliance on youth smoking," said Cummings. "However, the differences are small and in most cases are not statistically significant."

He cautioned that results of the study have to be interpreted cautiously, because the communities with 80% compliance include the smallest and most isolated towns in the group. He speculated that youths there may have had fewer options about where to buy tobacco, which might explain the effects seen.

The study offers only modest support for the idea that increasing compliance to more than 80% can cut teen smoking, said Cummings.

"One has to question whether such a strategy is even feasible in all communities because of factors like cost, competing use of law enforcement resources, community sentiment, political leadership, and business interests," he said.

Funding for this study was provided by a grant from the Association of Teachers of Preventive Medicine.
Nova Scotia has the highest proportion of smokers in Canada (30 per cent) and the highest rate of cancer deaths for both men and women — 17 per cent higher than the national average. Strong action is needed, and strong action is what the province has delivered.

But noble ends do not justify any and all means. The province has gone too far with its new law, An Act to Protect Young Persons and Other Persons from Tobacco Smoke.

As of Jan. 1, peace officers will be instructed to seize the cigarettes of anyone under 19. No other penalty — no fine or criminal charge — will follow. But the peace officers will be permitted to search teens on suspicion they are carrying cigarettes.

This law is virtually impossible to enforce. Does anyone seriously doubt that, absent any real penalty, a teenager whose cigarettes are seized will obtain some more smokes within five minutes (and most likely, in Nova Scotia, from their parents' stash)? In those circumstances, are police likely to spend time chasing after contraband? Laws that are created for purely symbolic effect, without being enforceable, create disrespect for the law.

Permitting a search is far too intrusive and open to abuse. The law says explicitly that Nova Scotia is not creating an offence of possession. So why entitle the police to conduct a search when there is no offence? To be sure, teens may be too young to understand the nature of addictive substances. But they should not be exposed to this extraordinary sort of intrusion.

And how far may police go? Can male officers pat down the teenage girls? Or will they be required to call for female officers to conduct the search (and vice versa)? Will they detain the teenager for as long as it takes until a female officer is available, and if so, will this mean a trip to the police station? The youths' very vulnerability may make it harder for them to ensure their rights are respected.

Adults are not treated this way. And therein lies the problem: Smoking among adults in Nova Scotia is commonplace, especially in poorer regions such as Cape Breton. So accepted is smoking that 25 per cent of pregnant women in the province smoke, thereby endangering the future health of their children. This public acceptance among adults explains why the average age at which the province's smokers first light up is 12.7 years.

What do the 12.7-year-olds respond to? The messages that are all around them. Does their mother smoke, their father, their aunt and uncle, their teacher, their school principal, the parents of their friends?

On that score, the law has some worthwhile parts. It would ban smoking anywhere that people under 19 are regularly found. That includes schools and school grounds, daycare facilities, bowling alleys, hockey rinks, shopping malls, taxis and so on. (The law would restrict smoking in restaurants and offices to designated smoking rooms, but bars could permit smoking anywhere after 9 p.m. The legislature stopped short of calling a complete halt to smoking in bars and restaurants, as the City of Ottawa has done.)

Still, as those under 19 look around them, they will see a great many adults — possibly including those who drafted this law — lighting up. Listen to what we say, not what we do.

In that context, the police are not likely to deter anyone. The adults need to butt out.
Florida tries to snuff out teen smoking by taking kids to court.

Savoring the last drag of his cigarette, Josh Randall, a stocky 17-year-old Miami high school senior, nonchalantly flicked the butt to the curb. As he headed back inside the mall, four undercover police officers wearing Miami Dolphins T-shirts bailed out of a black sedan with tinted windows. They wrote the teen a citation to appear in court, then ordered him to hold still while they snapped his mug shot. The charge? Being a minor in possession of one Marlboro cigarette.

Incredulous, Randall ignored the summons. Six weeks later, he got a notice in the mail that his driver's license had been suspended for his failure to show up in court on the smoking charge. Randall grudgingly paid a $53 fine to get his license back. "It's so stupid," he said, pulling the crumpled summons from his jeans pocket. "My dad had to leave work and bring me all the way up here for smoking a cigarette?"

In 1997, Florida passed a law penalizing minors under 18 caught buying, smoking or possessing tobacco. Funded by money from an earlier $11.3 billion state settlement with the tobacco industry, special police patrols now scour public parks, malls and other places where teens light up. A first offense carries a fine of $53 or eight hours of community service. Kids caught smoking a third time automatically lose their driver's license. Some 800 young smokers have been ticketed so far.

The offenders are required to attend smoking court, presided over once a month by Broward County Court Judge Steven Shutter. On a recent Monday, more than 100 teens, parents in tow, waited to plead their cases. Nerdy kids in starched white shirts and ties stood next to parents who seemed poised to throttle them. A teen with a pierced chin and purple hair sneaked out to the parking lot during a break for a quick smoke. Instead of intimidating the youths, Judge Shutter tried to keep the mood light. "Don't come back and visit," he joked to some before moving on to the next case. After meting out punishment, Shutter ordered the teens to watch a grisly video showing an autopsy on an emphysema victim.

Florida's smoking judge concedes that criminalizing tobacco use could make it more glamorous. "That's a major concern when you're dealing with people this age," he says. But even if 15% to 20% of kids are persuaded to quit, he contends, the program will be a success. "I don't know what works," he admits. "But I figure that for a teenager, losing your license is like the death penalty."

Yet many Florida teens are having trouble taking the crackdown seriously. "I got caught four times in one day," says Marissa LaMonica, 16, who has been smoking since she was 11. "It's really ridiculous." Others insist the new laws won't have any effect on them or their friends. "My parents were pissed off, but it really doesn't do anything," says Marie Hernandez, 16. "People just go behind a bush."

Indeed, a cat-and-mouse game has evolved between smoking teens and the special patrols (who cruise for smokers during overtime hours). "They 'make' the car," says an agent. "They see us coming and spread the word." Sometimes the agents double back when the kids think the coast is clear and catch them red-handed. Police cruised past a public park in Broward County one recent evening and spotted two boys swinging on a set of parallel bars. "Is that a cigarette that he's holding?" asked a sheriff's deputy. The officers approached the boys and confiscated half of a Black and Mild cigar. Jesse Lee, 13, who was holding it, got a ticket. His companion, also 13, responded by muttering obscenities at the cops. "I could see if we robbed somebody or stole a car and killed somebody," he said. "This don't make no sense." To the antitobacco crusaders, however, neither does smoking.
Six years ago, Sgt. Bruce Talbot was teaching the anti-drug program at Jefferson Junior High School in suburban Chicago when a 13-year-old girl got caught buying Marlboros at a nearby gas station.

That prompted Talbot to look at the law on selling cigarettes to children in Woodridge, Ill., a community of 30,000 west of Chicago.

Dismayed by the lax regulations he found, Talbot wrote a tough law for the town council that has become a model for communities across the nation.

"We need President Clinton to spur and lead the nation," said 43-year-old Talbot, a father of two. "But you can get good enforcement and good results at the local level. All 50 states have laws on the books, but no one enforces them."

Woodridge's results are impressive: Before the law, stores were selling cigarettes to kids 83 percent of the time. After some licenses were suspended, that dropped to zero, according to a DePaul University study.

Woodridge also boasts success with teen smoking. After the law was passed, 93 percent of the seventh- and eighth-graders said they knew about it and 72 percent said it would keep them from smoking, according to a DePaul study.

Buying cigarettes outside Woodridge remains a problem. Of the 16 percent who are regular young smokers, 72 percent said they could buy cigarettes outside town.

Another DePaul study shows that Woodridge kids are less likely to smoke than teens from nearby Downers Grove. At a high school made up of kids from both towns, 4.4 percent of the Woodridge students smoked, compared to 11.8 percent of the Downers Grove students.

What is Woodridge's secret weapon?

A new law with sharp teeth, instead of old regulations that relied on merchants policing themselves.

The Woodridge law requires stores selling tobacco to get an annual license. If merchants sell tobacco products to minors, they risk losing their licenses and face fines of up to $500. Kids who try to buy cigarettes can be fined $50. Possession is a $25 fine.

Stores also are required to install locking devices on tobacco vending machines. The result: Merchants found the locks so bothersome that almost all of them got rid of the machines.

Every three months, the police department conducts undercover stings by sending kids into stores to see if they can buy cigarettes. If a store sells cigarettes, police impose escalating penalties if the merchant continues to break the law.

Woodridge is going beyond Clinton's initiative, which would require youngsters to prove their age and would ban vending machines. But Clinton's plan would not require retailers to get licenses and does not create any system for spot-checking compliance with the law.

"It was my first time speaking publicly. I was very nervous. It was extremely heady stuff. Senator Kennedy was there. My home senator, Paul Simon, was there. I thought: now things will really change," Talbot said.

"But nothing ever happened. Change always takes place at the local level."
In a recent meta-analysis study, Fichtenberg and Glantz (1) argue that youth access tobacco programs do not affect teen smoking prevalence because as fewer merchants sell tobacco to minors, teens will use social sources to obtain tobacco. They conclude, as well as in a recent editorial, (2) that it is time to abandon youth access tobacco programs. The likely result of reversing this policy would be that the majority of merchants would once again sell minors tobacco, thereby providing them easy access to this dangerous substance.

Previous studies that have investigated the relation of retail tobacco availability (RTA) to youth tobacco use have measured this factor as the proportion of retailers assessed who illegally sold cigarettes. (3-6) Fichtenberg and Glantz (7) concur that this is the most commonly used metric for assessing youth access programs, and if this is not an accurate reflection of youth access, "then none of the studies of youth access that base their effectiveness on merchant compliance are valid."

Unfortunately, this approach does not account for the relative density of tobacco retailers in each community, which may affect the likelihood that a youth will encounter a retailer who is not compliant with the tobacco sales law. As an example, in one town we recently studied, (8) 17% of retailers sold tobacco to minors, and thus this town would be seen as in compliance with the Synar amendment, which stipulates that states need to keep merchant illegal sales rates of tobacco to minors under 20%. (9) In contrast, a second town had rates of illegal sales of 36%. However, the number of retailers who made illegal sales per 1000 youth was higher in the town with the lower violation rate. This suggests that a more appropriate measure of risk exposure would reflect the number of retailers who illegally sell tobacco as a function of the youth population (ie, youth between the ages of 10 and 17) within each community.

A recent study examined individual, social, and environmental influences on smoking initiation and continued smoking among sixth, seventh, and eighth grade students using this new RTA index. (8) Greater RTA was positively associated with smoking initiation but not continued cigarette use. Restrictions in RTA may prevent youth from initiating smoking, but may have less impact on those addicted to tobacco. Fichtenberg and Glantz's (2002) meta-analysis only examined current smoking rather than smoking initiation.

Typically, youth who conduct retail tobacco access assessments are not permitted to lie about their age, use an ID card, dress to appear older, purchase other items, or engage the clerk in irrelevant friendly conversation. It is with these types of procedures that low rates of merchant sales rates have been found. This research protocol may be more similar to methods used by youth who are less experienced at purchasing cigarettes. However, when youth who are experienced at purchasing tobacco are allowed to use their usual purchase methods (eg, appear as they want, purchase other items, lie about their age, present a valid underage ID, and engage the clerk in conversation), they are 6 times more likely to obtain cigarettes from clerks than youth who use methods required by standard assessment protocols. (10) In other words, efforts to restrict RTA might be most successful in limiting relatively inexperienced smokers from purchasing cigarettes, but these efforts are probably less successful for addicted and experienced smokers. The fact that young smokers are beginning to shift to social sources for tobacco (11) suggests that, for some, the barriers to purchasing retail tobacco are strengthening. Rather than reducing these obstacles to youth access to tobacco, it might be more appropriate to assess the effects of even tougher barriers to retail and social sources of tobacco.

Several studies have found that tobacco-control policies, which might be influencing norms that impact retail and social sources, have reduced prevalence of youth smoking. Jason and colleagues (12) found that high school youths who lived in communities with regular enforcement of youth access policies had significantly lower rates of smoking compared with youths who lived in communities without such policies.
enforcement. A longitudinal, statewide study in Massachusetts found that youths living in communities with local tobacco sales laws were less likely to progress to established smoking over a 4-year period than were youths living in communities without such laws. (13) In addition, a national study of state youth tobacco control policies found that youths living in states with more comprehensive policies had significantly lower rates of smoking than did youths living in states without such policies. (14)

It is too early to eliminate youth access programs, as they represent one of the more popular vehicles for galvanizing public support for antismoking activities and establishing social norms against youth tobacco use. Moreover, given the methodologic limitations of the current research, (15) future research with more rigorous and controlled designs might indicate that such interventions, particularly those that change social norms, might even have a role in reducing smoking initiation and prevalence rates.

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REFERENCES
(1.) Fichtenberg CM, Glantz SA. Youth access interventions do not affect youth smoking. Pediatrics. 2002;109:1087-1091
(2.) Ling PM, Landman A, Glantz SA. Is it time to abandon youth access tobacco programmes. Tobacco Control. 2002;11:3-6
(7.) Fichtenberg CM, Glantz SA. Fichtenberg and Glantz respond. Tobacco Control. 2002;May 29 [electronic letter to the editor]
(8.) Pokorny SB, Jason LA, Schoeny ME. Effects of retail tobacco availability on initiation and continued cigarette smoking. J Clin Child Adolesc Psychol. In press
(15.) DiFranza JR. It is time to abandon bad science. Tobacco Control. 2002; May 13 [electronic letter to the editor]
Title: Law should target young smokers, retailers say: Possession fine key for tobacco legislation to be effective: vendors
Source: Star - Phoenix, Saskatoon, SK
Date: June 16, 2001

Proposed new anti-smoking rules have sparked a last-ditch effort by tobacco retailers to fight the legislation.

The Saskatchewan Committee for Responsible Tobacco Retailing (SCRTR) restated its case in Regina Friday, outlining its opposition to Bill 56, which retailers say may drive convenience stores out of business because it doesn't go far enough.

As part of a plan to reduce youth smoking and the effects of second-hand smoke, the bill, if passed, would place a ban on the display and promotion of tobacco products in places where youth have access to them, along with increased penalties on sellers for infractions under the law.

Sellers would be forced to hide all tobacco products or advertising.

With no penalty for minors caught possessing tobacco, such as exists in Alberta, the legislation would fall flat says SCRTR.

"What they are planning is going to have zero net effect on tobacco getting into the hands of minors. They've missed the ball on this one," said Dion McArthur, a member of SCRTR and an owner of two gas station convenience stores in Regina.

"They have to make it illegal for minors to be in possession of tobacco. That's the only thing that is going to even begin to put a dent in this. We need that in our legislation. If you nail a kid with one fine, that's a whole month's worth of revenue for them to be able to purchase tobacco."

Alberta recently passed legislation, called the Prevention of Youth Tobacco Use Act, which imposes a $100 fine for people under 18 years of age caught with smoking materials.

SCRTR argues hiding cigarettes does not solve the problem as youth or their designated bootleggers know what they are after when entering the store. What is needed are stronger measures on the enforcement side. Hiding the tobacco somewhere else in the store would mean stores might have to add staff to watch the floor while retrieval of smoking products for sale is done.

"The most critical issue is the extra staff we would have to put on to cover the security problems. For me it's going to cost about $60,000 to 70,000 a year just for additional staffing. You have to have one staff member able to monitor the floor and one to get the cigarettes," added McArthur.

He said people could be looking at up to $1 extra per pack of cigarettes to cover costs to retailers.

The legislation also would prohibit smoking in public places where minors have access and increases the percentage of seating dedicated to non-smokers in restaurants, bars, bingo halls and casinos.

McArthur says the bill would punish retailers who have tried to be responsible by implementing the Operation ID youth anti-smoking display program. The program is an initiative of Canada's tobacco manufacturers and the Canadian Coalition for Responsible Tobacco Retailing.

Retailers belonging to SCRTR say they are dead set against youth smoking. Tobacco-related sales account for more than 30 per cent of gross revenues for Saskatchewan retailers belonging to the committee, and being on the front line they say they know what measures would be most effective.

"I made the offer for every single politician that wants to pass this bill to come and work in my store for a day, come and work with the high school students, and you'll see dozens and dozens of students that are of age pulling students for the minors," said McArthur.

Health Minister John Nilson said the proposals restricting tobacco advertising in stores are groundbreaking and would place Saskatchewan at the forefront of tobacco control in Canada. The bill has received first reading.
The following findings are from the first results of the Canadian Tobacco Use Monitoring Survey, which will continue to track changes in tobacco use patterns by Canadians.

- Young men between the ages of 20 and 24 have the highest smoking rates of any group. In 1999, 39% were smokers, either on a daily or occasional basis, up from 35% in 1990. This proportion was virtually unchanged from the level in 1994.

- In 1999, 28% of 15- to 19-year-olds smoked, either on a daily or occasional basis. This was up from 21% at the beginning of the decade, although the rate has remained steady since 1994.

- In 1999, an estimated 25% of the population aged 15+ (about 6.1 million) were smokers, down from about 30% in 1990. This is likely due to lower smoking rates among older people and a range of tobacco control measures.

- 52% of smokers first smoked over 20 years ago. In 1999, an estimated 84,000 people started smoking, compared with about 387,000 who quit.

SMOKING INCREASINGLY A YOUNG PERSON'S HABIT

- In 1999, only 19% of men and 17% of women aged 45+, were smokers, well below the national averages of 27% for men and 23% for women. Of those aged 55+, only 14% were smokers.

- Among teens (15-19), 29% of girls and 28% of boys were smokers in 1999. Smoking rates for young adults (20-24) were particularly high with 39% of men and 29% of women smoking in 1999. (While the rate for men in this age group has increased since 1990, it fell from 35% among women.) Among current smokers aged 15 to 17, 35% reported having had their first cigarette at age 12 or earlier. Almost 80% had tried smoking by the age of 14.

SEX AND AGE

Below are the percentages of tobacco users based on sex and age:

**Males**
- 15-19: 28%
- 20-24: 39%
- 25-44: 33%
- 45+: 19%
- Total: 27%

**Females**
- 15-19: 29%
- 20-24: 29%
- 25-44: 27%
- 45+: 17%
- Total: 23%

DAILY CIGARETTE CONSUMPTION DECLINING

- In 1999, daily smokers consumed an average of 17.0 cigarettes each day, down from 18.4 in 1990. The highest level of use, 21.4 cigarettes a day, was reported by men aged 35 to 44.

- Consumption among teenaged boys has declined during the 1990s, while it has increased among teenaged girls, and they are virtually now at the same level of about 12.7 each day.