



Last Updated: October 27, 2010

LITIGATION AGAINST THE TOBACCO INDUSTRY: MONITORING UPDATE

What is the Issue?

Litigation against the tobacco industry is any attempt to challenge the tobacco industry through judicial process. The legal challenge may consist of criminal charges or civil action. Claimants can be individual persons, groups suffering a common harm (class action) or third parties (e.g., governments, non-governmental organizations, insurance companies or unions). Claims against the tobacco industry have included health harms (nicotine addiction or illness), wrongful death, healthcare costs (money spent treating citizens who get sick from tobacco smoke), involvement in smuggling, racketeering, conspiracy, defective product, concealment of scientific evidence, fraud, deception, misconduct, failure to warn consumers adequately of the dangers of tobacco smoke, negligence and exposing the public to unreasonable danger.

Litigation and Public Health

Litigation against the tobacco industry has the potential to yield public health benefits (Collishaw 2010). For example, disclosure of damaging internal documents (Hammond et al. 2009; SHAF/NSRA 2009) provides information on how the tobacco industry behaves, which in turn can be used for the benefit of tobacco control. Monetary awards for plaintiffs can be put towards tobacco control. Large awards have the potential to bankrupt or enfeeble the tobacco industry. Through litigation, the tobacco industry can be forced to reform its behaviour. The Tobacco Strategy Advisory Group (TSAG 2010, p. 41) recommends that the Ontario government identify public health provisions that should be included in a judgment or settlement resulting from tobacco industry litigation. Trial publicity has an educational component, informing the public about the health effects of tobacco use and tobacco industry behaviour. Litigation encourages smoke-free policies, e.g., in India and Uganda¹. Litigation can cause the price of tobacco products to increase as a by-product of payment of damages. In 2009, 76% of Ontario adults said tobacco companies are responsible for the smoking-related health problems of smokers.²

Healthcare Cost Recovery Legislation

The general purpose of healthcare cost recovery legislation is to clarify the rights of the parties involved and the procedures to be followed when an action proceeds. Particularities vary by jurisdiction. For example, the Ontario 2009 *Tobacco Damages and Health Care Costs Recovery Act* allows the province to sue tobacco companies directly for alleged wrongdoing and to recover damages going back several decades. The Ontario legislation outlines certain statistical methods for determining the cost of damages incurred by taxpayers and the burden of proof required to link exposure to tobacco products to tobacco-related disease. It also provides a formula for determining market share so that liability among tobacco companies can be allocated accordingly. All ten Canadian provinces have enacted tobacco healthcare cost recovery legislation (Table 1). Beyond Canada, tobacco healthcare cost recovery legislation appears to be rare. In the United States, it has been adopted in Florida and Massachusetts.

Canada

As shown in Table 1, healthcare cost recovery lawsuits against the tobacco industry have been filed by the governments of British Columbia (2001), New Brunswick (2008) and Ontario (2009). Ontario is seeking \$50 billion. The government of Quebec intends to file a healthcare cost recovery lawsuit seeking about \$30 billion, but the date of filing has not been announced. Manitoba and Alberta intend to file healthcare cost recovery lawsuits against the

¹ Litigation by non-governmental organizations in India and Uganda produced judicial orders requiring smoke-free public places (Daynard 2003).

² 2009 CAMH Monitor Survey, "Panel A" Jan-Jun 2009 (n = 1035), analysis by OTRU

tobacco industry, but neither the date of filing nor the amount sought has been announced. The case in British Columbia is pivotal because it was the first to be filed in Canada and has a set trial date (September 2011). Trial dates for other provinces have not been announced.

Litigation and Contraband

Litigation against the tobacco industry for contraband is distinct from litigation against the tobacco industry for healthcare cost recovery. For example, all the provincial healthcare cost recovery litigation in Canada is civil action whereas contraband litigation in Canada has elements of both civil and criminal action. In 2008, Canadian federal and provincial governments reached a settlement of \$1.15 billion with Rothmans, Benson & Hedges and Imperial Tobacco Canada Ltd. as a result of contraband. This total included \$300 million in fines and \$850 million in civil payments. The settlement followed criminal charges filed by the Royal Canadian Mounted Police (RCMP) in 2003 and a \$1.5 billion civil claim filed by the federal government in 2003. In April 2010, the federal, provincial and territorial governments entered settlements with JTI-Macdonald, R.J. Reynolds Tobacco Company and a related company. The companies paid a total of \$550 million in fines and civil payments.

Litigation and Other Dangerous Products

Litigation against the tobacco industry has been compared with litigation against gun manufacturers, the asbestos industry and automobile manufacturers (Jacobson and Soliman 2002). In these cases, litigation has led to a change in industry practices. For example, U.S. gun manufacturers agreed to curtail marketing of their products in return for ending state and municipal litigation. The U.S. asbestos industry went into bankruptcy and ceased operations as a result of litigation. U.S. automobile manufacturers agreed to install safety features like airbags and rear-seat shoulder harnesses in response to litigation.

International Litigation

The United States is the global leader in litigation against the tobacco industry. After numerous failed attempts from 1954 to 1992, there were successes following which the rate of lawsuits increased. For example, in 1994, there were 278 U.S. cases pending against Philip Morris whereas in 2001 there were 1580 U.S. cases pending against Philip Morris (Jacobson and Soliman 2002, p. 230). Before the 1998 medicare-related U.S. Master Settlement Agreement³, four U.S. states (Mississippi, Florida, Texas and Minnesota) had reached settlements with the tobacco industry. In 1998, the other 46 states as well as the District of Columbia, Puerto Rico and the Virgin Islands reached a settlement of \$206 billion to be paid over 25 years (Jacobson and Soliman 2002; Sweda 2001; TPLP 2009). Award or settlement amounts in other pivotal U.S. cases were \$300 million in 1997, \$144 billion in 2000, \$30 million in 2001 and \$299 million in 2009 (Table 2).

Beyond dollar amounts, other effects of U.S. awards or settlements include the funding of a medical research foundation by tobacco companies, the waiving of the statute of limitations for some individual suits involving secondhand smoke, the release of tobacco industry internal documents, an agreement from the tobacco industry to restrict the marketing of tobacco products and the channelling of some settlement money to public health. As a result of litigation against the tobacco industry, there has also been increased media attention to the problem of tobacco use (Mather 1998), decreased youth access to tobacco products and improvements in protection from secondhand smoke (Jacobson and Soliman 2002, p. 231). In their review of the impact of litigation on public health policy, Jacobson and Soliman (2002) conclude that litigation captures public attention and sometimes forces an issue onto the policy agenda. However, they caution that policy changes as a direct result of litigation have been limited.

Litigation against the tobacco industry has been attempted in other countries, including Argentina (Flores et al. 2006), Australia (Gostin 2007), Bangladesh, India, Mali, Uganda (Daynard 2003), Finland (Hiilamo 2007), Israel (Siegel-Itzkovitch 2005), Korea (Si-soo 2009) and Turkey (Karlikaya 2006). As far as is known, these cases are ongoing (no award or settlement announced yet) or have failed.

³ http://en.wikipedia.org/wiki/Tobacco Master Settlement Agreement#State litigation

Table 1: Healthcare Cost Recovery Legislation and Litigation against the Tobacco Industry, by Canadian Provincial and Territorial Jurisdiction, as of October 27, 2010

Jurisdiction	Year Healthcare Cost Recovery Legislation Adopted	Year Lawsuit Filed	Amount Sought in \$CDN, if Known	Comments
British Columbia	2000	2001	unspecified [sometimes cited as potentially \$10 billion] ^a	In 2000, BC healthcare cost recovery legislation, modeled after a Florida law, was introduced. (Earlier legislation had been introduced in 1997 and amended in 1998.) The legislation was challenged by the tobacco industry, but on Sep 29, 2005, the Supreme Court of Canada declared it to be constitutional. The BC lawsuit was filed against Imperial Tobacco Canada Ltd., JTI-McDonald Corp., Rothmans, Benson & Hedges Inc. and the Canadian Tobacco Manufacturers' Council as well as foreign cigarette makers British American Tobacco Ltd., Philip Morris Inc. and RJ Reynolds Tobacco Co. The BC lawsuit goes to trial Sep 2011. Since BC was the first Canadian province to adopt healthcare cost recovery legislation and file a lawsuit against the tobacco industry, the outcome of the BC case is pivotal.
Newfoundland and Labrador	2001			
Nova Scotia	2005			
Manitoba	2006	Pending		In Nov 2009, the MB government announced its intention to file a healthcare cost recovery lawsuit. The date of filing is not known.
New Brunswick	2006	2008	unspecified [sometimes cited as potentially \$10 billion] ^b	The tobacco industry had challenged the NB lawsuit on a number of preliminary matters, but in October 2010 the Supreme Court of Canada dismissed these challenges. In particular, the Supreme Court upheld the right of the province to retain external lawyers on a contingency-fee basis.
Saskatchewan	2007			
Ontario	2009	2009	\$50 billion	ON had preliminary healthcare cost recovery legislation in 2000, but in 2009 more detailed healthcare cost recovery legislation came into force. The ON healthcare cost recovery lawsuit filed in the ON Superior Court of Justice is against Imperial Tobacco Canada Ltd., JTI-Macdonald Corp., Rothmans, Benson & Hedges Inc., the Canadian Tobacco Manufacturers' Council and others to recover the cost of treating tobacco-related illnesses going back to 1955. The ON government alleges that the tobacco industry has long known that cigarettes were addictive and that active and passive smoking cause disease, but did little to mitigate the risk; conspired to mislead the public about the dangers of tobacco products and to make those products more addictive; suppressed evidence of risk; failed to help prevent adolescent smoking and countered public education campaigns against smoking.
Alberta	2009	Pending		In Oct 2010, the AB government announced its intention to file a healthcare cost recovery lawsuit. The date of filing is not known.
Quebec	2009	Pending	about \$30 billion	In Oct 2009, the QC government announced its intention to file a healthcare cost recovery lawsuit. The date of filing is not known.
Prince Edward Island	2009			
Northwest Territories				
Nunavut				
Yukon				

 $^{^{\}rm a}$ CTV.ca News Staff. Top court rules B.C. can sue to bacco companies. CTV News, Sep 30, 2005:

http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20050929/bc_tobacco_lawsuits_050929/20050929?hub=Canada
b Canadaeast News Service, p. A4, Mar 24, 2008: http://www.smoke-free.ca/litigation/webpages/New%20Brunswick.htm; scroll down to last article "U.S. lawyer says N.B. has leg up in tobacco lawsuit."

Table 2: Litigation against the Tobacco Industry in the United States: Selected Examples, by U.S. Jurisdiction, Year and Award or Settlement Amount^a

U.S. Jurisdiction	Year of Award or Settlement	Award or Settlement \$U.S.	Case Name & Type	Comments
Florida	1997	\$300 million	Broin v. Philip Morris Companies, class action	This class action suit by flight attendants in Florida to recover for damage caused by secondhand smoke ended in 1997 with the announcement of a proposed settlement, including payment of \$300 million by the tobacco companies to establish a medical research foundation and the agreement that individual flight attendants harmed by secondhand smoke can sue tobacco companies regardless of statute of limitations. Subsequently over 3000 individual lawsuits were filed by flight attendants in Florida for personal injury as a result of illness caused by secondhand smoke (Jacobson & Soliman 2002, p. 233, 237; Sweda 2001, p. 203).
46 states	1999	\$206 billion over 25 years	Master Settlement Agreement, Medicaid class action	In this historical settlement between five U.S. cigarette companies and 46 U.S. states, the tobacco industry was obliged to release damaging internal documents and agreed to restrict marketing of its products ^b (King & Siegel 2001). Some U.S. states used their part of the settlement for public health, but many did not (Jacobson & Soliman 2002, pp. 228-229).
Florida	2000	\$144 billion	Engle v. RJ Reynolds, class action	This class action suit, which had been filed on behalf of Florida citizens, residents and survivors harmed by tobacco smoke, was followed by about 8000 individual lawsuits against the tobacco industry in Florida. As of Sep 2009, the industry had lost 8 of 10 post-Engle individual trials (TPLP 2009). (See also 2009 Naugle case at the end of this table).
New Jersey	2001	\$30 million	Blue Cross Blue Shield of New Jersey v. Philip Morris, third-party payer	A U.S. insurance company successfully sued the tobacco industry to recover costs associated with tobacco-related illnesses (Jacobson & Soliman 2002, p. 230). At the time, most other attempts by third-party payers (e.g., insurers or unions) had been dismissed.
Florida	2009	\$299 million	<i>Naugle v. Philip</i> <i>Morris</i> , individual trial by jury	In this 3-week trial, the jury awarded \$55 million in compensatory damages and \$244 million in punitive damages to a female plaintiff in Florida who began smoking in 1968, quit in 1993, and suffers from severe emphysema (TPLP 2009). At the time, this award was the highest achieved for an individual suing the tobacco industry.

^a Ordered by year of award. From 1954 to 1992, most U.S. attempts to sue the tobacco industry failed (Jacobson & Soliman 2002, p. 229, 231).

Comments and suggestions are welcome and can be sent to lise_anglin@camh.net

References

Canada Revenue Agency (CRA). Comprehensive settlement agreements between federal and provincial governments and Imperial Tobacco Canada Ltd. and Rothmans, Benson and Hedges Inc., 2008. http://www.cra-arc.gc.ca/gncy/tbcc/menu-eng.html

Collishaw N. Opinion about tobacco lawsuits. *Canadian Medical Association Journal* 2010;182:63. http://www.cmaj.ca/cgi/eletters/181/10/691#244361

Daynard R. Why tobacco litigation? *Tobacco Control* 2003;12:1-2.

Flores ML, Barnoya J, Mejia R, Alderete E, Pérez-Stable EJ. Litigation in Argentina: challenging the tobacco industry. *Tobacco Control* 2006;15:90-96.

 $Gostin\ LO.\ The\ "tobacco\ wars"-global\ litigation\ strategies.\ \textit{Journal\ of\ the\ American\ Medical\ Association\ 2007;} 298(21):2537-2539.$

^b For example, the tobacco industry agreed to restrict marketing and advertising to youth, ban the use of cartoon characters in advertising, restrict brand-name sponsorship, ban outdoor advertisements and fund anti-smoking advertisements through the creation of the American Legacy Foundation; however, the tobacco industry has not lived up to all of these agreements (Jacobson & Soliman 2002, p. 229).

^c For more on U.S. state funding of tobacco control after the Master Settlement Agreement, see http://www.tobaccofreekids.org/reports/settlements/

Hammond D, Chaiton M, Lee A, Collishaw N. Destroyed documents: uncovering the science that Imperial Tobacco Canada sought to conceal. *Canadian Medical Association Journal* 2009;181:691-698.

Hiilamo HT. The impact of strategic funding by the tobacco industry of medical expert witnesses appearing for the defence in the Aho Finnish product liability case. *Addiction* 2007;102:979-988.

Jacobson PD, Soliman S. Litigation as public health policy: theory or reality? Journal of Law, Medicine & Ethics 2002;30:224-238.

Karlikaya C. Turkey: first tobacco litigation. Tobacco Control 2006;15:78.

King C, Siegel M. The master settlement agreement with the tobacco industry and cigarette advertising in magazines. *New England Journal of Medicine* 2001;345(7):504-511.

Mather L. Theorizing about trial courts: lawyers, policymaking and tobacco litigation. Law & Social Inquiry 1998;23:897-936.

Smoking and Health Action Foundation (SHAF) and Non-Smokers' Rights Association (NSRA). Tobacco-related litigation in Canada, pp. 29, 2009.

http://www.nsra-adnf.ca/cms/file/pdf/Tobacco Related Litigation in Canada 2009.pdf

Siegel-Itzovich J. British American Tobacco is drawn into Israeli damages claim. British Medical Journal 2005;331:1104.

Si-soo P. Anti-smoking lawsuit takes new turn. Korea Times, November 9, 2009.

Sweda EL. Litigation on behalf of victims of exposure to environmental tobacco smoke. The experience from the USA. *European Journal of Public Health* 2001;11:201-205.

Tobacco Products Liability Project (TPLP), a division of the (U.S.) Public Health Advocacy Institute, Northeastern University Law School, Boston; http://www.tobacco.neu.edu/index.html

Tobacco Strategy Advisory Group (TSAG). Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011 to 2016. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, pp. 44, October 18, 2010. http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf