Tobacco taxes and teenage smoking: A political issue

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In 1937, Dr Alan Brown, the famed Toronto paediatrician, played a critical role in stimulating the passage of laws mandating the pasteurization of milk in Ontario. He had challenged the Premier of the day, Mitchell Hepburn, to introduce such legislation during the premier's visit to The Hospital for Sick Children, Toronto, Ontario. The premier had been struck by the plight of the many children suffering from the effects of bovine tuberculosis. Brown recognized that political action, not clinical interventions, would eliminate the scourge of bovine tuberculosis. Hepburn's announced intention to pass such laws ignited a political firestorm as the powerful farm lobby of the day swung into gear in an attempt to prevent the passage of this legislation. It is a tribute to Dr Brown's insight, and Mitchell Hepburn's tenacity and determination that the law was eventually passed, and Ontario's children received the benefits of pasteurized milk. It was, in essence, a dramatic example of the impact of the development of 'healthy' public policy and the important role that physicians can play in precipitating and supporting such initiatives (1). Political advocacy in the cause of public health is as appropriate today as it was in Dr Brown's era, and it is in keeping with the finest traditions of professional behaviour.

The contemporary epidemics of tobacco-caused diseases have their genesis during adolescence but find their full expression in adulthood (2). Clearly any steps that might prevent the development of nicotine addiction among the young will have a profound impact upon the health of the community. The challenge of stopping adolescent smoking is best met by developing a comprehensive approach that includes education, the elimination of all forms of tobacco advertising and sponsorship activity, industry deglamorization strategies, marketing controls and (perhaps most effective of all) tax increases on tobacco products. It is well established that adolescents are more sensitive to the price of tobacco products. A 10% increase in the price of cigarettes generally produces an overall decline of 4% in cigarette consumption among adults (a relationship described as price elasticity that reflects the degree to which consumption of a commodity

declines in response to price increases). Among adolescents, such a price increase produces an overall decline in consumption of 8% or more (3). The tobacco tax rollback of 1994 has had a catastrophic effect, arresting the declines in tobacco consumption that occurred in the years preceding. National surveys "have demonstrated that more teenagers and more young adults are smoking today than at the beginning of the decade" (4). It is hard to conceive of government activity more craven than the decision to roll back tobacco taxes in the face of an industry-fabricated smuggling 'crisis'. A decision that is all the more ironic given the fact that "Ontario and Quebec now have the distinction of having the cheapest cigarettes in North America", according to David Sweanor of the Non-Smokers' Rights Association (5).

"There are two causes of disease," noted Rudolf Virchow, "one is pathological, the other political". The political decision of the Chretien government to lower tobacco taxes will cause disease. It will be political action that corrects the public health anomalies that have been induced by that disastrous 1994 action. Sadly, it will be the thousands of adolescents who have become addicted to tobacco in the intervening years who will pay the ultimate price for this political folly.

As physicians, we are often unaware of the power that we possess when we speak out, forcefully and thoughtfully, on matters relating to public health. Paediatricians can play a forceful role in alerting their political representatives to the inescapable reality of the adverse effects of the decision to roll back tobacco taxes five years ago. This decision has also cost Canadian governments (and hence the taxpayer) almost \$4.8 billion in tobacco tax revenues. In contrast, the tobacco companies have watched their profits climb 62% during the period of the rollback and received a windfall profit of \$1.33 billion. It is imperative that the government re-establish appropriate levels of taxation on tobacco products.

In 1994, speaking in the House of Commons, Prime Minister Jean Chretien noted that "...much as we regret the necessity of lowering cigarette taxes, we must do so at least until we have put the smuggling networks out of

business. Then we will be able to restore the appropriate level of taxation that the situation needs". Canadian physicians must remind the Prime Minister of those words and of the gravity of the situation that has produced an explosive growth in adolescent smoking. In doing so, we would honour the memory and example of Dr Alan Brown. Perhaps we might also point out the courage and integrity of Mitchell Hepburn who was willing to confront powerful vested interests in the cause of community and child health.

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