



Smoke & Mirrors

THE CANADIAN TOBACCO WAR

By **ROB CUNNINGHAM**

Foreword by **JAKE EPP**

Introduction by **JUDITH MACKAY**

Smoke & Mirrors

The Canadian Tobacco War

Every year, tobacco kills over 45 000 Canadians — more than the toll from traffic accidents, suicide, murder, AIDS, and illicit drug use combined. But the number of victims would be vastly higher if not for the dramatic success of Canada's tobacco-control strategy, which has saved thousands of potential smokers from disease and premature death.

Smoke & Mirrors provides an insider's view of the Canadian tobacco war, a century-old conflict that began to escalate in the 1980s. It explains how Canada emerged as a global leader in the public health crusade to regulate the powerful tobacco industry and describes in fascinating detail the bitter campaigns to maintain high tobacco taxes, ban tobacco advertising, eliminate tobacco sponsorships, require plain packaging, mandate clear health warnings, and prohibit smoking in public places and workplaces.

While the tobacco war continues to rage in Canada and throughout the industrialized world, the battleground is shifting increasingly to Eastern Europe and the countries of the developing world. For those in the front lines and other concerned readers, *Smoke & Mirrors* outlines how to take on the "merchants of death" — and win.

The Author

A lawyer by profession, Rob Cunningham has degrees in political science (BA, University of Western Ontario), law (LLB, University of Toronto), and business (MBA, University of Western Ontario). He first became active in tobacco issues in 1988 and has since become a recognized expert in the field of tobacco control. He has worked as a consultant for provincial, national, and international health organiza-



tions. As one of the core group of Canadian activists fighting for tobacco control, Rob has testified before parliamentary committees, given hundreds of media interviews in Canada and the United States, published numerous tobacco-related articles, and initiated private prosecutions for violations of tobacco-control laws. He has presented papers at several conferences, including the Ninth World Conference on Tobacco and Health, held in Paris in 1994. He now works in Ottawa as a senior policy analyst for the Canadian Cancer Society.



ISBN 1-088936-755-8



Smoke & Mirrors

THE CANADIAN TOBACCO WAR

Smoke & Mirrors

THE CANADIAN TOBACCO WAR

ROB CUNNINGHAM

Foreword by JAKE EPP

Introduction by JUDITH MACKAY

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE

Ottawa • Cairo • Dakar • Johannesburg • Montevideo • Nairobi • New Delhi • Singapore

Published by the International Development Research Centre
PO Box 8500, Ottawa, ON, Canada K1G 3H9

© International Development Research Centre 1996

Canadian Cataloguing in Publication Data

Cunningham, Rob

Smoke & mirrors : the Canadian tobacco war

Includes bibliographical references.
ISBN 0-88936-755-8

1. Smoking — Canada — Prevention.
 2. Tobacco industry — Canada.
- I. International Development Research Centre (Canada).
II. Title.
III. Title: The Canadian tobacco war.

HV5770.C3C86 1996

362.29'6'0971

C96-980380-X

A microfiche edition is available.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without the prior permission of the International Development Research Centre. Mention of proprietary or trade names is given only for information, and the views expressed herein are those of the author and do not necessarily reflect the views of the International Development Research Centre.

IDRC BOOKS endeavours to produce environmentally friendly publications. All paper used is recycled as well as recyclable. All inks and coatings are vegetable-based products.

Contents

Foreword — <i>Jake Epp</i>	vii
Preface.....	ix
Acknowledgments.....	xii
Introduction: Tobacco, Development, and the Canadian Experience — <i>Judith Mackay</i>	xv

Part I. Setting the Stage: Wealth Versus Health

1. Individuals and Their Stories.....	3
2. Tobacco or Health: The Consequences of Tobacco Use.....	8
3. Industry Wealth: “More Money Than God”.....	18

Part II. Early Battles

4. An Historical Look.....	29
5. The Evidence Builds.....	42
6. The Second Attempt at Regulation.....	54

Part III. Key Issues: The Major Battlegrounds

7. The Battle to Ban Advertising.....	65
8. Sponsorships: Buying Credibility.....	95
9. Warnings: Getting the Health Message Across.....	100
10. Clearing the Air.....	109
11. Taxation and Smuggling.....	119
12. Plain Packaging.....	136

Part IV. Strategies of the Combatants

13. Masters of Manipulation: Tobacco-industry Tactics.....	147
14. Youth: Target Group 12–17.....	165
15. Women: “You’ve Gone the Wrong Way, Baby”.....	174
16. Farmers on Tobacco Road.....	180
17. Why Canada Has Been Successful.....	189

Part V. The War Goes Global

18. Exporting the Epidemic	209
19. Penetrating Eastern Europe.....	237

Part VI. Winning the War: An Agenda for Victory

20. A Prescription for Health.....	247
21. A Research Plan	266

Part VII. Final Thoughts

22. Into the Lion's Den	275
23. Where the Future Lies	281
Postscript	284

Appendix 1: Canadian Cigarette Brand Family Ownership by Company	288
--	-----

Appendix 2: Chronology.....	289
-----------------------------	-----

Appendix 3: Federal Health Ministers Since 1944	301
---	-----

Appendix 4: World Conferences on Tobacco and Health.....	302
--	-----

Appendix 5: Resolutions from the Ninth World Conference on Tobacco and Health.....	303
---	-----

Appendix 6: Key Contacts	305
--------------------------------	-----

Appendix 7: Abbreviations and Acronyms	308
--	-----

Bibliography.....	310
-------------------	-----

Index.....	340
------------	-----

Foreword

It was not long after I was appointed Minister of National Health and Welfare in 1984 that I realized that the tobacco epidemic was a critical issue requiring a significant solution. Tobacco use was then — and, lamentably, remains today — public health enemy number one.

For many years, tobacco use has been the leading preventable cause of disease, disability, and death in Canada. It causes cancer, heart disease, and lung disease. Smoking during pregnancy harms the baby. Nonsmokers are at risk through exposure to secondhand smoke. Yet, despite this knowledge, cigarette sales remain unacceptably high, especially among teenagers.

Most of the responsibility for the tobacco epidemic lies at the door of the tobacco industry itself. Tobacco companies have publicly denied the truth. They have insisted on more research when scientific consensus had long been reached. They have aggressively contested virtually every meaningful regulatory initiative. They have advertised to those who are most vulnerable, including to teenagers and to those who are less educated. They have targeted women, as well as men. Through advertisements, they have portrayed smoking as glamorous, attractive, fun, and healthy; nothing could be further from reality.

The ability of the tobacco industry to stay healthy while its customers get sick is, according to an article in *Report on Business Magazine*, “One of the most amazing marketing feats of all times.”

While Health Minister, I introduced Bill C-51, the *Tobacco Products Control Act*, in the House of Commons. This bill banned tobacco advertising, regulated other forms of tobacco marketing, and created authority to require health messages on packages. Even though the bill enjoyed all-party support in Parliament and strong public approval, it was 14 months before the bill received Royal Assent, surely convincing evidence of the industry’s tactical abilities.

Canadians can be proud of what has been achieved after several decades of effort to reduce smoking. In 1964, when Health and Welfare Canada began its smoking and health program, just under 50% of adults were smokers. That has fallen to about 30%. Health professionals, scientists, nongovernmental organizations, private citizens, and governments have all played constructive roles. The multipronged strategy to reduce smoking — tax increases, advertising restrictions, prominent health warnings, smoking restrictions in workplaces and public places, educational campaigns, and transitional assistance to tobacco farmers — has delivered results.

At the same time, it is with extreme personal frustration that I witness continuing tobacco industry efforts to undermine health policies. Tobacco companies weakened the advertising ban by shifting money into sponsorship promotions, promotions that

conveyed the same lifestyle images Parliament intended to eliminate through the *Tobacco Products Control Act*. The industry initiated legal proceedings that resulted in the invalidation of the advertising ban. The industry exported to the United States large quantities of cigarettes, products that returned to Canada as contraband. Widespread smuggling led to a rollback in tobacco taxes.

Despite these setbacks, we must press on to not only recapture lost ground but to advance our strategy into new areas. And we must be vigilant to protect each new health gain.

As we succeed in Canada and some other developed countries, tobacco companies increasingly shift their attention to the less developed world. We have an obligation not only to share our experience with other countries, but to actively assist in the implementation of successful tobacco-control policies and programs. The same issues that Canada has had to confront are now being addressed in many other places. Tobacco is a global issue: the industry, the health consequences, and the solutions to reduce consumption are similar around the planet. A smoke-free world is a monumental challenge, but one that we must relentlessly pursue.

The Honourable Jake Epp, P.C.

Minister of National Health and Welfare, 1984–1989

23 September 1996

Preface

Doctors and health organizations decry the harm caused by tobacco use and demand that the government impose tough regulations to control the tobacco industry. Tobacco manufacturers and farmers oppose regulation, arguing that there is no proof that smoking is harmful, that government intervention in the marketplace is unjustified, that regulation will cost jobs and hurt the economy, and that there is no proof that regulation will accomplish intended objectives. Does this sound familiar? These arguments were made in 1903, the year Canada considered banning cigarettes altogether.

Canada's tobacco war is nothing new. The battle to reduce smoking has been around for more than a century. At times the war has raged savagely, at times the war has waned, but always the stakes have been high.

In recent years, the tobacco war on Parliament Hill has been ferocious: the lives of tens of thousands of Canadians have been pitted against the enormous profits of the transnational tobacco industry. The lobbying from both sides is incessant. Other issues may only be around for a while, but tobacco never goes away.

The use of *war* to refer to the battles over tobacco is clearly appropriate. The tobacco industry, a foreign-controlled aggressor, knowingly kills tens of thousands of Canadian citizens each year. The industry knowingly addicts tens of thousands of children each year, thereby taking away their freedom, perhaps for a lifetime. To protect and expand its empire, the industry uses a finely tuned propaganda machine. Loss of life, loss of freedom, propaganda — these are the characteristics of war.

Successfully controlling the tobacco industry would produce major benefits for public health. But significant change does not come without significant resistance, as these major health reforms of the past show:

- ◆ When in 1854 England's Dr John Snow was faced with a cholera epidemic, he shut down the Broad Street water pump believed to be the source of the problem. In doing so, Snow encountered fierce opposition from the privately owned water companies. But Snow prevailed, and public health was the winner.
- ◆ In 1938, the Province of Ontario made the pasteurization of milk mandatory to prevent typhoid, undulant fever, and bovine tuberculosis. Premier Mitch Hepburn forced the reform through, despite a split in Cabinet and despite a massive storm of protest from dairy farmers not wanting to pay increased costs.

It has been more than 45 years since the publication of the first large-scale studies that found a statistical association between smoking and lung cancer^[147,359,648] and some 35 years since the Canadian Medical Association declared that the relationship was one of cause and effect.^[76] Yet despite the fact that more than 45 000 Canadians die every year from tobacco use, tobacco products in Canada have historically been virtually unregulated

compared with narcotics, prescription drugs, or a whole range of products less hazardous than cigarettes. Why?

When an airplane crashes, killing passengers, the story makes front-page headlines around the world. Journalists go to great lengths to expose those at fault. Tobacco, in contrast, kills more people in North America every day than two jumbo jets colliding head on and killing everyone aboard. Yet for decades, tobacco executives have not been held accountable for their actions by the media, by Parliament, or by the courts. Why?

This book seeks to answer these questions by presenting a history of tobacco and tobacco control in Canada, by exposing the true nature of the tobacco industry, by placing the tobacco epidemic in a global context, and by presenting an action plan to minimize tobacco use.

Although the tobacco epidemic in this country is still horrific, Canada has been recognized as a world leader for its antitobacco strategy and its regulation of the industry. Canada's actions have dramatically succeeded in reducing smoking. Lower smoking rates have prevented many thousands of cases of disease and early death. That Canada is a world leader may be encouraging, but when one thinks about it, it is also discouraging. Imagine what the health situation is like — or will be like — in countries that have had little success in controlling the industry.

Canada's tobacco story is worth sharing, both with Canadians and with those outside the country. Antismoking and health groups (which in this book are often described together as health groups) have out-lobbied the industry in battles to obtain a ban on advertising, higher tobacco taxes, prominent health warnings, and restrictions on smoking in workplaces and public places. In many countries the tobacco industry emerges victorious time after time, but in Canada the health lobby has its share of victories too. On occasion, those victories have spread internationally as other countries emulate Canada's initiatives.

But the road ahead is a long one. The industry is successful at blocking reforms and at undermining or even reversing some of Canada's most significant accomplishments. For example, the tobacco industry is responsible for substantial reductions in tobacco taxes and for the Supreme Court of Canada striking down the ban on tobacco advertising.

The International Development Research Centre, which provided the financial assistance that made this book possible, wanted Canada's experience to be shared globally so that less-developed countries could learn from Canada's successes and failures.

People often ask me why I became so interested in tobacco control. In 1988, in my first year of law school at the University of Toronto, I and other students in my constitutional law class were given an assignment to write a paper on whether the proposed ban on tobacco advertising infringed the freedom of expression provision in the *Canadian Charter of Rights and Freedoms*. In the course of research, I discovered that persons under 18 in Ontario could not buy tobacco. Here I was at 23, having only recently been a teenager, and I thought the minimum age was 16. But the law went unenforced and was tantamount

to a joke, so several students formed a group to do something about it. We called the group the Student Movement Aimed at Restricting Tobacco, or SMART for short.

Early in my second year, SMART sent teenagers into 30 Shoppers Drug Mart outlets in Ottawa and Toronto and found that 25 of these pharmacies illegally sold cigarettes to the underage purchasers. Shoppers was chosen because it is owned by Imperial Tobacco's parent company, Imasco Ltd. SMART then sent a minor into the Shoppers outlet in Toronto's Eaton Centre and had four law students witness a successful attempt to buy cigarettes. Several days later, we laid a private charge in court and announced our actions at a news conference. We told the media this law was not being enforced but should be because it is during the teen years that almost all smokers begin. The maximum fine of \$50 had not been increased since Ontario first passed the law in 1892. The prosecution resulted in a \$25 fine for the Shoppers Drug Mart outlet, generated considerable media coverage, and led to a statutory amendment increasing the fines for selling tobacco to minors.

In later years, I became a more active advocate for tobacco-control legislation, as a volunteer and employee with the Canadian Cancer Society and as a consultant to other organizations. The more I learned about tobacco issues and tobacco companies, the more convinced I became of the need for decisive action. Several times I moved on to other things, but each time I was drawn back to antitobacco work. Like many others involved in tobacco control, I found that the more you learned about the industry's behaviour, the more compelled you were to stay around and fight. Let there be no mistake: this book was written by a public critic of the industry who is still active within the tobacco-control movement.

Rob Cunningham

4 September 1996

Acknowledgments

This book would not have been possible without the support of many people and organizations. I am especially grateful to the International Development Research Centre (IDRC) for its financial support. This support allowed me to spend the time necessary to undertake this project.

I would like to thank IDRC's Don de Savigny, who endorsed the project and provided encouragement, and Anne Phillips, who directly oversaw the progress of the book and provided ongoing assistance and continual cheerfulness. Don and Anne both provided appreciated comments on my manuscript. Bill Carman, Managing Editor of IDRC Books, kindly demonstrated enormous patience and capably ensured that my manuscript became a book.

Neil Collishaw, of the Tobacco or Health Programme at the World Health Organization, provided a comprehensive critique of the book. His comments led to many improvements. Ken Kyle, Director of Public Issues for the Canadian Cancer Society, reviewed my manuscript and provided valuable advice.

Professor Prakit Vateesatokit of Thailand's Mahidol University gave me useful suggestions for portions of the manuscript, as did Kathleen Clancy of IDRC. Margaret Cunningham, my mom, provided helpful comments on my manuscript. Kelly McCann provided research assistance by locating pertinent historic debates from the House of Commons.

Each chapter begins with an editorial cartoon; Figure 13 contains a map of the Akwesasne reserve; page 235 contains a photo by James Lukoski. I thank the creators of these works for kindly granting permission to reproduce these items.

IDRC, the Canadian Cancer Society, the National Clearinghouse on Tobacco and Health, and the Non-Smokers' Rights Association made their files and resource collections available to me. These records were of tremendous value.

Several hundred people generously gave of their time by agreeing to interviews, answering questions, forwarding helpful documents, or helping in many other ways. It would be impossible to name all of these individuals, but I gratefully acknowledge their contribution and know that the book is far richer as a result.

The content of this book would have been substantially incomplete had it not been for the thousands of people who, since the 1950s and especially since the 1980s, have worked to reduce tobacco use. It is because of this legion of individuals that there have been victories in the war against the tobacco industry and that there is some good news in the tobacco story. Their contribution to public health has long been underrecognized.

It should be noted that I attempted to interview public relations representatives of each of the three major tobacco manufacturers in Canada, but in each case either I was refused or my telephone calls were not returned. I also attempted to interview a representative

of the Canadian Tobacco Manufacturers' Council. When I reached the representative, I was told to call back, but when I called back and left messages, my calls were not returned.

And finally, notwithstanding the able assistance of others, I take full responsibility for any errors or shortcomings that remain.

Rob Cunningham

4 September 1996

INTRODUCTION

Tobacco, Development, and the Canadian Experience

Judith Mackay

Director, Asian Consultancy on Tobacco Control

The global tobacco epidemic continues to rage. In many countries of the industrialized North, smoking rates are increasing, and the epidemic is rapidly spreading from the North to the developing countries of the Southern hemisphere. It is an epidemic for which the developing world is unprepared.

The transnational tobacco companies, reeling from hard-hitting tobacco-control successes in Canada and other Western countries, now appear even more determined to conquer developing-country markets. They confidently predict, for example, an increase in sales of 33% in Asia between 1991 and 2000. And, with developing-country governments only now grasping the political nettle of tobacco control, tobacco hangs like the sword of Damocles over the “Third World,” threatening deterioration in health, the economy, and the environment.

Smoking and Development

Smoking kills one in two long-term, regular smokers, half of them in middle age. As a result, developing countries will lose many able leaders prematurely. Smokers who suffer tobacco-related illness have minimal access to health care, and 80% of rural dwellers in developing countries have no, or extremely limited, access. This may be critical for a pregnant mother with tobacco-related complications such as haemorrhaging or low birth weight.

Tobacco inflicts substantial economic costs upon governments, upon business and industry, upon individuals and their families, and upon the environment. This economic burden includes medical and health costs, lost productivity (as smokers are less productive workers than nonsmokers), loss of the use of land that could be used to grow nutritious food, and loss of foreign exchange if cigarettes are imported (and two thirds of developing countries spend more importing cigarettes than they gain from exporting cigarettes). On

the environmental side, tobacco farms are notorious for their heavy-handed use of fertilizers and pesticides to maintain high production levels. Other environmental costs include fires caused by careless smoking, deforestation as wood is cut down to cure tobacco, and the cleaning up of smokers' litter.

Spending money to buy cigarettes can lock smokers and their families into poverty. In some countries, this cost exceeds 25% of an individual's income, taking away money that could otherwise be spent on food, clothing, and shelter. Studies from Asia show that smokers spend more money on cigarettes and alcohol than on either medical needs and the education of their children (in the Philippines) or on grains, pork, and fruits (in China).

Smokers who are paid daily or on a piecemeal rate lose income if they are off sick. Since smoking often kills smokers in their working years, smoking may deprive the smoker's family of many years of income. Following a smoker's premature death, a partner, children, or elderly parents may even be left destitute.

Even though domestic production and consumption of tobacco remain problems in developing countries, of particular concern is the penetration into domestic markets by the transnational tobacco companies. Their tactics include denial of the health evidence, aggressive promotional campaigns, obstruction of national tobacco-control action, and the use of political and commercial pressures to open up markets and to promote foreign cigarettes. Tobacco advertising revenue discourages the media from reporting on the hazards of tobacco, a particularly serious problem in developing countries where awareness of the harmfulness of tobacco is low or even nonexistent.

Tobacco and Development

In June 1995, Canada's International Development Research Centre (IDRC) organized a meeting of 22 international organizations and individuals at the Rockefeller Foundation's Bellagio Study and Conference Center. This meeting examined the implications of current global trends in tobacco production and consumption, especially in developing countries, for sustainable development. It concluded that in the developing world tobacco poses a major challenge, not just to health, but also to social and economic development and to environmental sustainability. In reaching this conclusion, the following key facts were noted:

- ◆ World-wide, there are only two major underlying causes of premature death that are increasing substantially: HIV (the AIDS-causing virus) and tobacco.
- ◆ Each year, 3 million of the 30 million adult deaths in the world are attributable to tobacco. Based on current smoking patterns, by about 2025 this annual number will rise to 10 million deaths, of which 7 million will then be in developing countries.

- ◆ The net economic costs of tobacco are profoundly negative: costs of treatment, mortality, and disability exceed estimates of the economic benefits to producers and consumers by at least US \$200 billion annually, with one third of this loss being incurred by developing countries.
- ◆ There are today about 800 million smokers in developing countries, and the number is increasing. It is estimated that 50% men and almost 10% of women in developing countries smoke.
- ◆ Smoking during pregnancy substantially reduces birth weight, and low birth weight is strongly associated with infant mortality and illness.
- ◆ Parental smoking increases the incidence of acute respiratory infections and asthma in children.
- ◆ Women and youth in developing countries are being targeted as a growth market for tobacco.

Tobacco control needs to be more widely recognized as a development priority; however, it is not on the agenda of most development agencies. Resources available from the donor community to assist in studying and responding to this pandemic are inadequate in view of the growing global burden of tobacco-attributable disease.

There is no central, coordinated global funding for tobacco control. Most developing countries find it extremely difficult to find even small amounts of money to undertake a prevalence survey, organize a symposium on tobacco or health, or implement health-education activities. The rich countries of the West have only been able to reduce smoking slowly over long periods of time, so development aid to combat the epidemic in the poor countries is absolutely crucial.

The “Third World” War

The objectives of fighting the tobacco “war” are similar to those of most general wars: to protect countries from being invaded and overpowered, to save people from being disabled and killed, to return land to growing food, to improve the economy, and to protect the environment. Yet, governments in developing countries are often preoccupied in fighting wars over other health or general matters, such as high infant mortality and communicable diseases. Few have experience in combatting this new type of epidemic, and the number of smokers in developing countries is on the increase, for a number of reasons:

- ◆ By 2025 there will be about 3 billion more people, mostly in developing countries, so there will be more smokers, even if prevalence rates remains the same.
- ◆ More young people, especially girls, are taking up smoking.
- ◆ Increasing disposable income is making cigarettes more affordable.

- ◆ The transnational tobacco companies are a major obstacle to tobacco control.
- ◆ Funding for antismoking health education is minimal or entirely absent in developing countries.
- ◆ Many smokers in poor countries are illiterate, live in remote rural areas, and are therefore difficult to reach with health education.
- ◆ Despite this gloomy forecast, systems are slowly being put into place that will eventually reduce this epidemic. For example, 10 years ago in the Asia–Pacific region, virtually no developing country had implemented tobacco-control measures. Now, all countries have introduced health education, most have a national tobacco-control coordinating organization, and many have taken legislative measures.

Canada as an Example

Canada has a responsibility not only to its own citizens in reducing the tobacco epidemic but also to the rest of the world in the global field of tobacco control.

- ◆ **The exemplar role** — Canada has shown that “it can be done.” Smoking rates can be reduced, tax increases and strong health warnings can be implemented, and campaigns such as the “Smoke-free Skies Campaign” can lead to airlines worldwide becoming totally or partially smoke free.
- ◆ **The political role** — Canada has shown the crucial importance of government commitment to reduce the tobacco epidemic.
- ◆ **The sharing role** — Canada has shared experience, expertise, and funds in countering the global tobacco epidemic.
- ◆ **The supportive role** — Canada has given myriad different types of support to groups committed to fighting the well-heeled, well-established tobacco lobby (for example, Canadian specialists have given extensive advice on advertising bans and tax increases to developing countries).

The Canadian tobacco war has been marked by some bitter battles. In 1995, for example, the Canadian Supreme Court ruled to overturn Canada’s advertising ban on tobacco. This caused immense problems globally, and the transnational tobacco companies seized upon the ruling to pressure developing countries into abandoning proposed legislation on tobacco advertising. Despite this, the global plea is for Canada to continue fighting the tobacco war, for, if a country like Canada does not take firm action, countries like Malawi or Cambodia have little hope in doing so.

Smoke & Mirrors, therefore, is both timely and valuable. And, as the publisher, IDRC is again on the cutting edge of development thinking. In outlining the Canadian experience and the current global picture in the tobacco epidemic, this book will serve as a baseline study on the “vector” of the tobacco disease: the tobacco industry. It will provide valuable insight to policymakers, decision-makers, researchers, and activists, and it will assist in the design of strategies for controlling tobacco use and distribution in developing countries and throughout the world. For years to come, *Smoke & Mirrors* will be a valuable resource in the fight for a healthier and more sustainable society.

Professor Judith Mackay, in addition to serving as Director of the Asian Consultancy on Tobacco Control, sits on the WHO Expert Advisory Panel on Tobacco and Health and is Regional Chair on Tobacco and Cancer for the International Union Against Cancer (UICC), Senior Consultant of the Asia Pacific Association for the Control of Tobacco, Senior Advisor to the Chinese Association on Smoking and Health, and Visiting Professor at the Chinese Academy of Preventive Medicine.

