MORE SMOKE AND MIRRORS:

Tobacco Industry-Sponsored Youth Prevention Programs In the Context of Comprehensive Tobacco Control Programs in Canada

A Position Statement
By
The Ontario Medical Association

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EXECUTIVE SUMMARY

For over a decade, federal, provincial, state and local authorities in both Canada and the United States have implemented and evaluated a wide range of tobacco control programs and identified best practices. These authorities, and health agencies with similar goals, have concluded that tobacco control must be comprehensive and must include, at a minimum, local community programs; chronic disease prevention; school programming; tobacco control policy enforcement; media advocacy; smoke-free spaces; cessation assistance and counter-marketing programs.

Experience to date has shown that comprehensive tobacco control programs based on best practices can dramatically reduce both consumption and disease incidence.

Reducing youth access to tobacco industry products is a component of most comprehensive tobacco control programs, but there is considerable doubt whether reducing youth access in fact reduces youth consumption.

In recent years, the tobacco industry has faced unprecedented legal and regulatory challenges. In response, the industry has developed and disseminated two programs - “Operation ID” and “Operation ID/School Zone” - allegedly aimed at reducing youth access to tobacco products by encouraging retailers to demand ID, and is testing a school-based program - “Wise Decisions” - designed to teach decision-making skills about tobacco use.

The Ontario Medical Association has undertaken a comprehensive review of these programs, including examination of tobacco industry documents, program materials and independent research. The OMA concludes that:

- Tobacco industry documents make clear that their youth access programs have little or nothing to do with reducing youth smoking.
- The failure of these programs is inevitable because they are voluntary.
- Programs based on presentation of ID do not substantially reduce youth access.
- Youth access and educational programs target the wrong outcome, access, rather than consumption.
- To seriously address youth tobacco use, the tobacco industry must endorse comprehensive tobacco control best practices, which it has not done.
- Many retailers will not forego income provided by illegal sales-to-minors, and some retailers believe that if they do not sell tobacco to young people, competitors will.
- By emphasizing the adults-only status of tobacco use, tobacco industry programs reinforce young peoples’ desire to use tobacco.
- Member companies of the same coalition supporting these programs in Canada are also lobbying against tobacco display restrictions.
- School-based programs teach children that there is a “decision” to be made about tobacco use, rather than clearly demonstrating that there is no safe level of tobacco use.
- The “Wise Decisions” program contains no information about the harmful effects of tobacco or the tobacco industry’s well-documented denial of health effects, or its history of marketing to young people.
To address these concerns, the OMA recommends that all parties interested in reducing tobacco use endorse a comprehensive tobacco control program. The OMA further recommends that all community groups and associations that have endorsed these programs, be asked to withdraw their endorsement or withhold such endorsements if asked. The OMA will work with the Canadian Medical Association and other interested parties to ensure that this statement receives broad dissemination. Finally, the OMA recommends that all such tobacco industry-sponsored programs be carefully monitored in the future.

The OMA’s detailed recommendations are as follows:

1. The OMA recommends that Canadian federal, provincial and local governments, and all groups, associations, and other parties interested in reducing tobacco use, formally endorse the concept of comprehensive tobacco control (including prevention, protection, cessation and denormalization), and that they support and/or undertake the following measures as appropriate at their respective level of jurisdiction:

   o Restoration of tobacco taxation to at least pre-1994 levels and printing of tax-paid markings directly on tobacco packages.
   o Plain packaging of all tobacco industry products.
   o Elimination of all wording and slogans on tobacco packages, with the exception of brand names, factual health warnings and ingredient information.
   o Disclosure by the tobacco industry of all product ingredients, additives and smoke emissions by brand.
   o A ban on all in-store tobacco-related advertising and/or information.
   o A ban on all types of displays of tobacco industry products, together with a requirement that such products be placed out-of-sight behind retail counters.
   o Identification and implementation of effective curriculum-based anti-tobacco school education programs.
   o A requirement that all indoor workplaces and public places be 100 per cent smoke free, with no allowance for designated smoking rooms, even with separate ventilation.
   o Implementation of a comprehensive, evidence-based, nationwide cessation system to assist smokers of all ages in the quitting process.
   o A ban on chewing tobacco and snuff.
   o A requirement that the tobacco industry disclose marketing and research information, provincial and federal financial statements, and that the industry provide a complete list of retail outlets and wholesale distributors.
   o Initiation of legal action by federal and provincial governments, supported by any necessary legislation, to recover health-care costs caused by tobacco industry products, and the pursuit of criminal investigations and any resulting legal action arising from industry involvement in smuggling.
o Intensive and sustained mass media-based and community-based counter-advertising and public education campaigns based on campaigns that have been shown to be effective elsewhere.

o Adequate funding for comprehensive provincial and federal arms’-length research, monitoring and evaluation systems to measure the implementation and outcomes of comprehensive tobacco control interventions.

2. Since none of Operation ID (OID), Operation ID/School Zone (OID/SZ) or Wise Decisions (WD) occupy a legitimate position in best practices-based tobacco control strategy, the OMA recommends that all groups, associations and other interested parties which have formally endorsed them, be asked to withdraw their endorsement. If they have been contacted but not yet endorsed the program, we recommend that such endorsements be withheld. The OMA will be contacting such groups, associations and other interested parties in this regard.

To help expedite the implementation of this recommendation, the OMA will work with the Canadian Medical Association, other provincial medical associations, and interested health agencies and non-governmental health organizations (NGOs), to ensure that this statement receives the widest possible dissemination. Further, we will be forwarding the statement to federal, provincial and territorial ministries of health and education.

3. The OMA further recommends that a tobacco industry youth program monitoring network be established among provincial/territorial and federal ministries of health and NGOs with a particular interest in tobacco control, in order to provide continuous monitoring and assessments of future tobacco industry programs of the type represented by OID, OID/SZ and WD, and to alert community groups and other interested parties who may be approached by such programs, of the results of these assessments. The OMA further recommends that funding for this network be provided from the five-year, $480 million tobacco control fund announced in 2001 by Health Canada.
1. Introduction: Best Practices in Tobacco Control

This position statement is intended as an assessment and evaluation of the merit, and reasons behind, three tobacco industry-sponsored programs that have allegedly been prepared to reduce youth tobacco consumption. The OMA’s concerns about the merits of these programs and our assessment of whether current evidence supports their validity, will become clearer throughout the course of this analysis. To begin with, however, we wish to place our concerns in the context of what is known today about the best methods of reducing tobacco use. These methods, usually referred to collectively as “best practices in comprehensive tobacco control,” have been in development in the United States and Canada for over a decade. Together with our assessment of the programs themselves, this brief review of best practices will, we hope, assist the reader in determining not only whether the programs themselves work, but whether they have any legitimate place in mainstream tobacco control programming.

The reduction of tobacco use, particularly among young people, is an objective shared by the vast majority of Canadians (including many who smoke). The exceptions are those who benefit financially from increasing the use of tobacco – tobacco growers, product manufacturers, wholesalers, smugglers, retailers and their various suppliers. Based on this consensus, all levels of government and non-governmental health organizations (NGOs) and other interested agencies have worked for decades to develop effective tobacco control interventions via legislation, fiscal policy, mass media communications, community activism and broad-based education. This collective endeavour has led to a reduction in tobacco use to an average of about one in four Canadians, down from one in two several decades ago.

An important feature of the effort to reduce the use of the number one cause of preventable morbidity and mortality in Canada has been the diversity of means employed to accomplish this goal. Throughout the late 1980s and most of the 1990s, many jurisdictions developed, implemented and evaluated various combinations of tobacco control interventions, to the point where the essentials of what is now called “comprehensive tobacco control” are well defined. As we will see, many jurisdictions have complemented the basic elements of comprehensive tobacco control by additional initiatives, particularly those in the area of legislative policy reform.

In an effort to consolidate existing knowledge about best practices in tobacco control, the U.S. Centers for Disease Control and Prevention (CDC) published a major report in August 1999 that quoted in opening statement of the Government of Canada’s defence of the legal challenge to the Tobacco Act by JTI-McDonald Corp., Imperial Tobacco Limited and Rothmans, Benson & Hedges Inc. (RBH)
reviewed best practices for comprehensive tobacco control programs based on experience during the past decade in several U.S. states. This document was based on published evidence-based practices and experiences in various U.S. jurisdictions, notably programs in the states of California and Massachusetts. To be successful, the CDC concluded that a comprehensive program must have some level of activity in each of the following areas:

- local community program development;
- chronic disease prevention programs;
- school program activities, including evidence-based curricula, teacher training, parental involvement and cessation services;
- enforcement of tobacco control policies;
- state wide programs, including media advocacy and smoke-free spaces;
- counter-marketing programs;
- cessation programs;
- surveillance and evaluation; and
- administration and management.

While best practices concepts were being refined and implemented in the U.S., similar activities had been taking place in some parts of Canada. The federal government began the process by setting up the National Strategy to Reduce Tobacco Use in the early 1990s. In 1993-1994, the Ontario Ministry of Health produced the Ontario Tobacco Strategy (OTS), founded on the three principles of prevention, protection and cessation. The OTS’s legislative centerpiece, the *Ontario Tobacco Control Act* (the Act), made retail sales to minors under age 19 illegal, required a number of public places to be smoke-free, banned tobacco sales in pharmacies and from vending machines, and required reports on the activities of tobacco wholesalers and distributors. Compliance procedures and non-compliance penalties, including prohibition of the right to sell tobacco, were central components of the Act.

The OTS was one of the first provincial strategies to incorporate the comprehensive approach to tobacco control in Canada, working from U.S. best practice models. This approach has been further validated, refined and expanded throughout North America, to the point where the concept is now embodied in emerging international instruments, such as the Framework Convention on Tobacco Control being developed by the World Health Organization, and tobacco control programs either implemented or proposed by the Government of Canada and a number of other Canadian provinces.

A central concern in virtually every jurisdiction that has embarked on tobacco control efforts has been the need to reduce youth access to tobacco. Legislative tools used to reduce youth access include statutory requirements that retailers may not sell to minors, that identification must be obtained from anyone who may be under the age of majority (usually 18 or 19), and that certain signs must be posted stating that such sales are illegal. Governments which have implemented sales-to-minors regulations, supportive health agencies, and tobacco control analysts have generally agreed that sales to minors restrictions should be included in comprehensive tobacco control programs. However, serious questions have arisen as to whether youth access restrictions reduce youth tobacco consumption, and whether even very high rates of retailer compliance with such restrictions actually prevent young people from obtaining tobacco products. Some attention has been paid to these issues
in the research literature. In the United States, the Independent Task Force on Community Preventive Services is preparing an assessment of youth access restrictions, including laws that regulate and enforce bans on selling tobacco products to minors. Laws that prohibit minors from purchasing, possessing or consuming these products will also be considered. In anticipation of the conclusions of this review, a 1999 assessment of the research literature completed by the American Non-Smokers’ Rights Foundation (ANRF), concluded in part that:

“There are numerous studies demonstrating that aggressive efforts to enforce age-of-sale laws can succeed in reducing the percentage of merchants who sell tobacco products to minors. Most of these efforts involve some combination of merchant education and enforcement activities, such as sting operations. However, there is also evidence that merchants quickly return to old habits when vigilant efforts at sustaining high compliance are no longer in place.

A more central question, however, is whether increasing the number of merchants who comply with age-of-sale laws accomplishes the more important aim of reducing underage tobacco consumption. If restricting supply via enactment and enforcement of youth access laws does little to change youth consumption of tobacco, then devoting frequently limited resources to accomplishing higher rates of merchant compliance may be misguided.”

A common conclusion in the studies reviewed by the ANRF, and in those reviewed in a similar analysis prepared for the Ontario Tobacco Strategy Media Network at Cancer Care Ontario (CCO) in November 2000, is that in the absence of a consistent, sustained and effective enforcement regime, sales-to-minors restrictions are not effective in reducing consumption, and do not significantly reduce young people’s ability to obtain cigarettes. As the CCO analysis states, “A decade of experience in implementing laws prohibiting tobacco sales to minors in many jurisdictions, both as part of comprehensive strategies and as stand-alone measures, has proven that retailer compliance is not an accurate measure of youth access (author’s emphasis) to tobacco. Only a few retailers continuing to sell to minors can mean that tobacco products remain readily accessible; moreover, social contacts are also an important source of supply for youth.

There is limited evidence from a few uncontrolled studies that restrictions on youth access to tobacco products can (author’s emphasis) reduce youth consumption – but only when adequately enforced.”

Public health agencies routinely subject programs to peer review by colleagues through evaluations published in the standard research literature. This process is regarded as essential by any agency genuinely seeking to refine a program and account for resources expended. The OMA has been unable to locate any evaluations of tobacco industry-sponsored youth prevention programs in the standard peer review literature. In a review of Philip Morris’ “Action Against Access” program,

commissioned by the company in 1997, former U.S. Senator Warren Rudman found that two-thirds of U.S. retailers surveyed did not believe that tobacco companies are really committed to preventing sales to minors. Senator Rudman also found that most retailers used their own evaluation to determine a tobacco purchaser’s age, instead of relying on tobacco industry-provided calendars showing “cut-off” dates.5

Restrictions on sales to minors as an effective youth access prevention tool pale in comparison to the effectiveness of increased tobacco taxes (perhaps the most effective deterrent of youth consumption)6,7 and the core elements of “traditional” comprehensive tobacco control programs implemented by states such as California and Massachusetts (higher prices, plus intensive and sustained mass media, legislation banning smoking in public places and work places, intensive community activism, coalition building, and education). An indication of the kind of results that can be achieved by effective comprehensive tobacco control programs can be found in the state of California, which has the longest-running comprehensive program in North America. For the period 1988 to 1997, lung cancer rates in California declined 14 per cent, compared to a 2.7 per cent decline in eight comparison states and municipalities elsewhere in the United States. From 1989 to 1996, there were 58,900 fewer deaths from heart disease in California, and total direct medical cost savings of $497 million, compared to total tobacco control program costs of $411 million. Even more strikingly, when California’s total program costs for 1990 to 1998 are compared with savings in direct medical costs and in indirect costs such as foregone income and lost productivity for the same period, the comparison is $836 million on program expenditures versus $8.4 billion on total cost savings.8 (All figures are in U.S. dollars)

One of the fundamental lessons taught by California’s experience is the critical importance of changing the status and acceptability of tobacco in the adult world as a pre-condition to successfully

7. The damage to industry sales caused by tax increases has long been recognized by the industry. In a 1987 memorandum, a Philip Morris employee reviewed the impact of price increases earlier in the decade on Philip Morris sales: “The 1982-83 round of price increases caused 2 million adults to quit smoking and prevented 600,000 teenagers from starting to smoke. Those teenagers are now 18-23 years old, and since about 70% of 18-21 year-olds and 35% of older smokers smoke a PM brand, this means that 700,000 of those adult quitters had been PM smokers and 420,000 of the non-starters would have been PM smokers...We were hit disproportionately hard. We don’t need to have that happen again.” (emphases in original text). Myron Johnston to Jon Zoler, September 1987, Bates No. 202216179. Quoted in “Danger: PR in the Playground,” Action on Smoking and Health (UK), 2001.
reducing young people’s tobacco use. The state’s experience is reviewed in a September 20, 2001 presentation to Ontario Health and Long-Term Care Minister Tony Clement by staff of the state’s Department of Health Services Tobacco Control Section. The presentation notes at the outset that the goal of the state program is to change social norms about tobacco through a “denormalization” strategy based on

“reducing the social acceptability of:
- Tobacco use
- Exposure to ETS
- Availability of tobacco to children
- Saturation of the community with tobacco images.”

The primary importance of focusing on change in the adult world is underlined by the Tobacco Control Section’s conclusion that “lasting change in youth behavior regarding tobacco can only be secured by first changing the adult world in which youth grow up.”

Elsewhere in the U.S., comprehensive programs have:

- Reduced total consumption in Massachusetts by 35 per cent - four times the national average.
- Achieved substantial short-term declines in youth tobacco use in Florida.
- Helped make Arizona youth less susceptible to using tobacco, and achieved significant reductions in adult prevalence.

A similar emphasis on the importance of change in the adult world to reducing youth consumption can be found in Ontario. In 1998, former health minister Elizabeth Witmer convened an expert panel to assess how to revise the Ontario Tobacco Strategy referred to earlier. This expert panel based its work on existing best practices evaluations and experiences from jurisdictions already mentioned. The panel also devoted considerable attention to the CDC’s recommendation about the need for enforcement of tobacco control policies (i.e. legislative restrictions) by adding some important requirements to its comprehensive plan that included:

- Plain packaging.
- Health warning inserts in packages.
- The elimination of deceptive package labeling, for example “light” and “mild” (now under way under the auspices of former federal minister of health Allan Rock).
- A requirement that all tobacco products be placed out-of-sight behind counters at point-of-sale.
- A ban on the sale of chewing tobacco and snuff (which serve as an introduction to nicotine addiction for a small, but significant, percentage of the adolescent population).
- A requirement that tax-paid markings be printed directly on tobacco packages.

The panel’s recommendations also included greatly expanded cessation programs for the province, and pointed to a number of reasons why the Government of Ontario should sue the tobacco industry to recover health-care costs paid by the province as a result of tobacco use.

Shortly thereafter, the Tobacco Control Program Group at Health Canada, in addition to citing all of the central elements of comprehensive tobacco control under federal jurisdiction in its planning documents, added the need for new regulations pertaining to product modification and the enforcement of existing restrictions on advertising and promotion, including sponsorship advertising.13

Elsewhere in Canada during the past three years, comprehensive tobacco control strategies have been either proposed and implemented (in British Columbia), partially proposed and/or partially implemented (Nova Scotia, New Brunswick, Quebec, Newfoundland and Saskatchewan), or are under active development either at the programming or legislative level (Alberta).

Throughout many of these program and policy development exercises, a new and increasingly common theme has been emerging: the public disclosure of tobacco industry tactics. These tactics include the industry’s use of scientific disinformation concerning the consequences of tobacco use, evaluation of youth behaviour and marketing of tobacco products to young people, the facilitation of tobacco smuggling, and opposition to virtually every significant legislative and policy component of comprehensive tobacco control.

The 1990s amounted to a unique decade in the number and variety of comprehensive initiatives undertaken in tobacco control, including legislation, programs, litigation and media coverage directed at the past and present tactics, strategies and behaviour of the North American tobacco industry.14 During the same period, a large and growing number of international, national, state, state,

14. Canadian and American tobacco companies are inter-related:

- **Imperial Tobacco of Canada**, with 70% of the Canadian cigarette market, is now a wholly owned subsidiary of UK-based British American Tobacco (BAT), which bought out minority shareholders in 2000. BAT’s U.S. subsidiary is Brown & Williamson, which has a market share of 10.5% (2000) in the United States, and also manufactures several major international brands for export (notably Lucky Strike). Brown & Williamson was a key member of the now-defunct Tobacco Institute and the Council for Tobacco Research. BAT and Philip Morris are the two main players in the world cigarette market.

- **Rothmans, Benson & Hedges (RBH)** is Canada’s No. 2 tobacco company, with a particular strength in the roll-your-own segment, which it dominates. It has 21.5% of the total tobacco market (roughly 18% of the manufactured cigarette market in 2001). RBH has two shareholders: Philip Morris (40%) and Rothmans Inc. (60%). Rothmans Inc. is a publicly held company, listed on the Toronto Stock Exchange, with no single controlling shareholder. RBH has traditionally relied on Philip Morris for technical and strategic advice. Philip Morris is the dominant US tobacco firm, with a market share of 50.5% (2000 figures).

- **JTI-Macdonald** is Canada’s No. 3 tobacco company, with a single major brand: Export ‘A’, and a declining market share of about 12%. JTI-Macdonald is a wholly owned subsidiary of Japan Tobacco International, whose major shareholder is the Japanese government. JTI-Macdonald was formerly (until 1999) known as RJR-Macdonald, and was owned by R.J. Reynolds, the No. 2 tobacco company in the United States. In 1999, R.J. Reynolds sold all of its non-US interests to Japan Tobacco, including RJR-Macdonald and rights to the flagship Camel brand.
provincial, and independent scientific reports and analyses continued to document rapidly increasing knowledge of the multiple effects of tobacco on the human organism. Legislation at the national, state and local levels, in both Canada and the U.S., significantly reduced the exposure of smokers and non-smokers alike to second-hand smoke, identified as the third leading cause of preventable morbidity and mortality in both countries. Major restrictions on direct and indirect tobacco advertising were implemented in both the U.S. and Canada. Anti-tobacco media campaigns proliferated.

In perhaps the most dramatic development of the decade, litigation against the U.S. tobacco industry by four states (Florida, Texas, Mississippi and Minnesota), and a subsequent Master Settlement Agreement between the remaining 46 states and U.S. tobacco companies, led to the release of over 35 million pages of internal tobacco industry documents. These documents reveal that the industry has long known of the negative effects of its products upon the human organism, and has developed a variety of lobbying and public relations strategies designed to deny these effects. They also demonstrate that the industry has challenged scientists and researchers whose work proves these negative effects, and has recruited “experts” to promote tobacco industry views alleging, for example, the inadequacy of the science demonstrating second-hand smoke to be a human health risk. Industry funding of think-tanks and research groups, such as Canada’s Fraser Institute and the U.S. Cato Institute, has been revealed. These groups have served as vehicles to promote industry challenges to health science conclusions about the effects of tobacco use, and to underwrite its ongoing attacks on both public and private-sector critics in both countries. Evidence of widespread links between tobacco companies and the hospitality industry has also emerged.

In the face of such challenges to its legitimacy and long-term survival, the tobacco industry has not sat idle. In the past several years, the industry in Canada has embarked on a well-orchestrated and co-ordinated campaign to rehabilitate its image, to ingratiate itself with various community groups, and to create the impression that it shares a goal that is strongly supported by virtually all Canadians: the need to prevent young people from smoking. As it mounts an international attack on the credibility of the science demonstrating second-hand smoke health consequences, and attacks virtually every proven effective tobacco control intervention proposed by governments or suggested by the health community, the industry has simultaneously devoted significant resources to presenting itself as a community partner seriously concerned about the problem of youth smoking.

The basic implausibility of this concern is evident in one simple fact: research demonstrates that almost 90 per cent of regular smokers begin using tobacco at or before the age of 18. Actually stopping young people from smoking would be tantamount to self-destruction for the industry. At

the same time, any overt effort to recruit new young clients to replace those who have quit using industry products, or died from using them, would guarantee both Canada-wide public outrage and severe government reprisals against the industry. Rather than passively defending itself against repeated charges and evidence concerning its interest in recruiting younger smokers, the tobacco industry has adopted a proactive strategy of increasingly endorsing and promoting its own version of youth access restriction and youth education programs.

The industry’s public attitude toward the matter of youth access to tobacco products can be found in comments made by former Canadian Tobacco Manufacturers Council President Robert Parker, to a hearing of an all-party committee of the Saskatchewan legislature in March 2000, as the committee considered tobacco control legislation for that province: “No we don’t market to children; we don’t think that children should smoke…we do not want or need the business of underage smokers.”\(^{20}\) Despite Mr. Parker’s denial of the industry’s need for “underage smokers,” the tobacco industry has in fact spent a great deal of time and resources on assessing and evaluating the behaviour of young people, determining how to reach them, and creating various pro-smoking messages and icons (i.e. Joe Camel) to carry these messages.\(^{21,22}\) As previously mentioned, it has also opposed some of the most demonstrably effective youth tobacco control interventions, notably higher prices, advertising restrictions and smoke-free spaces.

A more likely and well-documented explanation for the industry’s interest in youth prevention can be found in a 1991 U.S. Tobacco Institute discussion paper, made public during the Minnesota court case, which reads in part as follows:

“The youth program and its individual parts support the Institute’s objective of discouraging unfair and counter-productive federal, state and local restrictions on cigarette advertising, by:

- Providing ongoing and persuasive evidence that the industry is actively discouraging youth smoking and independent verification that the industry’s efforts are valid.

- Re-enforcing the belief that peer pressure - not advertising - is the cause of youth smoking.

- Seizing the political centre and forcing the anti-smokers to an extreme (as happened when the antis attacked the industry at the time of the launch.)

This strategy is fairly simple:

1. **Heavily promote opposition to youth smoking.**

\(^{20}\) See the full text of Parker’s comments to the hearing at http://www.legassembly.sk.ca/tcc/Docs/000307Tobacco.htm.


2. Align industry with broader more sophisticated view of the problem, i.e. parental inability to offset peer pressure.

3. Work with and through credible child welfare professionals and educators to tackle the “problem.”

4. Bait anti-tobacco forces to criticize industry efforts. Focus media attention on antis’ extremism. Anticipate and blunt antis’ strongest points.

5. Establish the sense of a growing, well-accepted program by encouraging a proliferation of small, local projects; and appropriate co-ventures with other (Tobacco Institute) allies. Avoid dependency on any one organization.”

Together with other industry documents cited throughout this analysis, this passage is critical to an understanding of the real objectives behind the tobacco industry's promotion of youth prevention programs.

The Canadian versions of the industry's youth prevention strategy are “Operation ID,” (OID) its related program “Operation ID - School Zone” (OID/SZ), and “Wise Decisions,” (WD).

2. The Programs

1. “Operation ID” (OID) and “Operation ID/School Zone” (OID/SZ)

Launched in 1996 by Canadian tobacco companies and a number of retail and labour organizations grouped under the Canadian Coalition for Responsible Tobacco Retailing (see Appendix A), OID is described as a program designed “to help retailers and their staff uphold the law and put an end to the illegal sale of tobacco to minors.” Kits are made available to retailers which contain signs stating that a potential purchaser must show ID and that the retailer displaying signage does not sell to minors, together with “information on tobacco regulations and suggestions for managers and clerks on dealing with underage customers.”

A variation of OID, OID/SZ, is described as being targeted at retailers within a one kilometre radius of schools. Evidence of the dissemination of one or both of these programs has appeared in retail outlets in all 10 provinces. OID staff have informed the Ontario Tobacco Research Unit that the program is operating in 7,000 communities in Canada. The OID Website states that “more than 93,000 Operation ID kits have been distributed to retailers across Canada.” If the OID figures are correct, then each community in which the organizers claim the program is running has received an average of just over 13 kits each. Even if the largest communities have received the largest number of kits, it is hard to conclude that comprehensive coverage of retail tobacco outlets across Canada has been achieved.

A key feature of the OID/SZ program variation is the solicitation of community organizations to lend their names to publicity and advertising released into participating communities. A typical example of an OID/SZ launch occurred in late November 2000 in Kingston, Ontario. Newspaper ads announced the advent of the program to Kingston, noting that stores located next to schools had received special display materials and other supports to help them comply with the laws restricting the sale of tobacco to minors. The ads contained the logos of the Greater Kingston Chamber of Commerce, the Boys and Girls Club of Greater Kingston, the Kingston Jaycees, the Kingston KIMCO Voyageurs hockey club, and the Kingston Whig Standard. Advertising in the Whig Standard featured the logos of the Chamber of Commerce, the Kingston JC's, Junior Achievement, the Whig Standard, itself and the Municipality of Greater Kingston.

Throughout 2001, OID/SZ advertising continued to appear in local Kingston media, containing the names of additional service clubs and other community organizations alleged to be “working with” the program. Following the November 2000 launch of the program, staff at the Kingston, Frontenac, Lennox and Addington Health Unit watched its spread with some concern: the program had no capacity to be enforced, and the advertising made no mention of the harmful effects of tobacco use, nor the tobacco industry’s long history of misinformation about the effects of its products. In late 2001, this concern led health unit staff to contact some of the organizations cited in the advertising as “working with” the OID/SZ program. Staff were informed by the Kingston Police Department that the Department was not sponsoring the program. Big Sisters informed the health unit that it was

not supporting the program, and Big Sisters was concerned to see its name in OID/SZ program advertising.

It is not surprising that community groups with an interest in the welfare of young people would see a program ostensibly designed to reduce youth access to tobacco as laudable, and that they would allow their names to be publicly associated with the program. Once service clubs and other community associations whose names have been publicly associated with OID/SZ are informed about the evidence concerning the tobacco industry’s development of youth access programs, the OMA would expect most, if not all, to reconsider their association with the program.

The community organizations lending their names to OID/SZ in Kingston were reflective of the types of organizations that have endorsed the program in other Canadian communities. (See a complete list in Appendix B). Of the 134 individuals and organizations named as “community partners” on the program’s Web site, only five27 have any direct association with the health community. Nowhere in the Kingston advertising or, for that matter, in any other local, regional, or national OID or OID/SZ advertising, are there any endorsements from medical professionals, medical organizations (i.e. the Canadian Medical Association or its provincial divisions), ministries of health, hospitals, medical/scientific researchers specializing in tobacco control issues, or any of the leading NGOs involved in tobacco control policy and advocacy across Canada (such as the Canadian Cancer Society, Heart and Stroke Foundation of Canada, Canadian Lung Association, Canadian Public Health Association, or any of their regional affiliates).

In an April 2001 program announcement,28 OID, Imperial Tobacco Limited, JTI-McDonald Corp., and Rothmans Benson and Hedges Inc. announced that they had put aside competitive issues and donated the use of their retail display space across the country to raise public support for tobacco retailers:

“Starting April 1, 2001, representatives from each tobacco company will install public awareness posters in their allocated display spaces and retail outlet across Canada. These posters will be displayed for three months.”

This apparently straightforward announcement bears closer scrutiny:

- One might conclude from this statement that the companies intended to provide new space for OID signage, which would otherwise have been taken up by displays of tobacco products. The OMA has been unable to identify any retail locations in which displays of tobacco products were removed from their key location behind counters and replaced by OID signage.

- The statement can be read as inferring that space which the retailer would normally use for tobacco-related advertising was to be donated to OID. In fact, tobacco companies are not allowed to advertise their products directly to the public. Their ability to place sponsorship advertising has been severely restricted since October 2000 by federal regulations which require removal of

27. Brandon Health Inspector, Brandon Regional Health Authority, Central Okanagan Community Health Advisory Committee, Kelowna Health Unit, Okanagan Similkameen Health Region.
company names and logos from sponsorship advertisements, thus significantly diminishing their value as tobacco advertising vehicles.

- Even if this type of initiative were effective in reducing smoking prevalence and consumption among youth (the key indicators of whether any youth-oriented tobacco control intervention is successful), the limitation of the display period to three months would have guaranteed its failure, since the need to sustain tobacco control interventions over long periods of time has been well-documented by best practices research.

Before proceeding to a more general discussion of the reasons why the credibility, authenticity and effectiveness of these programs must be questioned, we will briefly review the other major tobacco industry youth-focused program being rolled out across Canada.

2. “Wise Decisions” (WD)

This tobacco industry-sponsored program is designed by a Toronto consulting firm, Cunningham Gregory and Company, and is being pilot-tested in a number of Canadian communities. In at least one Toronto school board, free computers are being offered to schools that agree to test the program. The program manual examines attitudes, decisions and influences that, according to the authors, affect the decisions of students in grades 6-8 to smoke or not to smoke. The document is written for teachers, divided into four thematic units, and “explores the influence of family, friends, the world around us, and the student’s ability to promote a healthy, smoke-free lifestyle.”

WD lessons focus on young people’s personal attitudes toward smoking, the factors that influence these attitudes, the influence of family and friends upon their decisions, the decision-making process and health lifestyles. A heavy emphasis is placed throughout on communication skills.

The program provides no information on the harmful effects of tobacco, the conduct of the tobacco industry in opposing tobacco control interventions, or the industry’s history of researching the behaviour of young people to determine their attitudes towards smoking and how to prepare them to become adult smokers.

One WD unit asks students if they agree with quotations like “smoking cigarettes will lead to diseases that kill” and “smokers can be healthy individuals,” without mentioning that there is actually a correct answer. Teachers are urged to be uncritical of students and their opinions: “It is imperative that teachers make it clear from the onset that they will not be evaluating the student’s attitudes or decisions in this program. Rather, they will be assessing the students’ understanding of the decision-making process and of the influences upon them as they make decisions.”

WD is reminiscent of an R.J. Reynolds (RJR) school-based education program, “Right Decisions. Right Now,” which was launched in the U.S. in 1991. The RJR program material notes that smoking is a risk factor, like “many factors statistically associated with an individual’s chances of developing

30. Ibid, p. II.
It states that kids smoke because of “the power of peer pressure...a very strong influence,” and reinforces the industry’s central position that there are many behaviours adults engage in that young people should not. While there is no evidence that the “Right Decisions” program had any influence on tobacco use in the United States, Canadian representatives of RJR-Macdonald Inc. (now JTI Inc.) have referred to the need for youth education programs in Canada and that these programs “require a dialogue like our U.S. ‘Right Decisions. Right Now.”’ program.33

31. Quoted in American Non-Smokers’ Rights Foundation, op. cit., p. 3.
32. Although friends and peers were identified by 38% of those responding to the 2000 Canadian tobacco use monitoring survey as the group with most responsibility for youths starting to smoke, other influences added up to a significantly higher percentage. Twenty-two percent assigned responsibility to young people themselves, 17% to parents, 13% to the tobacco industry, and 10% to a combination of other influences such as celebrities and other adults.
3. Why Tobacco Industry-Sponsored Sales to Minors Prevention Programs Don’t - And Can’t - Work

The OMA’s analysis of tobacco industry-sponsored youth prevention programs and changes in youth prevalence and consumption in Canada lead to nine major conclusions about the authenticity and effectiveness of these programs:

- **If the tobacco industry is serious about stopping young people from smoking, it must endorse control measures recognized as current best practices in tobacco control.** It must abandon the misleading and ineffective approach embodied in youth prevention programs, endorse comprehensive measures as described earlier, and use its national network of sales representatives to do unannounced compliance checks on retailers and severely penalize those found to be selling to minors by such means as refusing to supply product. It must stop promotional payments to retailers that the industry makes in exchange for the placement of tobacco displays at point-of-sale. The industry must also agree to eliminate all types of in-store promotions, product displays and attractive packaging.

In fact, the industry, either directly or through its allies in the retail and hospitality industries, has actively opposed effective tobacco control policies for years. Where they have willingly complied, or at least remained silent, we can safely assume that tobacco companies were aware that the measure proposed would not be effective in reducing tobacco consumption. The industry’s lack of opposition to youth access restriction initiatives is a case in point.

- **The failure of programs like OID and OID/SZ is inevitable because they are voluntary.** There are no incentives for merchants to comply with these programs. There is no enforcement regime, and no penalties for non-compliance.

In fact, the Canadian tobacco industry has a long history of promoting voluntary measures as a means of forestalling the risk of increased regulation. The Canadian industry’s reaction to a major U.S. report on the health effects of smoking is a case in point. Following the release of the landmark report of the U.S. Surgeon General’s Advisory Committee on Smoking and Health in January 1964, the Canadian tobacco industry announced a code of voluntary restrictions on its own advertising. The code’s main tenets, and its central weakness, are best summarized by the Canadian Cancer Society’s senior legal counsel, Rob Cunningham:

> “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.”

Cunningham points to a number of other examples of the voluntary code’s ineffectiveness:

- “The rule limiting expenditures to 1971 levels was altered to allow for inflationary increases.
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.]

In 1980, an attempt to have carbon monoxide levels listed on packages ended up with manufacturers merely undertaking to lower the levels without printing anything on the package.

In 1982, then-federal health minister Monique Bégin tried to ensure that there were 500 metres between ads and school property, but this restriction was never implemented.

When Bégin wrote to the Canadian Tobacco Manufacturers Council (CTMC) requesting that ads appearing on closed-circuit television be removed, the CTMC replied with an alternative interpretation of the code, that the ban on television advertising did not apply to closed-circuit TV.

When the public and Bégin complained about ads placed within 200 metres of schools, as the voluntary code prohibited, the industry placed the blame on advertising agencies and billboard companies.

In 1996, the tobacco industry weakened its voluntary code to permit advertising inside stores near schools after a ruling found that such advertising was a violation of the code.34

Programs requiring potential youth purchasers to show ID don’t work. The Ontario Tobacco Research Unit’s November 6, 2001 report entitled “Monitoring the Ontario Tobacco Strategy,” stated in part that “In recent years, there have been no significant changes in the percentage of students in (Ontario) asked for ID.” Major fluctuations in compliance with sale-to-minors legislation have been observed across various retail sectors in Ontario and elsewhere. For example, while supermarket and independent convenience store compliance increased in Ontario from 1999 to 2000, gas station and chain-outlet compliance decreased in the same period.36 Yet, OID materials are displayed by all these classes of outlets. In an example from Quebec, the percentage of retailers who observed sales-to-minors restrictions in Chicoutimi/Jonquiere (an area particularly targeted by the OID/SZ program) decreased from 72.2 per cent in 1999 to 64.5 per cent in 2000, according to a national survey.37

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34. Cunningham, op. cit., pp. 61, 69, 300.
36. Ibid p. 42.
37. See www.operationid.com, “% retailers refusing to sell by region – measurement of retailer compliance with respect to the Tobacco Act and provincial tobacco legislation,” AC Nielsen, March 2001. Dr. Tom Abernathy, executive director of Ontario’s Central West Health Planning Information Network, and a long-time analyst of youth restrictions, offered the following comments on the AC Nielsen figures: “The results are inconsistent and impossible to interpret. There is no clear trend either among individual communities or between them. In fact, since confidence levels are not reported with the percentages, there is no way to tell whether or not any differences exist at all. Second, because evaluation methods are not available, we do not know if (1) the merchants who took part in the program were self selected; (2) if the same merchants always participated in the different surveys, (3) what methods were used to measure compliance (i.e. the time of day, age and sex of test shoppers, mix of different types of establishments). There is also no way anyone could confirm the results by independent evaluation. Taken together, these issues create questions about the industry’s claims of success and exclude this approach from consideration as a ‘best practice for tobacco control’.”
OID representatives have tried to claim credit for positive changes in compliance with sales-to-minors restrictions. In a March 8, 1999 letter to the Ontario Lung Association’s London program co-ordinator, OID/SZ Manager Anne Viau cited statistics from an A.C. Neilson study to the effect that in Ontario, retailer compliance with sale-to-minors restrictions was measured at 69.4 per cent in 1997, up from 62.2 per cent in 1995. Ms. Viau then pointed out that over 20,000 OID kits had been distributed during the previous two years in Ontario, and implied credit to the OID program for the increase in compliance. In fact, according to independent analysis by the Ontario Tobacco Research Unit,38 there had been an increase in retailers willing to sell to minors in Ontario from 26 per cent in 1996 to 31 per cent in 1997.

In a further example of an unjustified claim of credit for increased compliance, the same letter referenced a “successful pilot project” of OID/SZ launched in 1998 in Kelowna, British Columbia, and stated that the program caused an increase in “retailer compliance” from 74 per cent to 92 per cent. What the letter did not mention was whether there was any increase in ability of Kelowna’s young people to actually obtain cigarettes, or whether there was any real change in youth smoking prevalence, or consumption, as a result of this pilot project. It was also not clear who determined this change in retailer compliance, or who conducted so-called “mystery visits” to retailers described in an October 2, 1998 OID/SZ news release about the Kelowna experience, which Ms. Viau cited in her letter.

While Ms. Viau clearly implied that the change in retailer compliance in Kelowna was directly due to the OID/SZ program, the British Columbia government had recently embarked on an aggressive provincewide tobacco control program, including mass media-based public education and increased sales-to-minors enforcement. It is at least as likely that the provincial program had more of an effect on retailer compliance - if indeed the effect took place - than that the local OID/SZ program had any effect at all.

A further factor undermining the potential success of ID-based youth access programs is that many young people today have access to false ID. Therefore, basing a sales-to-minors restriction program on production of ID guarantees that many underage youth will still successfully purchase tobacco. Easy access to false ID also may serve to indemnify retailers who sell to teenagers by offering a legal defence that ID was in fact checked.

Even if the weaknesses in retail ID-based programs were to be corrected, there remains the fact that the majority of adolescents may in fact get cigarettes from non-commercial sources:

“One recent survey found that 73.7 per cent of 8th, 9th and 10th graders who reported having ever smoked obtained their most recent cigarette from a friend or family member, as compared with 22.6 per cent who obtained it from a commercial source.”39

These contradictory statistics and questionable claims mirror results from other research done in the United States on similar tobacco industry-sponsored, voluntary retailer compliance programs. In a 1996 article in the *American Journal of Public Health*, researchers looked at the success of the U.S. Tobacco Institute’s “It’s the Law” campaign, which utilized an approach to reducing retailer sales-to-minors very similar to OID. The authors found that the program was not associated with a significant reduction in illegal sales either through vending machines or from over-the-counter sources. As noted earlier, it has now been confirmed that the actual purpose of the “It’s the Law” program was to improve the low public image of the tobacco industry, while legitimizing certain industry lobbying efforts.40

- **Youth access and educational programs target the wrong outcome.** These programs do not have changes in youth prevalence or consumption as their desired outcome. Their focus is instead on the number of retailers who are willing to sell to minors, or the type of decision-making process used by young people when they think about smoking. While many jurisdictions have sales-to-minors restrictions in place, teenage smoking rates often remain stable, even when “effective” youth access programs are implemented.41 The available literature suggests that nothing short of a 90 to 95 per cent compliance level will produce any change in youth prevalence or consumption rates.42 Tobacco industry-sponsored youth prevention programs inevitably focus on the behaviour of the victims of the tobacco epidemic, rather than those responsible for manufacturing, marketing and promoting tobacco products, namely the industry itself. If OID or OID/SZ fails, it is the retailer who is blamed.43

Paradoxically, “success” under the WD program would be measured by the number of young people who, having taken the program, conclude that there is a legitimate decision to be made between smoking and not smoking. For some children who have never previously entertained the thought of smoking, WD may in fact represent an introduction to the possibility of smoking.

- **Many retailers are reluctant to forgo the substantial income provided by illegal sales-to-minors.** To be clear about the dependence of the industry on the youth market, it is important that we understand the magnitude of this market. In a mid-November 2001 filing as part of the U.S. government’s attempt to recover civil damages from tobacco companies under the Racketeer Influenced and Corrupt Organizations Act (RICO), the U.S. Justice Department filed hundreds of pages of testimony from expert witnesses. These include economists from the Massachusetts Institute of Technology, who testified that the U.S. “youth-addicted population,”

43. A November 15, 2001 story in the *Charlottetown Guardian* on ODI/SZ contains an admission from the program’s regional consultant in Charlottetown that the compliance rates of retailers refusing to sell tobacco to minors in the Maritimes, including PEI, had dropped “a bit” compared to the fall of 2000. Instead of attributing the compliance decline to the ineffectiveness of their program, both the consultant and the national manager for Operation ID ODI/SZ, Anne Viau, attribute the decline to the fact that “retailers have a lot on their plate and they need to be reminded,” and that the changeover rate of young clerks is very high.
defined as those who began smoking before age 21, has contributed as much as $926 billion dollars (U.S.) to tobacco industry revenue between 1954 and 2000. According to another calculation in the testimony, more than half of cigarette sales in the U.S. today are to people who began smoking after 1971.

Taking into account the 10-to-one population differential between the United States and Canada, and the fact that the implementation, timing and diversity of youth access restriction laws in Canada and the U.S. are not dissimilar, it is reasonable to suggest that the magnitude of cigarette sales to the under-21 age group in Canada during the same period may have amounted to one tenth of the U.S. figure, or as much as $92 billion (U.S.). Given the higher price of cigarettes in Canada for much of the period, this estimate is no doubt conservative.

- **It is also the case that when there is no clear and consistent enforcement of youth access restrictions, merchants often believe that if they refuse to sell tobacco to minors, their competitors will do so.** Legitimate youth access programs (i.e. properly mandated programs enforced by public health authorities) include aggressive enforcement, merchant education, compliance checks, and stiff penalties for non-compliance, including withdrawal of the right to sell tobacco following multiple convictions (i.e. under the Ontario Tobacco Control Act). While there is some evidence that enforced programs in some jurisdictions have been accompanied by modest reductions in youth consumption, other programs have shown no change, or an actual increase. Researchers point to inadequate enforcement as the primary cause of these mixed results.

- **The tobacco industry’s own documents make clear that the objective of youth access programs has little or nothing to do with reducing youth smoking.** In a Philip Morris memo produced at the same time as the Tobacco Institute discussion paper cited on page 8, a company analyst described the criteria for judging the success of the company’s “It’s the Law” program (the main components of which are found in OID and OID/SZ):

  “As we discussed the ultimate means for determining the success of (“It’s the Law”) will be:

  1. A reduction in legislation introduced and passed restricting or banning all sales and marketing activities;

  2. Passage of legislation favourable to the industry;

3. **Greater support from business, parent, and teacher groups.**  

By emphasizing that tobacco use is an adults-only behaviour, programs like OID and OID/SZ reinforce the desirability of tobacco use to young people who are experimenting with adult behaviours. Tobacco industry documents repeatedly emphasize the importance of defining smoking as an adult behaviour. Two internal Philip Morris documents are particularly good examples of the positioning of tobacco use as an adult behaviour:

“Our objective is to communicate that the tobacco industry is not interested in having young people smoke and to position the industry as ‘a concerned corporate citizen’ in an effort to ward off further attacks by the anti-tobacco movement.”

A frequently-quoted summary from a New York advertising agency working for the tobacco industry in the mid-1970s concisely summarizes how the industry should reach young starter smokers:

“In the young smoker’s mind, a cigarette falls into the same category with wine, beer, shaving, wearing a bra (or purposely not wearing one), declaration of independence, and striving for self-identity...Thus, an attempt to reach young smokers, starters, should be based, among others, on the following major perimeters:

- Present the cigarette as one of the few initiations into the adult world.
- Present the cigarette as part of the illicit pleasure category of products and activities.
- In your ad create a situation taken from the day-to-day life of the young smoker but in an elegant manner. Have this situation touch on the basic symbols of the growing-up, maturity process.
- To the best of your ability, (considering some legal constraints), relate the cigarette to pot, wine, beer, sex, etc.”

Members of the same industry coalition that supports OID and OID/SZ, are also lobbying to prevent the banning of point-of-sale tobacco displays. These displays, which include the large “power walls” of cigarette packages behind retail counters containing quantities far larger than that necessary to supply consumers on a daily basis, are visible to all consumers. Point-of-sale promotions like power wall displays send a message to young people that tobacco is just as accessible as candy or newspapers, and children see such displays every time they go into a corner store, including stores next to schools targeted by OID/SZ. Tobacco companies have never adopted any voluntary restrictions on retail displays, including in stores near schools. It is also important to understand that Canadian tobacco companies reward retailers for these displays.

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The OMA has learned that the Saskatchewan Committee for Responsible Tobacco Retailing, a group that has been lobbying intensively to have Saskatchewan’s legislative ban on point-of-sale promotions eliminated, has identified itself as a subcommittee of the Canadian Coalition For Responsible Tobacco Retailing, the major coalition which sponsors OID and OID/SZ. This fact, together with internal industry documents such as that quoted at the outset of this analysis, clearly demonstrate the hypocrisy inherent in claims by the tobacco industry and its retail allies that they do not support sales to minors. The Saskatchewan legislation is designed to have tobacco placed out of sight behind counters in retail sales outlets. This move would have no effect on the ability of adults – the industry’s alleged target audience – to obtain tobacco products, but would remove a powerful message, repeated tens, if not hundreds, of thousands of times across the country every day to young people who go into corner stores and local convenience outlets, that tobacco is a normal consumer product just like any other.

In summary, there is no credible, independent evidence that shows that voluntary, tobacco industry-sponsored programs like OID and OID/SZ have any sustained or significant effect upon either youth consumption or retailer compliance. In fact, many in the tobacco control community believe that voluntary, industry-sponsored programs like OID and OID/SZ are not simply public relations programs designed to improve the industry’s image: they may be designed to make tobacco products appeal to teenagers by presenting tobacco as a “forbidden fruit,” which should only be legally available to adults.
4. **Why Tobacco Industry-Sponsored Decision-Based School Prevention Programs Don’t – and Can’t - Work**

Although at first glance the concept of a program that provides decision-making advice to young people concerning tobacco use might appear to be a useful activity, the “Wise Decisions” (WD) program is based on highly questionable premises:

- **First, the program’s core message tries to establish the notion that the appropriate approach to tobacco use by young people is to “decide” whether to use it.** There are many benign activities in which young people engage, about which they are not encouraged (or able) to make independent decisions: regular attendance at school is the first and most obvious. The Quebec Coalition for Tobacco Control has noted that, “every year, 18,000 underage Quebeckers start to smoke. Of these, (a relatively small number) will die in a car accident or from suicide. But 4,500 will eventually die from a smoking-related disease. Who would dream of telling a child that he has to “decide” on whether or not to drive carelessly or to commit suicide?”
  
  Telling young people they must make a decision regarding smoking, without informing them of the high risk of premature death and disease from tobacco use, is just as irresponsible.

- **The term “decision” invokes the notion of “freedom of choice,” which, next to its repeated statements that its products are legal, is the tobacco industry’s preferred description of the “habit” of smoking.** The term conceals the harsh reality of addiction and the fact that most smokers want to quit but are unable to do so.

- **An Ontario Lung Association analysis of WD’s content** points to a number of practical problems:
  
  - **The program itself does not contain any pertinent information about the risk of tobacco use and the behaviour of the tobacco industry necessary for students to make an informed decision.** While the program does direct students and teachers to various Internet sites, including Physicians for a Smoke-free Canada (www.smoke-free.ca) and the Lung Association (www.on.lung.ca), schools would have to have curriculum computer labs available and time provided to complete these activities, if these Web sites are to be investigated. Most schools and teachers do not have the resources or time to complete these activities as outlined.

  - **In the “Approach” section of the WD document (page iii), the authors say “to encourage open, honest and uncritical student dialogue and interaction, the teacher must provide an open and uncritical environment.”** As noted earlier, most of the activities in this program are open-ended, with no right answers. A major flaw in this method is that there is a “right

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answer” for this subject: do not use tobacco industry products.

- The program contains no process or pathway leading students to not use tobacco products. For example, there is no declaration at the end of the program in which students sign a contract not to smoke (research indicates this affirmation is an important element in preventing young people from smoking). There are many structural faults, such as the absence of instructions on how to set up peer groups. Finally, the lessons require a major amount of time to complete: under the new Ontario curriculum, for example, teachers will only be able to spend six to seven 40-minute classes on the Healthy Living component, during which time they also need to cover alcohol and other drugs, as well as leave time for evaluation.
5. Conclusion and Recommendations

At best, Operation ID, Operation ID School Zone, and Wise Decisions may be ineffective diversions which siphon resources away from truly effective tobacco control interventions. At worst, they position tobacco industry products as desirable badges of adulthood, encourage young people to smoke, and give a misleading impression to governments, community groups, parents, teachers and other interested parties that the tobacco industry sincerely embraces the need to prevent young people from using its products. Part of the purpose of these programs may also be to create the appearance of an industry co-operating with, or even championing, widely held societal goals about preventing young people from smoking. This posture may in turn be motivated by the industry’s desire to avoid potential future liability in lawsuits or cost-recovery actions.

What is clear is that there is a significant gap between the demonstrated lack of effectiveness of these programs in reducing youth smoking, and the efficacy of best practices in tobacco control as identified by both Canadian and international authorities, practices whose implementation has been directly or indirectly opposed by the tobacco industry and its allies in many jurisdictions.

It is anticipated that the tobacco industry will continue to disseminate these programs, and continue with its efforts to rehabilitate its image and portray itself as a good corporate citizen. Accordingly,

1. The OMA recommends that Canadian federal, provincial and local governments, and all groups, associations, and other parties interested in reducing tobacco use, formally endorse the concept of comprehensive tobacco control (including prevention, protection, cessation and denormalization), and that they support and/or undertake the following measures as appropriate at their respective level of jurisdiction:

- Restoration of tobacco taxation to at least pre-1994 levels and printing of tax-paid markings directly on tobacco packages.
- Plain packaging of all tobacco industry products.
- Elimination of all wording and slogans on tobacco packages, with the exception of brand names, factual health warnings and ingredient information.
- Disclosure by the tobacco industry of all product ingredients, additives and smoke emissions by brand.
- A ban on all in-store tobacco-related advertising and/or information.
- A ban on all types of displays of tobacco industry products, together with a requirement that such products be placed out-of-sight behind retail counters.
- Identification and implementation of effective curriculum-based anti-tobacco school education programs.
- A requirement that all indoor workplaces and public places be 100 per cent smoke free, with no allowance for designated smoking rooms, even with separate ventilation.
- Implementation of a comprehensive, evidence-based, nationwide cessation system to assist smokers of all ages in the quitting process.
o A ban on chewing tobacco and snuff.

o A requirement that the tobacco industry disclose marketing and research information, provincial and federal financial statements, and that the industry provide a complete list of retail outlets and wholesale distributors.

o Initiation of legal action by federal and provincial governments, supported by any necessary legislation, to recover health-care costs caused by tobacco industry products, and the pursuit of criminal investigations and any resulting legal action arising from industry involvement in smuggling.

o Intensive and sustained mass media-based and community-based counter-advertising and public education campaigns based on campaigns that have been shown to be effective elsewhere.

o Adequate funding for comprehensive provincial and federal arms’-length research, monitoring and evaluation systems to measure the implementation and outcomes of comprehensive tobacco control interventions.

2. Since none of Operation ID, Operation ID/School Zone or Wise Decisions occupy a legitimate position in best practices-based tobacco control strategy, the OMA recommends that all groups, associations and other interested parties which have formally endorsed them, be asked to withdraw their endorsement. If they have been contacted but not yet endorsed the program, we recommend that such endorsements be withheld. The OMA will be contacting such groups, associations and other interested parties in this regard.

To help expedite the implementation of this recommendation, the OMA will work with the Canadian Medical Association, other provincial medical associations, and interested health agencies and non-governmental health organization (NGOs), to ensure that this statement receives the widest possible dissemination. Further, we will be forwarding the statement to federal, provincial and territorial ministries of health and education.

3. The OMA further recommends that a tobacco industry youth program monitoring network be established among provincial/territorial and federal ministries of health and NGOs with a particular interest in tobacco control, in order to provide continuous monitoring and assessments of future tobacco industry programs of the type represented by OID, OID/SZ and WD, and to alert community groups and other interested parties who may be approached by such programs, of the results of these assessments. The OMA further recommends that funding for this network be provided from the five-year, $480 million tobacco control fund announced in 2001 by Health Canada.
Appendix A

Members of the Canadian Coalition for Responsible Tobacco Retailing

- Retail Council of Canada
- The Canadian Association of Independent Grocers
- National Convenience Stores Distributors Association (formerly the Association of Tobacco and Confectionery Distributors)
- The Canadian Council of Grocery Distributors
- The Canadian Tobacco Manufacturers’ Council
- The Retail Wholesale Canada/USWA
- The Graphic Communications International Union
- The Ontario Convenience Store Association
- The Ontario Korean Business Men’s Association
- Association des Détailants en Alimentation du Québec (ADA)
- Association des Marchands Dépanneurs et Epiciers du Québec
- Canadian Federation of Independent Grocers
Appendix B

Operation ID School Zone Community Partners include:

- AFÉAS du Saguenay-Lac-Saint-Jean-Chibougamau
- Atlantic Hockey Group
- Big 105 FM
- Border Radio Station
- Boys & Girls Clubs of Nova Scotia
- Boys & Girls Clubs of Prince Edward Island
- Boys and Girls Club of Greater Kingston
- Boys and Girls Club of Moncton
- Boys and Girls Clubs of New Brunswick
- Brandon Chamber of Commerce
- Brandon Family YMCA
- Brandon Friendship Center
- Brandon Health Inspector
- Brandon Police
- Brandon Regional Health Authority
- Brandon School Division #40
- Brandon Sun
- Brandon Wheat Kings Hockey Club
- Building Healthy Families Society of Kelowna
- Cape Breton Family YMCA
- Cape Breton Industrial Board of Trade
- Cape Breton Post
- Cape Breton Regional Police – East Division Boys and Girls Club
- CBRM Radio Stations – K-94FM, 950AM, CJCB AM
- Central Alberta Crime Stoppers
- Central Okanagan Boys & Girls Club
- Central Okanagan Community Health Advisory Committee
- Central Okanagan Crimestoppers
- CFCY Radio
- Chamber of Commerce of Kelowna
- Chambre de commerce de Chicoutimi
- Chambre de commerce de Jonquière
- Charlottetown Guardian
- Charlottetown Police Department
- Chicoutimi Junior Chamber of Commerce
- Chicoutimi Police Department
- CHTN Radio
- City of Charlottetown
- City of Kelowna
- City of Moncton
- City of Penticton
CJAB Radio
CKRS Radio
Club de hockey les Saguenéens de Chicoutimi
Codiac Regional RCMP
Community Cares Outreach Program
Conférence des chambres de commerce du Saguenay
Constable Graham Smith of the Cape Breton Regional Municipal Police Service
Greater Charlottetown Chamber of Commerce
Greater Kingston Chamber of Commerce
Greater Moncton YMCA
Halifax Boys and Girls Club
Halifax Herald
Halifax Mooseheads Hockey Club
Halifax Regional Municipality
Halifax Regional Police
Harvard Broadcasting
Hon. Drew Caldwell, Minister of Education and MLA Brandon East, MB
Hon. Jane Purves, Minister of Education, NS
Hon. Jeffrey Lantz, Minister of Education, PEI
Jaycees of Canada
Jaycees of Kelowna & District
Jonquière Police Department
Jonquière School Board
Junior Achievement of Kingston & District
Junior Achievement of South Saskatchewan
Kelowna Daily Courier
Kelowna Health Unit
Kingston Jaycees
Kingston KIMCO Voyageurs Hockey Club
Kingston Whig-Standard
La Fédération des Comités de parents du Nouveau-Brunswick
L’Acadie Nouvelle
Le Quotidien de Chicoutimi
Magic ‘93 Radio
Mayor Billy Joe MacLean and the Town of Port Hawkesbury
Mayor John Morgan and the Cape Breton Regional Municipality
Metro Radio Group
Metro St. John’s MHAs
MLA Brian Boudreau (Cape Breton-The Lakes, NS)
MLA Cecil Clarke (Cape Breton North, NS)
MLA Dave Wilson (Cape Breton East, NS)
MLA Ken MacAskill (Victoria, NS)
MLA Manning MacDonald (Cape Breton South, NS)
MLA Ron Chisholm (Guysborough-Port Hawkesbury, NS)
MLA Russell MacKinnon (Cape Breton West, NS)
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- MLA Sindi Hawkins (Okanagan West, BC)
- MNA Stéphane Bédard (Chicoutimi, QC)
- Moncton Big Brothers and Big Sisters
- Moncton Wildcats Hockey Club
- MP André Harvey (Chicoutimi-Fjord, QC)
- MP Jocelyne Girard-Bujold (Jonquière, QC)
- MP Rick Borotsik (Brandon-Souris, MB)
- New Waterford Family Resource Centre
- Newfoundland Herald
- Okanagan Similkameen Health Region
- Penticton and Wine Country Chamber of Commerce
- Penticton First Baptist Church
- Penticton Herald
- Penticton School District #67
- Port Hawkesbury Reporter
- Power 104 FM
- Progrès-Dimanche
- RCMP – Kelowna Detachment
- RCMP – Penticton Detachment
- RCMP – Port Hawkesbury Detachment
- RCMP – Red Deer City Detachment
- Red Deer Rebels Hockey Club
- Regina Patriots Hockey Club
- Regional District of Central Okanagan
- Regional District of the Okanagan Similkameen
- Rives-du-Saguenay School Board
- Royal Canadian Air Cadets – Penticton
- Royal Newfoundland Constabulary
- Saskatchewan Roughrider Football Club
- Screaming Eagles Hockey Club
- Steele Communications
- St. John’s Boys and Girls Club
- St. John’s Junior Chamber/Jaycees
- St. John’s, Mount Pearl & District Big Brothers and Big Sisters
- STORA ENSO
- Strait Area Chamber of Commerce
- Street Level Youth Centre
- Syndicat des infirmières du nord-est québécois
- Times & Transcript (Moncton)
- Tom Bast Sports
- Town of Riverview
- Ville de Chicoutimi
- Ville de Dieppe
- Ville de Jonquière
- Whitney Pier Youth Centre
Partners in the retailing, wholesaling, distributing and manufacturing sectors include

- Imperial Tobacco Canada Ltd.
- JTI-Macdonald Corp.
- Rothmans, Benson & Hedges Inc.
- Petro Canada
- Murphy's Drug Stores
- HDS Retail North America
- TRA Convenience Store Group
- Irving Oil
- Pharmasave Drugs Ltd.
- Giant Tiger
- Chevron Canada Ltd.
- Sobeys Inc.
- Silcorp Ltd.
- The Bay
- Canadian Tire
- Green Gables Stores
- Ultramar
- Zellers
- Tiger Express Convenience Stores
- Provigo
- Imperial Oil
- Needs Convenience Stores
- Shoppers Drug Mart
- Alimentation Couche-Tard Inc.
- Mac's Convenience Stores
- Jean-Paul Beaudry Ltée
- Servinor Inc.
- J.L. Deslières & Fils Inc.
- Alexandre Gaudet Lté
- Métro-Richelieu Inc.
- Oscar Poulin & Fils Lté
- J.B. Cadrin Inc.
- A & P
- Raymond Hamel & Fils Inc.
- Langlois & Langlois
- Distribution Des Érables
- J. Arthur Rioux Enr.
- Mr. Gas
- Husky/Mohawk Oil
- IGA
- René Tessier Lté
- Grossiste Sue Shang Inc.
- F. Vermette Lté
- J.W. Picard Lté
- London Drugs Limited
- Shell Canada
- Safeway Canada
- Regina Co-ops
- Real Canadian Superstores
- Express 24 Foodmarts
- Save-On Foods
- Baine Johnston Corporation
- Fas Gas
- Duncan Grocery
- Sunoco
- T.R.A. Food Maritimes
- Federated Co-Operatives Ltd.
- Heatley Trading Co. Ltd.
- Shoppers Wholesale Food Co.
- Co-Op Atlantic
- South Main Grocery
- Karrys Wholesale Distributors
- Lumsden Brothers Ltd.
- Beckers.
- Red Deer Co-op Ltd.
- Lawton Drugs
- The Cigar Merchant Inc.
- Loeb
- Kwik-Way
- Bulkley Valley Wholesale Ltd.
- Crouse & Choat Wholesale Ltd.
- Geo Weiner Inc.
- Gorman Distributing Ltd.
- N.D. Cameron Ltd.
• Pioneer
• Omni Foods
• Independent Food Store Association
• Deblois Food Distributors
• Giesebrecht’s Ltd.
• Snelgrove’s Wholesale Ltd.
• Young’s Wholesale Ltd.
• E.L. Budgen Ltd.
• J&F Distributors Ltd.
• Courtney’s Wholesale Conf. Ltd.
• Lanzarotta Wholesale Grocers
• Wallace & Carey Ltd.
• Morton Clarke & Co. Ltd.
• Carol-Wabush Distributing Co.
• T.R.A. Maritimes
• Tannis Food Distributors
• Agora Food Merchants
• Goulding’s Wholesale Ltd.
• J.B. Hand & Sons Ltd.
• Meisner Wholesale Confect. Ltd.
• Northmar Distributors Ltd.
• Massey Wholesale Ltd.
• The Quickie
• Ritchie’s Wholesale Ltd.
• Core-Mark International Inc.
• The Independent Wholesale Ltd.
• W.R. McRae Company Ltd.
• Métro P. E. Prix
• Métro Richelieu Robert Blackburn
• Bi-Way
• Dominion Stores
• Real Canadian Superstore
• H.Y. Louie Co. Ltd.
• T.R.A. Newfoundland