Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL

ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

BETWEEN:

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **JTI-MACDONALD CORP.**

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF IMPERIAL TOBACCO CANADA LIMITED AND IMPERIAL TOBACCO COMPANY LIMITED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **ROTHMANS**, **BENSON & HEDGES INC**.

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Court File No. 19-CV-615862-00CL Court File No. 19-CV-616077-00CL Court File No. 19-CV-616779-00CL

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AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **IMPERIAL TOBACCO CANADA LIMITED** AND **IMPERIAL TOBACCO COMPANY LIMITED**

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Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL

ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

BETWEEN:

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **JTI-MACDONALD CORP.**

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF IMPERIAL TOBACCO CANADA LIMITED AND IMPERIAL TOBACCO COMPANY LIMITED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **ROTHMANS**, **BENSON & HEDGES INC**.

Applicants

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TAB 1

Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL

ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

BETWEEN:

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Applicants

AFFIDAVIT OF SANDY BALLOTT (SWORN JANUARY 20, 2025)

I, Sandy Ballott, of the City of Brampton, in the Regional Municipality of Peel, MAKE OATH AND SAY:

1. I am a law clerk employed by the law firm of Tyr LLP ("**Tyr**"), the lawyers for the Heart and Stroke Foundation of Canada ("**Heart & Stroke**"). As such, I have personal knowledge of the facts and matters in my Affidavit. Where I make statements in this Affidavit that are not within my personal knowledge, I have identified the source of the information and verily believe such information to be true.

2. I make this Affidavit in support of Heart & Stroke's objection to the plans of compromise and arrangement (the "**CCAA Plans**") of Imperial Tobacco Canada Limited

and Imperial Tobacco Company Limited, Rothmans Benson & Hedges Inc., and JTI-MacDonald Corp. (collectively, the "**Tobacco Companies**"). What follows is a summary of the correspondence exchanged between Tyr, the Monitors and counsel for the Monitors relating to Heart & Stroke's efforts to advance the interests of the future tobacco harm stakeholders (the "**FTH Stakeholders**") in the CCAA proceedings and otherwise raising concerns about the mandate of the Cy-près Fund, which is a public charitable foundation that would be established under the CCAA Plans

3. Tyr wrote to the Monitors and their counsel on February 6, 2024, following Justice McEwen's decision of June 23, 2023, expressing Heart & Stroke's willingness to discuss the interests of the FTH Stakeholder and offer the insights and expertise of the Heart & Stroke. Attached as **Exhibit "A"** is a copy of that letter dated February 6, 2024.

4. Attached as **Exhibit "B"** is a copy of correspondence from Nathasha MacParland of Davies LLP to James Bunting of Tyr, dated February 16, 2024, wherein Ms. MacParland declined, on behalf of counsel for each of the Monitors in the CCAA proceedings, Heart & Stroke's invitation to discuss.

5. On November 1, 2024, following a motion to expand the scope of a Representation Order effective December 11, 2019, Tyr wrote to the Monitor's counsel again raising concerns that the FTH Stakeholders were not adequately represented by counsel in the CCAA proceedings and offering to meet with the Monitors to discuss the interests of the FTH Stakeholders. Attached as **Exhibit "C"** is a copy of that letter dated November 1, 2024.

2

6. By way of reply letter dated November 11, 2024, counsel for the Monitors again declined Tyr's invitation. A copy of the Monitors' letter is attached as **Exhibit "D"**.

7. On January 3, 2025 Tyr wrote to the Monitor's and their counsel, following the approval of the Sanction Protocol Orders dated December 23, 2024 approving the Litigation Timeline and procedures for the Sanction Hearing of the Tobacco CCAA Plans, raising concerns about the limited scope of the mandate of the Cy-près Fund. Tyr also advised that Heart & Stroke will be objecting the Sanction Orders approving and sanctioning the Tobacco CCAA Plans and further advises of Heart & Stroke's intention to file and make submissions in connection with the Sanction Hearing. Attached hereto and marked as **Exhibit "E"** is a copy of that January 3, 2025 letter.

SWORN BEFORE ME by video conference by Sandy Ballott of the City of Brampton in the Regional Municipality of Peel, before me at the City of Toronto, in the Province of Ontario on January 20, 2025 in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

Sam Cotton Commissioner for Taking Affidavits (or as may be)

LSO# 84324T



Digitally signed by Sandy Ballott Date: 2025.01.20 09:55:24 -05'00'

SANDY BALLOTT

THIS IS **EXHIBIT "A"** REFERRED TO IN THE AFFIDAVIT OF SANDY BALLOTT SWORN JANUARY 20, 2025.

SAM COTTON

Commissioner for Taking Affidavits (or as may be)



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February 6, 2024

DELIVERED VIA EMAIL

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Dear Counsel:

Re: FTH Stakeholders Tobacco CCAA Proceedings

We write further to the Reasons of the Honourable Justice McEwen dated June 23, 2023 concerning the important interest of the future tobacco harm stakeholders ("**FTH Stakeholders**"). We note again, respectfully, that to the extent Representative Counsel's mandate extends to the FTH Stakeholders, there is an inherent conflict of interest in advocating for the FTH Stakeholders. As detailed in our March 31, 2023 motion materials, this should raise substantial concerns.

While we were not granted leave to bring a motion seeking to be appointed as representative counsel for the FTH Stakeholders, we wanted to ensure that each of your clients was aware that we are available and willing to meet with you to discuss how the interests of the FTH Stakeholders can be considered and addressed in the ongoing settlement discussions. As you know, our client has a depth of knowledge and input that it would be pleased to provide in order to ensure that any proposed plan fairly and adequately takes into account the interests of the FTH Stakeholders.



Please let us know if this would be of interest to you or your clients.

Yours truly,

1

James Bunting

cc: Maria Naimark, *Tyr LLP* Chanakya Sethi, Rui Gao & Benjamin Jarvis, *Davies Ward Phillips & Vineberg LLP* Kate Boyle, Maddy Carter & Lauren Harper, *Wagners* Linc Roger, Jake Harris and Nancy Thompson, *Blake, Cassels & Graydon LLP* Jane Dietrich and Monique Sassi, *Cassels Brock & Blackwell LLP*

THIS IS **EXHIBIT "B"** REFERRED TO IN THE AFFIDAVIT OF SANDY BALLOTT SWORN JANUARY 20, 2025

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February 16, 2024

BY EMAIL

Mr. James D. Bunting Tyr Law LLP 488 Wellington St. W., Ste. 300-302 Toronto, ON M5V 1E3 JBunting@tyrllp.com

Re: Tobacco CCAA Proceedings—Participation of FTH Stakeholders

Dear Mr. Bunting:

I write on behalf of counsel to each of the Monitors in these CCAA proceedings to respond to your letter of February 6, 2024.

As you are aware, the confidential settlement discussions in these proceedings are presently limited to the debtors and claimants, and do not include any other parties who may wish to participate. While we have previously recognized that HSF is a social stakeholder, we have also conveyed our view that the scope and nature of the participation of HSF as a social stakeholder in the CCAA proceedings is to be determined by the Court.

As we have said before, HSF, like all other social stakeholders, will be able to seek to present its views when any settlement is presented to the Court.

Finally, your letter refers to an alleged conflict in Representative Counsel's mandate in the settlement discussions. Respectfully, as the Court already noted, "there is no evidentiary basis" for this assertion.¹

Yours truly,

Natasha MacParland Natasha MacParland

cc Chanakya A. Sethi, *Davies Ward Phillips & Vineberg LLP* Shayne Kukolowicz, Jane Dietrich & Monique Sassi, *Cassels, Brock & Blackwell LLP* Pamela Huff & Linc Rogers, *Blake, Cassels & Graydon LLP* Raymond F. Wagner, *Wagners* Nadia Campion, *Lax O'Sullivan Lisus Gottlieb LLP* Maria Naimark, *Tyr LLP*

4165-7956-8974

¹ In the Matter of a Plan of Compromise or Arrangement of JTI-Macdonald, Imperial Tobacco and Rothmans, 2023 ONSC 2347 at para. 83.

THIS IS **EXHIBIT "C"** REFERRED TO IN THE AFFIDAVIT OF SANDY BALLOTT SWORN JANUARY 20, 2025

SAM COTTON

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November 1, 2024

DELIVERED VIA EMAIL

Natasha MacParland Davies Ward Phillips & Vineberg LLP 155 Wellington Street West Toronto, ON M5V 3J7 Email: <u>nmacparland@dwpv.com</u> Raymond F. Wagner Wagners 1869 Upper Water Street, Suite PH301 3rd Floor, Pontac House, Historic Properties Halifax, NS B3J1S9 Email: <u>raywagner@wagners.co</u>

Pamela Huff Blake, Cassels & Graydon LLP 199 Bay Street, Suite 4000, Commerce Court West Toronto, ON M5L 1A9 Email: <u>pamela.huff@blakes.com</u> Shayne Kukulowicz Cassels Brock & Blackwell LLP Suite 3200, Bay Adelaide Centre – North Tower 40 Temperance Street Toronto, ON M5H 0B4 Email: <u>skukulowocz@cassels.com</u>

Dear Counsel:

Re: Heart & Stroke: Tobacco CCAA Proceedings

We write concerning the proposed plan and scheduled meeting. As the Monitors are aware, the Applicants moved to expand the scope of the Representation Order effective December 11, 2019. That expansion squarely raises the concerns previously highlighted by Heart & Stroke, namely that the interests of those who will suffer future harm related to tobacco use or exposure have not been represented adequately, or at all, during this proceeding.

Mr. Gottlieb submitted that all affected stakeholders have been represented by counsel throughout these proceedings. That may have been accurate under the prior scope of Representation Order regarding "TRW Claimants".

The expanded representation order changes that. The representation gap is clear on review of the Applicant's motion material. We note that the amended representation order captures at least some of the individuals who will begin using tobacco products before



the Effective Time but suffer harm in the future after the Effective Time. This is made clear by the new phrases in the definition of Pan-Canadian Claimants as follows:

- "or may in the future be asserted"
- "could be advanced"
- "or hereafter arising"
- "Effective Time (whether or not continuing thereafter)"

The absence of representation for the future stakeholder constituency is clear to Heart & Stroke from the proposed Plan and, specifically, the terms of the *Cy Pres* Fund. The mission of the *Cy Pres* Fund is focused on research of treatment and diagnosis of tobacco related conditions, primarily cancer, lung diseases, emphysema and COPD. However, to reasonably protect those who have yet to be harmed but will be harmed in the future, the *Cy Pres* Fund should also have a significant focus on prevention, awareness, smoking cessation and specifically include tobacco-related heart disease and stroke conditions.

The absence in the *Cy Pres* Fund's mandate of prevention, awareness, and smoking cessation demonstrates the gap in representation that has been previously raised by Heart & Stroke. This gap should not be filled retroactively by expanding the scope of Representative Counsel's mandate for several reasons. This includes because there is an inherent tension and conflict among the interests of individuals within the expanded class, and there is no indication that Representative Counsel have been attuned to the interests of the expanded group. In this regard, those who use tobacco in the future need cessation and mitigation measures to protect their interests, while other TRW Claimants depend on the future use of tobacco to fund at least, in part, their compensation. This creates a divergence of interests in the expanded definition of Claimants.

As the Monitors are aware, Justice McEwen previously held as follows:

"[89] In reaching this conclusion, I emphasize that the HSF retains its ability to participate in the CCAA Proceedings as a social stakeholder and if difficulties arise with respect to what the HSF has identified as the FTH Stakeholders, the matter may return to the Court."

The now clear gap in representation should be addressed promptly and carefully to ensure any final Plan is fair and reasonable. This can be managed by appointing separate counsel for the future tobacco harm group or through meaningful consultation with public



interest groups to consider and incorporate changes that address the interests of the future tobacco harm group.

We remain available and interested in working with the Monitors as offered in our letter dated February 6, 2024. We would be grateful if we could hear from the Monitors in response to this letter by no later than November 13, 2024.

Yours truly,

P

James Bunting

cc: Maria Naimark & Aditi Gupta, *Tyr LLP* Chanakya Sethi, Rui Gao & Benjamin Jarvis, *Davies Ward Phillips & Vineberg LLP* Kate Boyle, Maddy Carter & Lauren Harper, *Wagners* Linc Roger, Jake Harris and Nancy Thompson, *Blake, Cassels & Graydon LLP* Monique Sassi, *Cassels Brock & Blackwell LLP*

THIS IS **EXHIBIT "D"** REFERRED TO IN THE AFFIDAVIT OF SANDY BALLOTT SWORN JANUARY 20, 2025

SAM COTTON

Commissioner for Taking Affidavits (or as may be)

Cassels

November 11, 2024

Via E-Mail

Tyr LLP 488 Wellington Street West Suite 300-302 Toronto, ON M5V 1E3 skukulowicz@cassels.com tel: +1 416 860 6463

Attention: James Bunting Maria Naimark Aditi Gupta

Dear Sirs/Mesdames:

Re: Heart & Stroke Foundation: Tobacco CCAA Proceedings¹

We write in response to your letter dated November 1, 2024 in which you take the position that there is a "gap in representation" in connection with the Tobacco CCAA Proceedings and that representative counsel for "future tobacco harm" stakeholders should be appointed.

On behalf of the Monitors from each Tobacco CCAA Proceeding, we are of the view that all potential Claimants with Tobacco Claims are fully represented in these Tobacco CCAA Proceedings. The current circumstances are no different than when the Heart & Stroke Foundation ("**HSF**") previously sought leave, for among other things, the appointment of representative counsel for the "FTH Stakeholders" and such relief was denied.²

We appreciate the comments provided by the HSF concerning the CCAA Plans. The Monitors will carefully consider your comments and have also shared your comments with the Court-Appointed Mediator.

Yours truly,

Cassels Brock & Blackwell LLP

Shoume ti MIL

Shayne Kukulowicz Partner SK cc: Monique Sassi, *Cassels Brock & Blackwell LLP* Natasha MacParland & Chanakya Sethi, *Davies Ward Phillips & Vineberg LLP* Raymond F. Wagner, *Wagners* Pamela Huff, *Blake, Cassels & Graydon LLP* LEGAL*66565062.1

¹ Capitalized terms that are undefined herein have the meanings given to such terms under the CCAA Plans.

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Cassels Brock & Blackwell LLP Suite 3200, Bay Adelaide Centre – North Tower, 40 Temperance Street Toronto, ON M5H 0B4 Canada

² Endorsement of Justice McEwen dated June 23, 2023.

THIS IS **EXHIBIT "E"** REFERRED TO IN THE AFFIDAVIT OF SANDY BALLOTT SWORN JANUARY 20, 2025

SAM COTTON

Commissioner for Taking Affidavits (or as may be)



488 Wellington Street West Suite 300-302 Toronto, ON M5V 1E3 CANADA www.tyrllp.com

January 3, 2025

DELIVERED VIA EMAIL

Natasha MacParland Davies Ward Phillips & Vineberg LLP 155 Wellington Street West Toronto, ON M5V 3J7 Email: <u>nmacparland@dwpv.com</u>

Pamela Huff Blake, Cassels & Graydon LLP 199 Bay Street, Suite 4000, Commerce Court West Toronto, ON M5L 1A9 Email: <u>pamela.huff@blakes.com</u> Raymond F. Wagner Wagners 1869 Upper Water Street, Suite PH301 3rd Floor, Pontac House, Historic Properties Halifax, NS B3J1S9 Email: <u>raywagner@wagners.co</u>

Shayne Kukulowicz Cassels Brock & Blackwell LLP Suite 3200, Bay Adelaide Centre – North Tower 40 Temperance Street Toronto, ON M5H 0B4 Email: <u>skukulowocz@cassels.com</u>

Dear Counsel:

Re: Sanction Hearing Materials and Submissions of the Heart & Stroke

We write following the approval of the Sanction Protocol Orders dated December 23, 2024 approving the Litigation Timeline and procedures for the Sanction Hearing of the Tobacco CCAA Plans.

The Heart and Stroke Foundation of Canada (HSF) continues to be concerned about the limited scope of the mandate of the *Cy Pres* Fund. In particular, the fund currently does not address tobacco-use reduction through prevention, awareness and smoking cessation measures. As previously expressed, HSF is concerned not only about the limited mandate of the *Cy Pres* fund, but also that the limited mandate arises at least in part because the interests of those who will suffer future harm related to tobacco use or exposure have not been adequately represented during these proceedings. For these reasons, among others, the HSF will be objecting to the Sanction Orders approving and sanctioning the Tobacco CCAA Plans.



Accordingly, we write to advise the Monitors and the Common Service List of the HSF's intention to (i) file materials in connections with the Sanction Hearing; and (ii) make submissions with an estimated length of one hour at the Sanction Hearing.

Yours very truly,

James Bunting

cc: Sam Cotton, *Tyr LLP* Chanakya Sethi, Rui Gao & Benjamin Jarvis, *Davies Ward Phillips & Vineberg LLP* Kate Boyle, Maddy Carter & Lauren Harper, *Wagners* Linc Roger, Jake Harris and Nancy Thompson, *Blake, Cassels & Graydon LLP* Monique Sassi, *Cassels Brock & Blackwell LLP* The Common Service List

Court File No. CV-19-615862-00C Court File No. CV-19-616077-00C Court File No. CV-19-616779-00C Court FILE NO. CV-19-616779-00C CV-19-61707-00C CV-19-61707-00C CV-19-61707-00C CV-19-61707-00C CV-19-707-00C	S.C. 1985, c.C-36, AS AMENDED	F JTI-MACDONALD CORP., IMPERIAL TOBACCO THMANS, BENSON & HEDGES INC.	ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)	Proceeding commenced at TORONTO	AFFIDAVIT OF SANDY BALLOTT (SWORN JANUARY 20, 2025)	Tyr LLP 488 Wellington Street West Suite 300-302 Toronto, ON M5V 1E3	James Bunting (LSO# 48244K) Tel: 647.519.6607 Email: <u>jbunting@tyrllp.com</u>	Sam Cotton (LSO# 84324T) Tel 613.862.9264 Email: <u>scotton@tyrllp.com</u>	Lawyers for Heart & Stroke Foundation of Canada
	AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT (Canada Limited and Imperial Tobacco Company Limited, and R								

TAB 2

Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL

ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

BETWEEN:

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **JTI-MACDONALD CORP.**

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF IMPERIAL TOBACCO CANADA LIMITED AND IMPERIAL TOBACCO COMPANY LIMITED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **ROTHMANS**, **BENSON & HEDGES INC**.

Applicants

AFFIDAVIT OF DR. ANDREW PIPE (SWORN JANUARY 20, 2025)

I, Andrew Pipe, of the Village of Stella in the Loyalist Township in the Province of Ontario, MAKE OATH AND SAY:

1. I am a Professor Emeritus in the Faculty of Medicine at the University of Ottawa

and the former Chief of the Division of Prevention and Rehabilitation at the University of

Ottawa Heart Institute. I have extensive clinical and research experience related to

tobacco addiction, use, reduction and cessation.

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2. Attached to my Affidavit as **Exhibit "A"** is my expert report in respect of these issues (the "**Expert Report**"). I hold the opinions expressed in my Expert Report and adopt the Expert Report as my evidence in this proceeding.

SWORN BEFORE ME by video conference by Andrew Pipe of the Village of Stella of the Province of Ontario, before me at the City of Toronto, in the Province of Ontario on January 20, 2025 in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

Samuel Cotton

Sam Cotton Commissioner for Taking Affidavits (or as may be)

LSO# 84324T

Andrew Pipe

ANDREW PIPE

THIS IS **EXHIBIT "A"** TO THE AFFIDAVIT OF DR. ANDREW PIPE AFFIRMED JANUARY 20, 2025.

Samuel Cotton

Sam Cotton

LSO#84324T

Commissioner for Taking Affidavits

ONTARIO SUPERIOR COURT OF JUSTICE

(COMMERCIAL LIST)

BETWEEN:

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF JTI-MACDONALD CORP.

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **IMPERIAL TOBACCO CANADA LIMITED** AND **IMPERIAL TOBACCO COMPANY LIMITED**

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **ROTHMANS**, **BENSON & HEDGES INC**.

Applicants

EXPERT REPORT OF DR. ANDREW PIPE, CM, BA, MD, LLD, DSc

January 20, 2025

Dr. Andrew Pipe APipe@ottawaheart.ca 613. 882-4400

A. Introduction, Assignment and Summary of Opinion

- 1. My name is Dr. Andrew Pipe. I am a Professor Emeritus in the Faculty of Medicine at the University of Ottawa and the former Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute. I have extensive clinical and research experience related to tobacco addiction, use, reduction and cessation.
- 2. I have been retained by Tyr LLP, counsel for the Heart and Stroke Foundation of Canada ("Heart & Stroke") in connection with the above noted proceedings under the *Companies' Creditors Arrangement Act* the "CCAA Proceedings"). I understand that the court will be considering motions brought by the Monitors for Imperial Tobacco Company Limited and Imperial Tobacco Canada Limited, JTI Macdonald Corporation, and Rothmans, Benson & Hedges to approve their respective plans of compromise and arrangement (the "CCAA Plans") at a sanction hearing scheduled to begin on January 29, 2025.
- 3. I have been asked to provide an independent expert opinion about the scope of the proposed Cy-près Foundation that forms part of the CCAA Plans. Specifically, I have been asked to provide an opinion on the following questions:
 - (a) What are the benefits of tobacco use reduction and prevention measures for individuals who are using tobacco products and for the Canadian public more generally?
 - (b) How effectively does the proposed scope of the Cy-près Foundation's mandate reduce harm caused by tobacco use?
- 4. I understand that my duty in these proceedings is not to be an advocate for one party or another, but rather to provide my independent professional opinions on matters within my expertise. A copy of my signed expert acknowledgment is attached as **Exhibit A** to this Report. I do note that I am a former Chair of the Board of Directors of Heart & Stroke and was on the Board from 2017-2023. This was a non-paid volunteer position and I do not have any ongoing role with Heart & Stroke. I have approached this mandate understanding fully my obligations and provide this report as my independent and non-partisan opinion.
- 5. In summary, it is my opinion that:
 - a. Tobacco use reduction and prevention measures save lives as well as significantly reduce the smoking-attributable cost to the Canadian healthcare system and the economy. Smoking is the leading preventable cause of premature death and disease in Canada, killing more than 46,000 Canadians annually.¹ The total annual economic burden to Canadians from tobacco use is \$11.2 billion, including \$5.4 billion in healthcare costs and \$5.2 billion in economic costs from lost productivity, \$5.5 million in criminal justice costs, and \$0.5 billion in other direct costs.¹ Research evidence shows that smoking cessation reduces the risk of cardiovascular disease and stroke morbidity and mortality

¹ Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

as well as the healthcare and economic costs resulting from smoking-attributable death and disability.² At least half of all smokers, who do not quit, will die of smoking-related illnesses.^{3,4} Smokers who quit by the age of 40, reduce the risk of premature death from cardiovascular disease associated with continued smoking by around 90%.⁵ Smokers who quit by the age of 54, reduce the risk of premature death from cardiovascular disease associated with continued smoking by two-thirds.⁶ Smoking prevention, cessation and reduction measures will help Canadians improve their health status, live longer, and prevent tobacco-attributable diseases and death. At the individual and household-level, smoking cessation helps improve quality of life and extend life expectancy of smokers, as well as protects family members and peer groups from being exposed to second-hand smoke. At the societal level, reduction in smoking rates lead to reduced healthcare costs, reduced absenteeism from the workplace due to smoking-attributable disease and disability, reduction in second-hand smoke exposure, diminished losses from fires and associated morbidity and mortality, as well as reduced environmental damage from cigarette ends and costs associated with cleaning up after smokers.

- b. Measures that support smoking cessation and prevention measures, specifically among youth, would generate the most benefit to the public. These measures should be focused on three key areas: robust and comprehensive efforts to prevent future use of tobacco, including the implementation of key public-policy measures; further public awareness of the harms of those tobacco-industry products; and smoking-cessation programs. Such measures have been proven to be cost effective. In fact, for every dollar invested, the return on investment for tobacco-control policies implemented in Canada from 2001 to 2016 was \$19.8 from a governmental perspective (from healthcare costs averted and tax revenue gained) and \$21.9 from societal perspective (from healthcare and productivity costs averted and life years gained).⁷
- c. The proposed Cy-près Foundation's mandate is deficient. In my opinion as a medical expert on tobacco use, the scope of its mandate must be broadened to include the interests of people who currently smoke and those who might otherwise smoke in the future. Expanding the mandate of the Cy-Pres Foundation to include comprehensive efforts to ensure the prevention and reduction of tobacco use is critical because measures focused on stopping people from taking up smoking, and initiatives to help others quit, will have

² Gallucci G, Tartarone A, Lerose R, Lalinga AV, Capobianco AM. Cardiovascular risk of smoking and benefits of smoking cessation. *J Thorac Dis.* 2020;12(7):3866-3876. doi:10.21037/jtd.2020.02.47

³ Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ. 2004 Jun 26;328(7455):1519.

⁴ Siddiqi, K., Husain, S., Vidyasagaran, A. *et al.* Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. *BMC Med* 18, 222 (2020).

⁵ Thomson B, Emberson J, Lacey B, Peto R, Woodward M, Lewington S. Childhood smoking, adult cessation, and cardiovascular mortality: prospective study of 390 000 US adults. *Journal of the American Heart Association*. 2020 Nov 3;9(21):e018431

⁶ Jha, P., Ramasundarahettige, C., Landsman, V., Rostron, B., Thun, M., Anderson, R. N., ... & Peto, R. (2013). 21stcentury hazards of smoking and benefits of cessation in the United States. *New England Journal of Medicine*, *368*(4), 341-350.

⁷ Tarride JE, Blackhouse G, Guindon GE, Chaiton MO, Planinac L, Schwartz R. Return on investment of Canadian tobacco control policies implemented between 2001 and 2016. *Tob Control*. 2023;32(2):233-238. doi:10.1136/tobaccocontrol-2021-056473

the greatest impact on preventing disease and saving lives. This in turn has the economic benefits described above that result from lower costs on our health care system and economy.

B. Qualifications and Experience

- 6. I received my MD from Queen's University in Kingston, Ontario in 1974. I have also received honourary degrees from Queen's University (LLD), Brock University (DSc) and the University of Guelph (DSc.
- 7. I am currently a Professor Emeritus in the Faculty of Medicine at the University of Ottawa, and was formerly the Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute. I continue my academic activities with this Institute. From November 2017 to November 2023, I was a member of the national board of directors for Heart & Stroke and served as chair of the board from 2018-2020.
- 8. My research interests include the assessment of approaches to smoking cessation, the facilitation of exercise adoption, and novel initiatives to prevent cardiovascular disease. I have authored or co-authored more than 200 academic publications including in the Canadian Medical Association Journal, the Canadian Journal of Cardiology, and the European Journal of Preventative Cardiology, and I have in the course of my career delivered more than 1500 presentations and addressed audiences in over 30 nations. I am frequently consulted as a leader in Canada on issues related to the harms caused by tobacco addiction and tobacco use reduction and cessation.
- 9. I am also the recipient of numerous recognitions and awards for my work. I was named an Honourary Fellow by the Royal College of Physicians for my work related to smoking cessation, tobacco control, and physical activity. I am also a recipient of the Dr. Harold N. Segall Award of Merit of the Canadian Cardiovascular Society. In 2002, I was named to the Order of Canada.
- 10. A copy of my CV is attached as Exhibit B.

C. Material Relied On and Considered in Preparing My Opinion

- 11. My opinion is based on my experience, knowledge and expertise in the field. I have also relied on and/or considered the studies and/or research cited in my Report.
- 12. In the course of preparing my report, I have also considered the following additional materials:
 - (a) The CCAA Plans, including the terms applicable to the Cy Pres Fund in Article 9;
 - (b) <u>2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress;</u>
 - (c) 2020 Smoking Cessation: A Report of the Surgeon General
 - (d) WHO clinical treatment guideline for tobacco cessation in adults

- (e) Tobacco tax reform at the crossroads of health and development : technical report of the World Bank Group global tobacco control program (Vol. 2) : Main report
- (f) <u>Nicotine and Cardiovascular Health: When Poison is Addictive a World Heart Federation</u> <u>Policy Brief</u>

D. What are the benefits of smoking reduction and prevention measures for the Canadian public?

- 13. Nicotine is highly addictive. Just 5 mg of nicotine a day is enough to establish nicotine addiction in youth.⁸ Moreover, cigarettes deliver nicotine to the addiction centres of the brain within 10 seconds, contributing to the rapid development of nicotine dependence.⁹ Due to its immediate effect on the brain, using nicotine even once puts an individual at risk of nicotine dependence. One of the hallmarks of nicotine addiction is the users' inability to control their nicotine use.¹⁰ This is evident in the multiple failed quit attempts that many smokers experience in seeking to combat their addiction. Nicotine is the most tenaciously addictive drug we encounter in our society; it has been considered to be the 'gateway drug' which facilitates the development of other forms of drug dependence.
- 14. Moreover, nicotine addiction is a chronic and relapsing condition, requiring the development of a systematic and comprehensive approach to support smoking reduction and prevention in the population. It has also been definitively established that tobacco use dramatically increases the risk of developing heart disease and stroke, especially among those who start young. For example, studies have shown that smokers are two times more likely to have a heart attack or stroke and are two times more likely to die from them. Smokers are up to four times more likely to experience sudden cardiac death as compared to non-smokers.¹¹ Individuals who smoke 25 cigarettes a day or more have three times the risk of heart attack or stroke.¹² They are almost five times more likely to die of heart disease or stroke than non-smokers.¹² Accordingly, tobacco use is the leading preventable cause of disease and death in Canada (killing more than 46,000 Canadian each year¹ and reducing life expectancy by nearly 10 years for smokers⁶). Tobacco use is the leading cause of preventable vascular disease and subsequent limb amputations.

⁸ Benowitz, N.L. and J.E. Henningfield, Establishing a nicotine threshold for addiction—the implications for tobacco regulation. 1994, Massachusetts Medical Society p. 123-125.

⁹. Henningfield JE, Stapleton JM, Benowitz NL, Grayson RF, London ED. Higher levels of nicotine in arterial than in venous blood after cigarette smoking. Drug Alcohol Depend. 1993 Jun;33(1):23–9.

¹⁰: Dorotheo, E.U., Arora, M., Banerjee, A., Bianco, E., Cheah, N.P., Dalmau, R., Eissenberg, T., Hasegawa, K., Naidoo, P., Nazir, N.T., Newby, L.K., Obeidat, N., Skipalskyi, A., Stępińska, J., Willett, J. and Wang, Y. Nicotine and Cardiovascular Health: When Poison is Addictive – a WHF Policy Brief. Global Heart. 2024;19(1):14. DOI: https://doi.org/10.5334/gh.1292

¹¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking: Cardiovascular Disease. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1983.

¹² Heart and Stroke Foundation of Canada. Smoking and Tobacco. Accessed from: <u>https://www.heartandstroke.ca/heart-disease/risk-and-prevention/lifestyle-risk-factors/smoking-and-tobacco#:~:text=In%20fact%2C%20smokers%20are%20two.of%20heart%20disease%20or%20stroke.</u>

- 15. Experts assert that there is no safe level of exposure to tobacco smoke.¹³ Any exposure to tobacco smoke even an occasional cigarette or exposure to second-hand smoke is harmful. Moreover, exposure to second-hand smoke increases the risk for stroke by 20%–30%.¹⁸ Second-hand smoke also leads to lung cancer and heart disease among adults.¹⁴ Children exposed to second-hand smoke have higher risk of acute respiratory infections, middle ear disease, sudden infant death syndrome, as well as more severe and frequent asthma.¹⁵ Decades of research has established that smoking causes a multitude of diseases and conditions, including but not limited to multiple forms of cancer, cardiovascular diseases, cerebrovascular diseases (i.e. stroke), peripheral vascular disease, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD).¹⁵
- 16. Tobacco use burdens Canadian society with \$11.2 billion in direct healthcare, indirect economic, criminal justice, as well as other direct costs every year.¹ The most recent data from 2023 indicates that 11.4% of the adult population in Canada currently smokes.¹⁶ In 2020 alone, tobacco use was responsible for 116,027 hospitalizations, 165,505 emergency department visits and 30,877 surgeries.¹
- 17. It has also been established that measures to reduce nicotine cravings and withdrawal symptoms can be effective though to a limited extent. Nicotine replacement therapies (NRTs), in particular, may relieve the symptoms of nicotine withdrawal and help smokers ease into abstinence.¹⁷ Cytisine and varenicline act to partially block nicotinic receptors and can assist with cessation attempts.
- 18. The benefits of tobacco-use reduction and prevention measures, in light of the significant harm tobacco products cause, are significant. The continued spreading of misinformation by the tobacco industry about their products and about nicotine necessitates measures to raise awareness of the well-understood and widely documented health implications of tobacco addiction and nicotine to the government, policymakers and the public at large. Focusing on tobacco reduction through, public awareness and prevention policies and smoking cessation will help prevent the next generation from becoming addicted to nicotine and reduce the number of people living with, and dying from, tobacco-related illnesses. These measures are also needed to reduce the socio-economic burden of tobacco-related illnesses. These measures benefit individuals who have never used tobacco products, who have recently started using tobacco products, or who have been using tobacco products for a long time. For example, with reference to cardiovascular disease, studies have shown the following:

¹³ U.S. Department of Health and Human Services. How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease. 2010:727. doi:10.1037/e590462011-001

¹⁴ US National Centre for Chronic Disease Prevention and Health Promotion. July 12, 2024 <u>https://www.cdc.gov/nccdphp/priorities/tobacco-use.html</u>

¹⁵ US Department of Health and Human Services. *The Health Consequences of Smoking*—50 Years of Progress: A Report of the Surgeon General. Centers for Disease Control and Prevention;

^{2014. &}lt;u>https://www.cdc.gov/tobacco/sgr/50th-anniversary/index.htm</u>

¹⁶ Statistics Canada. <u>Table 13-10-0905-01</u> Health indicator statistics, annual estimates

¹⁷ Theodoulou A, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J, Livingstone-Banks J, Hajizadeh A, Lindson N. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database of Systematic Reviews 2023, Issue 6. Art. No.: CD013308. DOI: 10.1002/14651858.CD013308.pub2. Accessed 14 January 2025.

- a. The impact of tobacco use on cardiovascular disease is sufficiently acute that within only twenty-four hours of ceasing smoking, the risk of having a heart attack begins to decrease;¹⁸
- b. In 20 minutes after quitting, blood pressure and pulse rate return to normal level;¹⁸
- c. In 1 year after quitting smoking, the risk of experiencing a heart attack is cut by half;¹⁸
- d. In 5 years after quitting smoking, the risk of stroke is comparable to that of a non-smoker;¹⁸
- e. In 10 years after quitting smoking, the risk of dying from lung cancer is cut by roughly 50%;¹⁸
- f. In 15 years after quitting smoking, the risk of heart disease becomes similar to someone who never smoked at all.¹⁸
- 19. Tobacco-use reduction and prevention measures are, therefore, both effective and integral to preventing and combatting tobacco addiction and the harmful effects that arise from tobacco addiction.
- 20. Other public health measures, such as increased diagnosis and treatment of specific tobacco-related cancers, primarily impact the individual who has already been directly harmed by tobacco use and in many instances have limited consequence. In contrast, tobacco use reduction and prevention measures have a broader impact on the public. Reduction and prevention measures are in my view critical measures for public health since they (i) reduce the morbidity and mortality from tobacco-attributable illnesses and promote good health, ii) reduce the negative economic impact on our healthcare system that results from treating those individuals who are addicted to tobacco and suffering from negative health effects and (iii) reduce the harm caused to the public from second-hand smoke.
- 21. While tobacco-use is not as prevalent as it once was, it is still too high and quitting rates in Canada have been stagnant. For this reason, prevention and reduction measures are more integral, and essential, than ever to combatting harm from tobacco-use. Approximately 3.6 million adults in Canada smoke, representing 11.4% of the population.¹⁶ It also continues to be true that an overwhelming majority of smokers begin smoking as teenagers or preteens.¹⁹
- 22. In conclusion, there is broad consensus and evidence, including from peer-reviewed studies, in my field regarding the significant benefits both to individuals addicted to tobacco and the public more generally of tobacco use reduction and prevention measures. Attached as **Exhibit C** to this report is a list of some examples of peer-reviewed studies that demonstrate the importance and benefit of reduction and prevention measures to combatting harm caused by tobacco-use.

 ¹⁸ U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease
 Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No. (CDC) 90-8416. 1990.
 ¹⁹ Barrington-Trimis JL, Braymiller JL, Unger JB, McConnell R, Stokes A, Leventhal AM, et al. Trends in the Age of Cigarette Smoking Initiation Among Young Adults in the US From 2002 to 2018. JAMA Netw Open. 2020 Oct 6;3(10):e2019022.

E. How effectively does the scope of the Cy-près Foundation's mandate reduce harm caused by tobacco-use?

- 23. In light of the significant benefits discussed above for tobacco use reduction and prevention measures, I do not understand why the Cy-près Foundation's current mandate does not include tobacco use reduction and prevention measures, and why it does not enable advocacy for such measures. In fact, based on my review of the CCAA Plans, I note that tobacco use reduction and prevention measures are expressly excluded from the mandate of the Cy-près Foundation. In my opinion, this represents a significant public-health oversight and ignores an abundant scientific literature.
- 24. In this regard, I note The <u>Ottawa Model for Smoking Cessation (OMSC)</u> provides an evidence-based clinical practice guideline to help healthcare providers identify and provide treatment to tobacco users through medication and support. The model has been shown to be cost effective and reduces healthcare costs among patients who receive the program. A 2016 study showed that patients who received the program experienced a 40% reduced risk of dying, 21% reduced likelihood to be re-admitted to hospital, and 9% reduced likelihood to visit an emergency department over two years.²⁰ The model has also been shown to improve smoking cessation by 11% among hospital patients in the long-term.¹⁷
- 25. I further note the effectiveness of tobacco control policies in preventing smoking initiation and supporting cessation. For example, tobacco taxation is the single most consistently effective tool and a cost-effective measure to reduce tobacco use. Tobacco taxation has been demonstrated to generate the highest economic and health benefits, as well as return on investment among all the tobacco control policies implemented between 2001 and 2016 in Canada.²¹ Similarly, requiring graphic tobacco warning labels on cigarette packs has shown to be an effective public-helath strategy. ²² ²³ ²⁴ A 2013 study using nationally representative survey to analyze the impact of the warning labels on smoking behaviour found that the warning labels had statistically significant impact on reducing smoking prevalence and increasing quit attempts in Canada²⁵ ²⁶ ²⁷ ²⁸. Additionally, imposing comprehensive

²⁰ Mullen KA, Manuel DG, Hawken SJ, *et al.* Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes. *Tobacco Control* 2017;26:293-299.

²¹ Tarride J, Blackhouse G, Guindon GE, et al. Return on investment of Canadian tobacco control policies implemented between 2001 and 2016Tobacco Control 2023;32:233-238.

²² Hammond D, Fong G T, McDonald P W.*et al* The impact of the graphic Canadian warning labels on adult smoking. Tob Control 200312391–395.

²³ Hammond D, Fong G T, McDonald P W.*et al* Graphic cigarette package warning labels do not lead to adverse outcomes: evidence from Canadian smokers. Am J Public Health 2004941442–1445.

²⁴ Hammond D, Fong GT, McNeill A, Borland R, Cummings KM. Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Control*. 2006;15 Suppl 3(Suppl 3):iii19-iii25. doi:10.1136/tc.2005.012294

²⁵ Azagba S, Sharaf MF. The effect of graphic cigarette warning labels on smoking behavior: evidence from the Canadian experience [published correction appears in Nicotine Tob Res. 2013 May;15(5):1000-2]. *Nicotine Tob Res.* 2013;15(3):708-717. doi:10.1093/ntr/nts194

²⁶ The International Agency for Research on Cancer. Evaluating the effectiveness of smoke-free policies. Handbooks of cancer prevention, tobacco control. Vol. 13. 2009. Lyon, France: IARC. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-CancerPrevention/Evaluating-The-Effectiveness-Of-Smoke-free-Policies-2009

²⁷ Azagba S, Latham K, Shan L. Exposure to secondhand smoke in vehicles among Canadian adolescents: years after the adoption of smoke-free car laws. Addict Behav Rep. 2019;10:100215. doi: 10.1016/j.abrep.2019.100215

²⁸ Naiman AB, Glazier RH, Moineddin R. Is there an impact of public smoking bans on self-reported smoking status and exposure to secondhand smoke?. *BMC Public Health*. 2011;11:146. Published 2011 Mar 3. doi:10.1186/1471-2458-11-146

tobacco marketing and advertising restrictions as well as sponsorship bans have been shown to prevent smoking initiation among youth and reduce tobacco use among current smokers.29 These are just a few examples of public policies that can promote the reduction of tobacco use in Canada.

- 26. By expressly excluding prevention and tobacco use reduction measures, the Cy-près Foundation is in my view neglecting a significant body of peer-reviewed scientific studies and evidence from the scientific community that supports these measures as being essential to protect the public and reduce harm to individuals addicted to tobacco. Indeed, one of the barriers for implementing preventive and reduction programs and initiatives is a lack of funding. There is currently a patchwork of provincial, federal, and regional programs that provide fragmented and limited access to nicotine replacement therapies and cessation support programs. The funding for these programs is often provided for a limited time and majority of the programs have an eligibility requirement to avail the services. This explains why very few smokers in Canada make quit attempts. In 2022, about 69% of daily smokers had not made a single attempt in the previous 12 months.³⁰
- 27. Effective smoking reduction and prevention necessitates unrestricted public access to pharmacotherapies. Restricting and limiting access to NRT and other cessation pharmacotherapies prevents sequential treatment if the first attempt is not effective.^{31,32} Research has found that people who want to quit smoking and, in particularly, those living with mental illness, benefit from having longer prescriptions of smoking cessation medications. Extended durations of NRT use are also associated with increased abstinence and reduced relapse compared with standard duration therapy.³³ This highlights the need for the Cy-près Foundation to provide ongoing funding for the implementation of smoking cessation programs for the Canadian public, regardless of their geography, age or incomelevel.
- 28. I also note that the Cy-près Foundation's mandate is less protective than the tobacco master settlement agreement entered between US tobacco companies and many of the states in 1998. For example, the US settlement included not only financial compensation, but also mandated public disclosure of more than 40 million pages of previously secret tobacco industry documents, disbanded tobacco industry led initiatives to misrepresent the health implications of tobacco use, imposed restrictions on lobbying, imposed prohibitions and restrictions on tobacco advertising, marketing and promotional programs, and established an independent foundation to reduce smoking that continues to this day (the foundation)

²⁹ National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.

³⁰ Government of Canada. Canadian Tobacco and Nicotine Survey, 2022. Available from: <u>https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary/2022-detailed-tables.html#tbl4</u>

³¹ Robert Kleinman & Peter Selby. Unrestricted public coverage is needed for smoking cessation pharmacotherapies. CMAJ 2024 January 22;196:E53-5. doi: 10.1503/cmaj.231333

³² White CM, Rynard VL, Reid JL, Ahmed R, Burkhalter R, Hammond D. Stop-Smoking Medication Use, Subsidization Policies, and Cessation in Canada. Am J Prev Med. 2015 Aug;49(2):188-98. doi:

^{10.1016/}j.amepre.2015.03.001. Epub 2015 May 29. PMID: 26033348.

³³ Murray RL, Zhan YQ, Ross S, et al. Extended Duration Treatment of Tobacco Dependence: A Systemic Review and Meta-Analysis. Ann Am Thorac Soc. 2022 Aug; 19(8):1390-1403 doi: 10.1513/AnnalsATS.202110-1140OC

is now called the Truth Initiative). Such approaches have proven effective and merit consideration and application in Canada.

- 29. Although there are many differences between Canada and the United States, we are very much aligned on the scientific issue of the harm caused by tobacco use and how to best and most effectively mitigate such harm. Studies completed in the last decades have only cemented and expanded the importance of tobacco reduction measures. Put simply, tobacco use impacts individuals in both Canada and the United States in the same ways and the measures adopted in the United States are a useful reference point to help us understand what can and, in my opinion, should be done to protect those who are addicted to tobacco and to protect the broader public.
- 30. While the current scope of the Cy-près Foundation may benefit those who have already suffered harm as a result of long-standing tobacco-use, it does not adequately protect those individuals who have not started using tobacco-products. In fact, the only material way to benefit those current or future users who have yet to suffer harm is through reduction and prevention measures to help them control their use of tobacco. In this way, the interests of individuals who have already been using tobacco products and already suffered harm diverge from the interests of those who have yet to suffer harm.
- 31. Further, I note that tobacco use reduction and prevention measures are not more difficult or complex to implement than initiatives to enhance the diagnosis and treatment of tobacco-related diseases. I also do not view tobacco reduction efforts as the exclusive domain of provincial governments. The federal government has a longstanding role in reducing tobacco use through prevention policies and measures. A national approach that involves collaboration with federal, provincial and municipal governments has been and remains critical in regard to the goal of reducing and preventing tobacco use.
- 32. In summary, in my opinion, for the reasons expressed above it is critically important that the Cy-Pres Foundation include within the scope of its mandate tobacco use reduction and prevention measures, in order to more effectively benefit people in Canada. If these measures are not included, the Cy-Pres Foundation will not be able to meaningfully benefit future tobacco users or those individuals who smoke or have smoked tobacco products and have not yet developed tobacco-related disease. Indeed, this group of individuals who as of yet have not suffered any tobacco related disease will only truly benefit from prevention and mitigation measures.

Dr. Andrew Pipe

January 20, 2025

Exhibit "A"

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Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL

ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

BETWEEN:

IN THE MATTER OF THE COMPANIES' CREDITORS ARRAGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF JTI-MACDONALD CORP.

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **IMPERIAL TOBACCO CANADA LIMITED** AND **IMPERIAL TOBACCO COMPANY LIMITED**

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF **ROTHMANS**, **BENSON & HEDGES INC**.

Applicants

ACKNOWLEDGEMENT OF EXPERT'S DUTY

- 1. My name is **ANDREW PIPE**. I live at the City of Ottawa, in the Province of Ontario.
- 2. I have been engaged by or on behalf of the Heart and Stroke Foundation of Canada to provide evidence in relation to the above-noted proceedings.
- 3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and
 - (c) to provide such additional assistance as the Court may reasonably require, to determine a matter in issue.
- 4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

January 16, 2025

Dr. Andrew Pipe

Exhibit "B"

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CURRICULUM VITAE

ANDREW LAWRENCE PIPE, CM, BA, MD, LLD(HON), DSc(HON), FRCPSC(HON)

Address:	Home: Work:	8555 South Shore R Stella, ON, KOH 2S Mobile: 613-882-44 University of Ottaw Email: apipe@ottaw	0, Canada 400 a Heart Institute			
Marital Status	s:	Married (Dr. Mary Gordon)				
Date of Birth:		February 28, 1949				
Birthplace:		Nottingham, England				
Citizenship:		Canadian, British (Dual)				
Languages:		English				
Degrees:		D.Sc. (Hon) 2003;	Queen's University, Queen's University, Queen's University, Brock University, University of Guelph,	Kingston, Ontario Kingston, Ontario Kingston, Ontario St. Catharines, Ontario Guelph, Ontario		
Other Qualifications:		 Certificate of Added Competence in Sport and Exercise Medicine, MCFP (SEM), 2016 Diploma in Sport Medicine (Dip. Sport Med.), Canadian Academy of Sport & Exercise Medicine (CASEM), 1998 Fellow of the American College of Sports Medicine (FACSM), 1995 				
Licensure:		Ontario College of Physicians and Surgeons, #27583				
Professional Training:		Surgical Internship, Ottawa Civic Hospital, 1974-75 Residency, Orthopedic Surgery, University of Ottawa, 1979-80				
CURRENT PO	SITION					
Professor Emeritus:		Faculty of Medicine, University of Ottawa				
Clinician/Scientist:		Division of Cardiology University of Ottawa Heart Institute				
Chief:		Division of Prevention and Rehabilitation University of Ottawa Heart Institute, 2004-2018				
Professor:		Department of Family Medicine and Division of Cardiology Faculty of Medicine, University of Ottawa, 2006 - present				

A.L. PIPE

Adjunct Professor:	Telfer School of Management, University of Ottawa, 2010-2012
Adjunct Research Professor:	Carleton University, Department of Psychology, 2012-2017
PREVIOUS APPOINTMENTS	
Associate Professor:	Department of Family Medicine and Division of Cardiac Surgery University of Ottawa, 1998-2006
Assistant Professor:	Department of Family Medicine and Division of Cardiac Surgery University of Ottawa, 1992-1998
Lecturer:	Department of Family Medicine and Division of Cardiac Surgery University of Ottawa, 1987-1992
Director:	Cardiac Surgery Valve Clinic, 1989-2003
Clinical Associate:	Division of Cardiac Surgery University of Ottawa Heart Institute, 1980-1987
Medical Columnist:	The Globe and Mail, 1989-1990
Physician:	University of Ottawa Sports Medicine Clinic Health Services, University of Ottawa, 1982-1988
Travel & Medical Practice:	Australia and Papua New Guinea, 1977-1979
General Practice:	Levack-Onaping, Ontario, 1975-1977

HONOURS, AWARDS, PRIZES

Honorary Fellowship (FRCPSC),	Royal College of Physicians and Surgeons of Canada, 2018
Award of Merit,	Commonwealth Games Federation, London, UK 2018
Tony Graham Award	Heart and Stroke Foundation of Ontario, 2017
Public Education Award,	UOHI Academic Medical Organization, 2015
'Physician of the Year' Award,	Ottawa Academy of Medicine, 2014
Continuing Medical Education Award,	UOHI Academic Medical Organization, 2012
Aquatics Canada - President's Honour Ro	11, 2012
Jeff Turnbull International Medicine Awa	rd, U of O Department of Medicine, 2012
Queen's Diamond Jubilee Medal,	2012
Smoke-Free Champions Award,	Ottawa Public Health, 2012

Public Education Award,	UOHI Academic Medical Organization	on, 2011		
Dr. Harold N. Segall Award of Merit	Canadian Cardiovascular Society, 2010			
Distinguished Service Award,	Queen's University, 2010			
Sports Medicine Recognition Award,	American Medical Society of Sports Medici	ne, 2008		
R. Tait McKenzie Honour Award,	Canadian Association Health, PE, Recreation and Dan	ce, 2008		
'Mayor's Cup' for Lifetime Achiever	nent in Sport, City of Ottav	va, 2007		
First Honorary Member,	Ontario Professional Planners Institu	te, 2006		
Ontario Tobacco-free Network Veter	ans' Honour Roll,	2006		
National Child Day Award,	Canadian Institute of Child Heal	th, 2005		
John Orr Award,	Queen's University - Toronto Alumni Associatio	on, 2004		
City of Ottawa, Community Health D	Day Award,	2004		
Agnes Benedickson Award,	Queen's University - Ottawa Alumni Associatio	on, 2003		
Sport, Health and Wellbeing Award, International Olympic Committee (<i>IOC/COC</i>), 2003				
Queen's Golden Jubilee Medal,		2002		
Health Hero Award,	Pan-American Health Organization	n, 2002		
Order of Canada,		2002		
Bryce Taylor Award, Outstanding Volunteer Leadership of Canadian Sport, 1999				
Legacy of Achievement Award - Health Sciences, Queen's University Alumni Association, 1999				
Member, Canadian Olympic Hall of Fame,				
President's Award, Basketball Canad	a,	1998		
Fellow, American College of Sports I	Medicine,	1995		
Canada 125 Medal,		1993		
Provincial Sport Citation,	Province of Ontario,	1992		
Certificate of Merit,	Fitness and Amateur Sport, Government of Canada,	1992		
Honorary Life Membership,	Canadian Council on Smoking and Health,	1992		
Sport Medicine Award,	International Olympic Committee (IOC/ COA),	1990		

Queen's University 1970 – 1974:

Neil Currie Polson Memorial Prize	"awarded to the student in final year medicine judged to be best adapted to apply his training in practice"	1974
Lillian Zbar Prize	" for Medical Writing."	1974
Aesculapian Award	" for outstanding contributions while a student in the Faculty of Medicine"	1974
A.E. MacRae Award	" presented annually to the student who has developed and exhibited the greatest capacity in leading the student body"	1974
Tricolour Award	" for outstanding contribution to the University community"	1970

CURRENT HOSPITAL APPOINTMENT

Clinician-Scientist, Division of Cardiac Prevention and Rehabilitation, University of Ottawa Heart Institute

OTHER APPOINTMENTS AND ACTIVITIES

Member:	Clinical Teaching Personnel Committee (Faculty Promotion) Faculty of Medicine, University of Ottawa, 2011-2017		
Interim Chair:	Internal Scientific Advisory Committee University of Ottawa Heart Institute, 2011-2013		
Tobacco Addiction and Control:			
Member:	Scientific Advisory Board on Vaping Products Health Canada, 2017-2020		
Co-Chair:	Smoke Free Ontario Executive Steering Committee, 2017		
Member:	Ontario Smoking Cessation Strategy Advisory Group Ministry of Health and Long-Term Care, 2015-2016		
Co-Chair:	Steering Committee: Canadian Tobacco Endgame Summit 2015-2016		
Member:	Cancer and Tobacco Steering Committee Canadian Partnership Against Cancer, 2014-2017		
Expert Advisor:	Leading Practices in Clinical Smoking Cessation Program Scan Canadian Partnership Against Cancer, 2013		
Member:	Smoke-Free Ontario Strategy's Capacity Building and		

	Training Task Force, 2012
Member:	Specialty Consultants' Panel Prescriber's Letter and Pharmacist's Letter 2011-present
Member:	American Heart Association, Clinical Trials Peer Review Committee 2010
Member:	Canadian Stroke Network Scientific Review Committee 2008-2010
Chair:	5 th National Tobacco or Health Conference Edmonton, Alberta, October 1-3, 2007
Member:	Smoke-Free Ontario Cessation Task Group, 2006-2011
Member:	Advisory Group, TEACH (Training Enhancement in Applied Cessation Counselling and Health), 2006-present
Member:	Smoke-Free Ontario Campaign Cabinet, 2005-2009
Member:	SOLIDDE (Some Opinion Leaders in the Development, Dissemination and Evaluation of cardiovascular health guidelines in Canada), 2005-2010
Member:	Expert Advisory Committee, Clinical Tobacco Interventions Ontario Tobacco Reduction Strategy, 1997-2000
Director:	Physicians for a Smoke-Free Canada, 1983-present
Co-Chair:	Physicians for a Smoke-Free Canada, 1987-88
Founding Chair:	Physicians for a Smoke-Free Canada, 1983-87
Collaborating Investigator:	Ontario Tobacco Research Unit, 1999-present
Nutrition:	

Member:	Center for Science in the Public Interest Nutrition Action
	Healthletter Advisory Committee, 2005-2015

|--|

Vice-Chair:	ParticipACTION Board of Directors, 2009-2018
Member:	Growing Healthy Bodies Expert Advisory Committee Canadian Institute of Child Health, 2016-2018
Honourary Chair:	Active Healthy Kids Canada, 2006-2008
Member:	Centre for Obesity Research and Education Advisory Board 2006-2007
Member:	SmartGrowth Canada Advisory Board, 2005-2010
Member:	'JumpStart' National Advisory Council, 2005-2010

Member:	Expert Advisory Committee for Physical Activity Federal-Provincial-Territorial Pan-Canadian Healthy Living Strategy, 2005
Member:	Obesity Expert Advisory Committee Chronic Disease Prevention Alliance of Canada, 2004-2005
Member:	Advisory Committee, Coalition for Active Living, 2004-2006
Chair:	Physical Activity and Health Strategy Coordinating Committee The College of Family Physicians of Canada, 2004-2005

Voluntary Health Organizations:

Chair:	Heart and Stroke Foundation of Canada Board of Directors 2018-2020
Chair:	Heart and Stroke Foundation of Ontario Board of Directors 2016-2017
Chair:	Cancer Care Ontario (now Ontario Health) Prevention Advisory Committee 2015-present
Member:	Inter-American Heart Foundation 2023 -
Member:	CorHealth (now Ontario Health) Board of Directors 2012-2021
Member:	Clinical Advisory Committee, Cor Health Ontario (now Ontario Health) 2021-present
Member:	Policy Advisory Group Policy Opportunity Windows – Engaging Research Uptake in Practice (POWER UP) Canadian Partnership Against Cancer 2014-2016
Member:	Stroke Awareness and Prevention Writing Group Canadian Stroke Best Practices The Heart and Stroke Foundation of Canada 2013-2015
Member:	Population Health Advisory Group Canadian Partnership Against Cancer 2013-2016
Chair:	The Heart and Stroke Foundation of Canada Council on Mission: Priorities, Advice, Science and Strategy (COMPASS) 2017-2018
Member:	The Heart and Stroke Foundation of Canada Council on Mission: Priorities, Advice, Science and Strategy (COMPASS)

	2015-2017
Co-Chair:	The Heart and Stroke Foundation of Canada Council on Mission: Priorities, Advice, Science and Strategy (COMPASS) 2012-2014
Member:	Ontario Vascular Health Implementation Steering Committee 2012-2014
Member:	The College of Family Physicians of Canada Cardiovascular Health Working Party, 2012-2014
Member:	Ontario Integrated Vascular Health Advisory Council, 2011-2012
Member:	Chronic Disease Prevention Expert Panel Cancer Care Ontario and Public Health Ontario, 2011-2012
Member:	Hypertension Care Advisory Committee, 2011
Member:	Heart and Stroke Foundation of Ontario Board of Directors, 2010-2015
Chair:	Heart and Stroke Foundation of Ontario Mission Committee, 2010-2017
Member:	Heart and Stroke Foundation of Ontario Mission Committee, 2006-2010
Member:	Expert Advisory Group to develop Chronic Disease Prevention Kit College of Family Physicians of Canada Public Health Agency of Canada, 2010-2012
Member:	Canadian Cardiovascular Harmonization of National Guidelines Endeavour (C-CHANGE), 2009-2011
Chair:	Champlain Cardiovascular Disease Prevention Network, 2008-2019
Member:	Advisory Board, Institute for Population and Public Health, 2008-2009
Member:	Heart and Stroke Foundation of Ontario Mission Committee, 2006-2010
Member:	SOLIDDE (Some Opinion Leaders in the Development, Dissemination and Evaluation of cardiovascular health guidelines in Canada), 2005-2008
Member:	National Advisory Committee, Canadian Public Health Association, 2006-2007
Chair:	Ottawa Coalition for Public Health in the 21st Century, 2004-2005
Chair:	Rehabilitation Panel, Health Services Reconfiguration Project Ottawa-Carleton District Health Council, 1995-1996
Member:	Provincial Cancer Screening and Prevention Panel, 2004-2008
Member:	Premier's Council, Ontario. 1994-1995
Chair:	Determinants of Health Committee, Premier's Council, Ontario. 1991-1995
Chair:	Public Issues Committee, Canadian Cancer Society, Ontario Division, 1991-1992

A.L. PIPE		
Member:	National Public Issues Committee, Canadian Cancer Society, 1986-1992	
Member:	Premier's Council on Health, Well-being and Social Justice, Ontario. 1991-1994	
Member:	Provincial Working Group on Cardiovascular Services, Ministry of Health, Province of Ontario, 1990-1991	
Member:	Premier's Council on Health Strategy, Province of Ontario, 1987-91	
Member:	Minister's Advisory Committee on Fitness in Canada Ministry of Fitness and Amateur Sport, Government of Canada, 1987	
Vice-Chair:	Minister's Advisory Group on Health Promotion, Ontario Ministry of Health, 1984-87	

Sports Medicine & Sport Community:

International Olympic Committee (IOC):

Chair:	IOC Medical Commission Games Group XXXI Olympic Summer Games, Rio,	2016
Chair:	IOC Therapeutic Use Exemption Committee XXXI Olympic Summer Games, Rio,	2016
Member:	IOC Medical & Scientific Expert Group	2016-2019
Chair:	IOC Medical Commission Games Group XXII Olympic Winter Games, Sochi,	2014
Chair:	IOC Therapeutic Use Exemption Committee XXII Olympic Winter Games, Sochi,	2014
Member:	Anti-Doping Research Fund Expert Panel International Olympic Committee,	2014-2017
Chair:	Therapeutic Use Exemption Committee Nanjing Summer Youth Olympic Games	2014
Member:	Special sub-commission Out of Competition Testing International Olympic Committee Medical Commission,	1994

Commonwealth Games Association of Canada:

Chair:	Commonwealth Games Foundation of Canada,	2014-2019
Vice-Chair:	Commonwealth Games Foundation of Canada,	2008-2014
President:	Commonwealth Games Association of Canada,	2006-2014
Director:	Commonwealth Games Association of Canada,	2004-2018

Ν	/Iember:	Commonwealth Games Federation Medical Co Commonwealth Games, Birmingham, Commonwealth Games, Gold Coast, Commonwealth Games, Glasgow, Commonwealth Games, Delhi,	2022 2018 2014 2010
(Chief Medical Officer:	Canadian Commonwealth Games Tean Melbourne, Australia,	n, 2006
nadia	n Soccer Association	<i>ı</i> :	
C	Chief Medical Officer:	Canadian Soccer Association,	2010-prese
N	Aember:	Technical Committee Canadian Soccer Association,	2010-prese
C	Chair:	Sport Medicine Committee Canadian Soccer Association,	2009-prese

Can

Chief Medical Officer:	Canadian Soccer Association,	2010-present
Member:	Technical Committee Canadian Soccer Association,	2010-present
Chair:	Sport Medicine Committee Canadian Soccer Association,	2009-present
Member:	Sports Medicine Committee Confederation of North, Central American Association Football, (CONCACAF)	n and Caribbean 2013-2015

Canadian Academy of Sport & Exercise Medicine (CASEM):

President:	Canadian Academy of Sport Medicine,	1991-1992
Director:	Canadian Academy of Sport Medicine,	1984-1993
Chair:	Credentials Committee, Canadian Academy Medicine,	of Sport 1988-1996
Member:	Research Committee, Canadian Academy of	Sport Medicine, 1986-1988

American College of Sport Medicine:

Member:	International Relations Committee,	2002-2012
Member:	Board of Trustees,	2000-2004
Chair:	Olympic Issues Committee,	2004-2010
Member:	Olympic Issues Committee,	2001-2004

Chief Medical Officer:	Canadian Olympic Team, Barcelona, Spain,	1992
Chief Medical Officer:	Canadian Pan American Games Team, Indianapolis, USA,	1987
Supervisory Doctor:	FIBA (International Amateur Basketball Federation), 2008-p	resent

A.L. PIPE

Team Physician:	Canadian National Women's Soccer Team,	2008-present
Team Physician:	Canadian National Mens U-17 Soccer Team,	2022-present
Team Physician:	Canadian National Alpine Ski Team,	1981-1996
Member:	Canadian Alpine Ski Team Medical Group,	1981-1996
Team Physician:	Canadian National Men's Basketball Team,	1978-2016
Team Physician:	Canadian National Women's Volleyball Team,	1981-1983
Member:	Education Committee, FIMS (International Federation of Sports Medicine)	1986-1994
Chair:	Spirit of Sport Foundation,	2000-2004
Member:	Medical Council, FIBA (International Amateur Basketball Federation),	1994-present
Chair:	Section of Sports Medicine, Ontario Medical Associati	on, 1982-87
Member:	Section of Sports Medicine, Ontario Medical Associati	on, 1980-88
Member:	Fair Play Commission, Ministry of Fitness and Amateu Government of Canada,	ır Sport 1985-1988

Drug Use in Sport:

Canadian Centre for Ethics in Sport:

Chair Emeritus and Medical-Science Advisor:	Canadian Centre for Ethics in Sport,	2004-present
Chair:	Canadian Centre for Ethics in Sport,	1996-2004
Chair:	Therapeutic Use Exemption Committee CCES (Canadian Centre for Ethics in Sport),	2004-present
Chair:	Canadian Centre for Drug-Free Sport,	1991-1996
Chair:	Advisory Committee on Drug Abuse in Amateur Sport Sport Medicine Council of Canada/Sport Canada,	1987-1991
Member:	Advisory Committee on Drug Abuse in Amateur Sport Sport Medicine Council of Canada/Sport Canada,	, 1983-1987

World Anti-Doping Agency (WADA)

Chair:	Prohibited List Expert Group,	
	World Anti-Doping Agency,	2013-2015

A.L. PIPE

Member:	Prohibited List Expert GroupWorld Anti-Doping Agency,2000-20	001, 2004-2010
Chair:	Therapeutic Use Exemption Expert Group, World Anti-Doping Agency,	2012
Chair:	Independent Observer Mission Torino Winter Olympic Games, World Anti-Doping A	agency 2006
Member:	Health, Medical and Research Committee, World Anti-Doping Agency,	2012-2015
Member:	Therapeutic Use Exemption Expert Group, World Anti-Doping Agency	2002-2004
Interim Chair:	Ethics and Education Committee, September World Anti-Doping Agency,	2002
Other Sport Organizations:		
Member:	Athletics Integrity Unit, Board World Athletics (formerly IAAF),	2017-present
Member:	Independent Member-Federations Sanctions Panel International Weightlifting Federation,	2018-2019
Member:	West Indies Cricket Board Anti-Doping Hearing Pane	l, 2013-present
Member:	Review Board United States Anti-Doping Agency,	2010-2018
Member:	Independent Review Board International Cricket Council,	2009-present
Member:	Therapeutic Use Exemption Committee, PGA Tour,	2008-2012
Member:	Medical Committee Indian Premier League (Cricket),	2008-present
Chair:	Therapeutic Use Exemption Committee, FIBA (International Amateur Basketball Federation),	2007-present
Member:	Therapeutic Use Exemption Committee, FIBA (International Amateur Basketball Federation),	2004-2007
Chair:	Doping Control Review Board FINA (Federation International de Natation Amateur),	1999-2016
Member:	Professional Tennis Expert Advisory Group on Doping (ATP, ITF, WTA),	g Control 1993-present

80

A.L. PIPE

Member:	Association of Tennis Professionals Task Force on Supplements,	2004
Special Advisor:	Future of Sport in Canada Commission Canadian Heritage Government of Canada	2024
Special Advisor:	Secretary of State for Amateur Sport Drugs in Sport International Conference Sydney, Australia, November 1999	

Queen's University:

Chair:	Dean's Advancement Cabinet, Faculty of Hea	lth Sciences 2017-2022
Chair:	Health Sciences Initiative Campaign Cabinet Queen's University,	2012-2016
Trustee Emeritus:	Board of Trustees, Queen's University,	2014-present
Vice-Chair:	Board of Trustees, Queen's University,	2006-2010
Member:	Board of Trustees, Queen's University,	1995-2006
Chair:	Queen's Centre Executive Committee,	2003-2010
Chair:	Environment Committee,	2002-2004
Member:	Campus Planning Committee,	1996-2010
Chair:	Faculty of Health Sciences Cabinet,	2011-2017
Member:	University Council,	1976-82, 2002-present

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

Ontario and Canadian Medical Associations Canadian Association of Cardiovascular Prevention and Rehabilitation College of Family Physicians of Canada Canadian Academy of Sport and Exercise Medicine American College of Sports Medicine Canadian Cardiovascular Society Physicians for a Smoke-free Canada

SCHOLARLY AND PROFESSIONAL ACTIVITIES

Editorial Boards:

The Physician and Sportsmedicine Clinical Journal of Sport Medicine (Associate Editor) Revista Portuguesa de Medicina Desportiva

Reviewer:

Australian Medical Journal

Candian Journal of Cardiology

Canadian Journal of Exercise Physiology

Canadian Medical Association Journal

Clinical Journal of Sport Medicine

Perspectives in Cardiology

Physician and Sport Medicine

Prevention and Control

External Examiner:

Master's Thesis, School of Graduate Studies, University of Ottawa, September 2023

Ph.D Thesis, Department of Pharmacology and Toxicology, University of Toronto, September 2019

Master's Thesis, School of Graduates Studies, University of New Brunswick Saint John Campus, March 2018

Master's Thesis, School of Kinesiology, Lakehead University, February 1996

Master's Thesis, Department of Psychology, Carleton University, April 1993

Master's Thesis, Department of Physical Education, McGill University, September 1991

Peer Reviewer:

Training & Career Development Board, Cancer Research UK, January 2014

Exhibit "C"

Examples of peer-reviewed studies demonstrating the benefits of reduction and prevention measures

Akter, S., Rahman, M.M., Rouyard, T. *et al.* A systematic review and network meta-analysis of populationlevel interventions to tackle smoking behaviour. *Nat Hum Behav* **8**, 2367–2391 (2024).

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Lindson N, Klemperer E, Hong B, Ordóñez-Mena JM, Aveyard P. Smoking reduction interventions for smoking cessation. *Cochrane Database Syst Rev.* 2019;9(9):CD013183. Published 2019 Sep 30. doi:10.1002/14651858.CD013183.pub2

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DeCicca, Philip, Donald Kenkel and Michael F. Lovenheim. 2022. "The Economics of Tobacco Regulation: A Comprehensive Review." *Journal of Economic Literature*, 60 (3): 883–970.

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Akter S, Islam MR, Rahman MM, et al. Evaluation of Population-Level Tobacco Control Interventions and Health Outcomes: A Systematic Review and Meta-Analysis. JAMA Netw Open. 2023;6(7):e2322341. doi:10.1001/jamanetworkopen.2023.22341

Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CC Court File No. CV-19-616779-000CC	, R.S.C. 1985, c.C-36, AS AMENDED	OF JTI-MACDONALD CORP., IMPERIAL TOBACCO OTHMANS, BENSON & HEDGES INC.	ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)	Proceeding commenced at TORONTO	AFFIDAVIT OF DR. ANDREW PIPE (SWORN JANUARY 20, 2025)	Tyr LLP 488 Wellington Street West Suite 300-302 Toronto, ON M5V 1E3	James Bunting (LSO# 48244K) Tel: 647.519.6607 Email: jbunting@tyrllp.com	Sam Cotton (LSO# 84324T) Tel 613.862.9264 Email: <u>scotton@tyrIlp.com</u>	Lawyers for Heart & Stroke Foundation of Canada
	IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c.C-36, AS AMENDED	AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF JTI-MACDONALD CORP., IMPERIAL TOBACCO Canada Limited and Imperial Tobacco Company Limited, and Rothmans, Benson & Hedges Inc.							

	Court File No. CV-19-615862-00CL Court File No. CV-19-616077-00CL Court File No. CV-19-616779-00CL
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AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF JTI-MACDONALD CORP., IMPERIA Canada Limited and Imperial Tobacco Company Limited, and Rothmans, Benson & Hedges Inc.	R ARRANGEMENT OF JTI-MACDONALD CORP., IMPERIAL TOBACCO NY LIMITED, AND ROTHMANS, BENSON & HEDGES INC.
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	RESPONDING MOTION RECORD OF THE HEART AND STROKE FOUNDATION OF CANADA
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