

November 10, 2023

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**RE: Consultation on the Second Legislative Review of the Tobacco and Vaping Products Act**

Dear Manager of Legislative Review,

As the City of Ottawa's Medical Officer of Health, I welcome the opportunity to provide feedback regarding the Tobacco and Vaping Products Act, including the tobacco-related provisions and operation of the Act. I would like to acknowledge Health Canada for recognizing the importance of clear, evidence-based regulations and developing a legislative framework that aims to protect the health and safety of Canadians.

Tobacco use continues to be the leading preventable cause of premature death and preventable illness in Canada. Through a public health approach to reviewing and potentially amending the Tobacco and Vaping Products Act, the costs associated with the negative impacts of tobacco and vaping products use can be mitigated.

The leadership and collaboration of local health authorities and government officials are critical as we work to ensure that all residents, and especially youth, are protected from undue harms associated with smoking and vaping. Should you have any questions, please contact me at [Vera.Etches@ottawa.ca](mailto:Vera.Etches@ottawa.ca).

Sincerely,

Dr. Vera Etches, MD, MHScM CCFP, FRCPC  
Medical Officer of Health  
Ottawa Public Health

**Ottawa’s Medical Officer of Health’s submission to the Government of Canada in response to the Consultation on the Second Legislative Review of the Tobacco and Vaping Products Act**

Theme 1: Canada’s Tobacco Landscape	
<p><b>1. What are the factors that lead to tobacco use? Please provide any data or evidence to support your response.</b></p>	<p>Research has demonstrated that youth who vape may go on to smoke cigarettes<sup>i</sup>. In Ontario approximately 5% of youth smoke cigarettes while 23% have vaped in the last year<sup>ii</sup>. Youth obtain vapes from friends but also directly through retailers<sup>iii</sup>. Flavoured vapes appeal to youth as they are visually attractive and palatable<sup>iv</sup>. Some vape products are priced to make them financially accessible to youth<sup>v</sup>. Nicotine levels in a single e-liquid cartridge are, by law in Canada, not to exceed 20mg which is the equivalent of one pack of cigarettes<sup>vi</sup>. With high levels of nicotine found in vapes, youth can become addicted quickly. This addiction may lead to smoking cigarettes<sup>vii</sup>.</p> <p>There are many contributing factors that can lead to tobacco use. Some demographic variables<sup>viii</sup> associated with tobacco use are listed below, and please also refer to the <a href="#">Mental Health, Addictions and Substance Use Health in the Community</a> dashboard for additional data:</p> <ul style="list-style-type: none"> <li>○ ages 19 to 24 (18%);</li> <li>○ French as a mother tongue (20%);</li> <li>○ lower levels of education (22%);</li> <li>○ people with concurrent mental health and substance use health needs;</li> <li>○ lower income (26%)<sup>ix</sup>;</li> </ul>

**2. Are there new measures or adjustments to current measures that the Government of Canada could consider to better support smoking cessation efforts?**

**Recommendations:**

**Implement financial incentives for cessation counselling or medication for clients.**

**Improve the availability and the accessibility of safe and effective medical treatments to help individuals reduce or quit smoking in pharmacies and other settings where people have access to a Health Care provider.**

**Require provinces and territories to ensure tobacco products retailers obtain smoking cessation training (i.e. health information), including vaping cessation training, to ensure they are meeting provincial requirements surrounding the sale of commercial tobacco and vaping products through their establishments.**

**Rationale:**

Cessation is a highly cost-effective intervention that saves lives<sup>x</sup>. Studies have shown that reducing the out-of-pocket cost of treatment increases both the use of treatment and number of successful quitters.<sup>xixii</sup> Becoming free from tobacco use or nicotine dependence can be a lifelong struggle. Cessation strategies are effective when they attract people who consume commercial tobacco at every possible opportunity and support them throughout their entire cessation process, and sometimes people require many cessation attempts<sup>xiii</sup>.

Prior to October 2021, only nicotine replacement therapy was listed as an essential medicine for people who wish to stop consuming commercial tobacco. Two new medicines (Bupropion and Varenicline) have been added to the WHO Model List of Essential Medicines (EML)<sup>xiv</sup>. Bupropion and Varenicline have both proven to be safe

and effective ways of quitting tobacco without the use of nicotine. The person who uses tobacco can now have more options for starting or maintaining their quit journey.

Furthermore, although we commend Health Canada for approving new nicotine products (for example, Zonnic) for use as a form of Nicotine Replacement Therapy<sup>xv</sup> (NRT), and other non-authorized nicotine products (for example, Sesh). However, we recommend that retailers receive additional health information training prior to being able to sell these types of products in their establishments.

Currently, in Ottawa, Tobacco Enforcement Officers are reporting seeing these products on the shelves of convenience stores, gas stations, etc., and there is no display or guidelines on the use of these nicotine products at their point of sale as well as providing information on the 18 years and older age recommendation, as indicated on Health Canada's website<sup>xvi</sup>.

OPH recommends that the federal government develop vaping and smoking cessation guidelines for all staff working in the tobacco and vapour product industry and require the provincial and territorial governments to work in collaboration with local public health departments to develop and implement consistent trainings with business owners and their employees on the smoking and vaping cessation guidelines, including the federal and provincial regulations on the sale of tobacco and vaping products. Currently in Ottawa, the Tobacco Enforcement Officers (TEO) have noticed a significant increase in non-compliance for selling to a person under 19 by tobacco vendors, vapour product retailers and specialty stores (e.g. specialty vape stores and tobacconists). From January to October 2023 (in only 10 months), the TEOs have issued 114 charges and 7 warnings while performing youth access

	<p>inspections. The previous record for charges relating to selling to youth was 110 charges in 2011.</p>
<p><b>3. Are there any international approaches that have proven to be successful in cessation efforts that the Government of Canada should be studying and adopting?</b></p>	<p><b>Recommendation:</b></p> <p><b>Implement a similar approach to New Zealand’s Smoke-Free Generation Policy.</b></p> <p><b>Rationale:</b></p> <p>Much like Canada, New Zealand has the goal of a less than 5% smoking rate amongst its population. To this end, New Zealand has implemented their <i>Smoke-free Generation Policy</i> which includes the following tenets:</p> <ol style="list-style-type: none"> <li>1. Limiting the amount of nicotine in cigarettes to non-addictive levels</li> <li>2. Reducing the number of retailers allowed to sell cigarettes</li> <li>3. A ban on anyone born after 2008 from purchasing cigarettes</li> </ol> <p>There are six focus areas of the New Zealand’s plan<sup>xvii</sup>, these include:</p> <ol style="list-style-type: none"> <li>1) Reducing tobacco use disparities within the country;</li> <li>2) Providing more funding for health promotion activities to mobilize communities to support the Smoke-Free generation strategy;</li> <li>3) More investments and support for tailored and targeted quit smoking programs;</li> <li>4) Lowering nicotine levels in tobacco products to make it easier for smokers to quit and harder for people to become addicted;</li> <li>5) Reducing access to tobacco products by reducing the number of stores selling tobacco and introducing the Smoke-Free generation policy for age restrictions to purchase tobacco; and,</li> </ol>

	<p>6) Making sure tobacco manufacturer and retailers follow the law.</p> <p>Thus, by following a similar approach it is recommended that Canada adapt New Zealand's approach to reach the same 5% target.</p>
<p><b>4. Are there legislative measures that could be considered to address the public health problem posed by tobacco use in groups disproportionately affected by tobacco? If so, how could the legislation better address these disparities?</b></p>	<p><b>Recommendations:</b></p> <p>Revise the <a href="#">Non-smokers' Health Act</a> or other new legislative measure to include no-smoking/no-vaping provisions on outdoor federal lands (e.g. federally owned parks, trails, lands and beaches).</p> <p>As outlined in question 2, Require provinces and territories to ensure tobacco products retailers obtain smoking cessation training, including vaping cessation training (See rationale, as outlined in question 2).</p> <p>Standardize the appearance of all nicotine and tobacco products, including packaging.</p> <p>Encourage provinces/municipalities to develop smoke-free policies in multi-unit housing.</p> <p>Monitor and mitigate the return of smoking and other nicotine product placement in new and underregulated media, including by influencers, made for streaming content and on social media.</p> <ul style="list-style-type: none"> <li>○ Develop regulation and enforcement strategy to restrict online advertising, promotion and endorsement including social media and 'third parties'</li> <li>○ Restrict marketing online where products are available for sale (website for purchase) and corresponding social media accounts.</li> </ul>

- **Restrict product website links or ads: no social media or website advertising to users underage, on-sites, on-accounts targeted to youth or known to be visited/ followed by youth.**

**Allocate long-term funding to targeted reduction and quit programs for people at higher risk including financial incentives for cessation counselling or medication.**

**Rationale:**

In Ottawa, we have the benefits to having three jurisdictions (municipal, provincial, and federal governments). Annually, Ottawa Public Health receives several requests from Ottawa residents about working closely with the Federal government to improve their no-smoking/no-vaping regulations on federal lands (e.g. National Capital Commission parks, beaches and trails).

Currently, no outdoor federal amenities are included in any federal, provincial or local smoke-free/vape-free regulations.

At a provincial level, [Smoke-Free Ontario Act, 2017](#) prohibits smoking on children's playgrounds or public areas within 20 metres of children's playgrounds; publicly owned sporting areas, their fan/viewing areas, and public areas within 20 metres of these places, however it does not include provincial parks (excluding playgrounds and beaches) and/or trails.

At a local level (City of Ottawa), the [Smoking and Vaping By-law \(2019-241\)](#) prohibits smoking/vaping on all outdoor municipal property. Creating and ensuring these smoke-free spaces allows to protect children and vulnerable persons from exposure to second-hand smoke and vapour. By-law Enforcement Officers use progressive

enforcement activities to inform Ottawa residents; signs are installed at key points of entry and exit at outdoor amenities; and annual communication campaigns are utilized by various City channels.

Thus, consistency among smoking and vaping federal, provincial and municipal properties will result in less confusion among residents regarding where smoking and vaping are permitted.

Current policy has made it less likely for youth to be exposed to tobacco-related advertisements including plain packaging legislation that came into effect in 2019. However, until recently nicotine products were solely derived from tobacco but recent industry changes have expanded the potential for manufacture and route of consumption, for example vaping and pouches<sup>xviii</sup>, thus further packaging restrictions are required.

Nicotine, consumed in various ways and derived from tobacco or other sources, is addictive, and people, in particular<sup>xix</sup> youth, may be at risk from misinformation and misrepresentation through packaging. Much like for cannabis products, youth and other consumers need to be supported to make informed choices about products. Informed choices are best supported when restrictions prohibit the use of branding and design to entice use and minimize risk<sup>xx</sup>.

Foremost in the standardization of nicotine restrictions would be the restriction of cross branding between e-cigarettes or liquids and cigarettes or other tobacco products. Thus, to support informed decision making and to minimize the risk of appealing to youth, require all nicotine products to adhere to plain and standardized (no-branding) packaging, including ingredient list and/or list of all potential ingredients and concentration of nicotine, restrictions on packaging to include any marketing that may



be concealed in the product itself, restricting colour, design and naming a device or product within a package, including vaping liquid and bottle or container. Furthermore, ensure all nicotine products are labelled with a quit line contact information.

Combined with plain packaging, Health Canada's recent policy regarding health messaging on each individual cigarette is commended as it allows the consumer to make an informed choice at point of consumption. This policy direction also allows people who obtain a cigarette without purchasing an entire package, i.e. through friends at social settings the health effects, and the ability to have access to necessary information when making a decision to consume in that moment in time.

Through Health Canada's policy advancements, Canada has experienced a decline in overall smoking rates. In 2018, 15.8% of Canadians 12+ smoked cigarettes with the smoking rates falling 1 – 2% annually to a rate of 11.8% in 2021<sup>xxi</sup>. Although this is encouraging, evidence also suggests that youth vaping is now on the rise and surpassing tobacco smoking rates from 2021 with 13% of youth 15-19 years of age and 17% of youth 20-24 years of age, compared to 4% of adults 25 years and older, reporting vaping<sup>xxii</sup>.

Thus, similar to actions taken by Health Canada to advance warnings onto individual cigarettes, it is recommended that in addition to the other recommendations put forward in this consultation, the same health warnings and negative health effects captured in the TVPA and associated regulations, are applied to e-cigarette products.

Province-wide implementation of smoke-free housing policies would have a substantial impact on population health, including on vulnerable populations. Both personal smoking policies in the home and smoke-free multi-unit housing (MUH) policies are well supported by the scientific evidence to reduce exposure to tobacco smoke, and

support smoking reduction and cessation<sup>xxiii</sup>. In Ontario, the adoption of voluntary smoke-free policies in MUH is growing at the local and municipal levels, particularly among affordable and community housing providers<sup>xxiv</sup>. The exemption of existing leases in accordance with the Ontario Residential Tenancies Act (RTA) means that the impact on exposure outcomes is initially limited but increases over time as units turn over and become smoke-free<sup>xxv</sup>.

An ever-changing media and technology landscape continue to create openings for harmful promotion and normalization of tobacco and nicotine products. Increasingly dominant streaming and online markets for media and entertainment have led to a resurgence in product placement and advertisement for smoking and vaping<sup>xxvi</sup> products. Although some streaming and subscription services may rely on subscriber or device owner age to set advertising permissions<sup>xxvii</sup>, the reality is that many subscription models allow for multiple users under the same household, thus children and youth can access family accounts, held in an adult's name, which in turn puts them at risk of seeing advertising that would not otherwise be permitted.

Strategies should be implemented to hold companies, such as social media, accountable for major and sustained violations on their platforms. Strategies should be further developed to restrict and control third party advertising or promotion or links from youth directed or frequented sites. 'Youth directed' sites or accounts should be considered by quantitative visitation or subscription numbers if available or, if not, by qualitative perception of youth content.

Furthermore, since there is 24/7 access to online merchandise and because the vaping industry has not abided by self-regulatory limitations on promotion and sales to

minors<sup>xxviii</sup>, it is recommended that further restrictions be applied for all online marketing tactics requiring companies to:

- comply with restrictions on point-of-sale promotion and
- limit their ability to make health claims or provide health content.

Instead, it is recommended that warnings are available on products. In addition, it is recommended that there be an expansion of restrictions to traditional advertising to include e-advertising and e-promotion<sup>xxix</sup>.

As outlined in question 1, some populations are disproportionately affected by tobacco use.

A combination of counselling and nicotine therapy or smoking cessation medication is the best practice to support someone trying to reduce or quit smoking<sup>xxx</sup>. In consulting with local service providers, OPH has heard that supplementing NRT for clients who exceed low and no cost options currently available to them is needed for some of the most vulnerable clients with complex, concurrent needs. It is recommended that the federal government allocate long-term funding to targeted interventions and supports for people at highest risk and with greatest need. More funding to support NRT or medication to support clients at high risk throughout Canada, such as those with concurrent mental health and substance use health needs or basic unmet needs, including people who are homeless, and people at risk because of the nature of their work can significantly impact cessation efforts, and in turn be more cost effective than treatment for chronic illnesses brought on by smoking<sup>xxxi</sup>. Studies have shown that reducing the out-of-pocket cost of treatment increases both the use of treatment and number of successful quitters<sup>xxxii xxxiii</sup>. Unfortunately, the cost of smoking cessation

	<p>aids such as nicotine replacement therapy and counselling can be prohibitive to individuals, particularly those most disproportionately affected by tobacco use.</p> <p>Currently, access to cost-free smoking cessation services across Canada are a patchwork of programs that may be difficult to access. They often do not provide a combination of cost-free pharmacotherapy plus counselling which, when combined, have been shown to increase the odds of quitting over either intervention alone<sup>xxxiv</sup>. Additionally, because tobacco use is a chronic, relapsing disorder, these interventions need to be fully funded for multiple quit attempts, and for as long as support is required<sup>xxxv</sup>.</p>
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**Theme 2: Addressing Inducements to Tobacco Use**

<p><b>5. Are the prohibitions within the TVPA and requirements in its regulations sufficient to protect young persons and others from inducements to use tobacco products and the consequent dependence on them? If not, what more could be done?</b></p>	<p><b>No. Therefore recommendations include:</b></p> <p><b>Increase the federal minimum age for purchase of tobacco, nicotine and vapour products to 21 years old (with exception of smoking cessation products).</b></p> <p><b>Monitor and mitigate the return of smoking and other nicotine product placement in new and underregulated media, including by influencers, made for streaming content and on social media, including onscreen tobacco use and product placement (See question 4 for rationale).</b></p> <p><b>Implement further restrictions on nicotine products to reduce their appeal with young people and reduce potential accidental ingestion by children and risks of overconsumption, including “not for kids” on packaging.</b></p>
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**Rationale:**

In the 2021 Ontario Student Drug Use and Health Survey Report<sup>xxxvi</sup>, E-cigarettes/vapes were perceived to be readily available to students (55.8% report it would be “fairly easy” or “very easy” to obtain), followed by tobacco cigarettes (45%)<sup>xxxvii</sup>. It is still evident that additional efforts are needed to control youth access to tobacco and vapour products.

Furthermore, it has been determined by numerous studies that both preadolescence and adolescence are developmental periods associated with increased vulnerability to nicotine addiction and exposure to nicotine during these periods may lead to long lasting changes in behavioral and neuronal plasticity<sup>xxxviii</sup>. Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction<sup>xxxix</sup>.

Tobacco smoking remains a major cause of chronic disease in Ontario<sup>xl</sup>. Tobacco smoking causes cardiovascular diseases, chronic lower respiratory diseases, lung cancer and almost 20 other types of cancer<sup>xli</sup>.

The initiation age of tobacco use is critical, because among adults who become daily smokers, approximately 90 percent report first use of cigarettes before reaching 19 years of age, and almost 100 percent report first use before age 26<sup>xlii</sup>.

There is movement nationally and internationally to raise the legal age of tobacco (currently 18 and 19 years of age across Canadian provinces and territories). For instance, the minimum legal age for buying tobacco to at least age 21 years, has been instituted in many international jurisdictions and with the Prince Edward Island government<sup>xliii</sup>. By doing so, it is anticipated that there will be a reduction in smoking initiation rates, an overall reduction in smoking prevalence, and a contribution towards

the prevention of diseases associated with tobacco throughout the life course and increases in lives saved<sup>xliv</sup>.

In the Consultation, the *Future of Tobacco Control in Canada*, Health Canada proposed raising the federal minimum age of tobacco to 21 and noted that this would also require consideration for the age of access for cannabis. In March 2015, the National Academy of Medicine strongly concluded that raising the tobacco age to 21 would have a substantial positive impact on public health and save lives. The study found that increasing the tobacco age would significantly reduce the number of adolescents and young adults who start smoking, reduce smoking-caused deaths; and immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children<sup>xlv</sup>.

Furthermore, in the United States (US), at least 350 cities and 19 states have raised the minimum legal age for tobacco sales to 21 years of age, with additional states looking to adopt state-wide legislation<sup>xlvi</sup>, and in 2015, the US Institute of Medicine published a report on the public health effects of raising the minimum legal age to 19, 21 or 25 years. It concluded that a minimum legal age of 21 years would reduce the smoking initiation rate among 15- to 17-year-olds by 25%, lead to 50 000 fewer cases of lung cancer and prevent 223 000 early deaths in the US<sup>xlvii</sup>.

Additionally, research identifies 21 years of age for legal access as a best practice to prevent or delay initiation of the use of tobacco<sup>xlviii</sup>. The evidence<sup>xlix</sup> shows that a higher minimum age can:

- Delay the age of initiation;
- Decrease the prevalence of use, particularly among adolescents; and

- Decrease access through social channels for younger teens (less likely to have someone of legal age within their social network).

Locally, Ottawa abides to *The Smoke-Free Ontario Act, 2017* (SFOA) which prohibits retailers from selling and supplying tobacco and vapour products to anyone under the age of 19 (Section 3 under SFOA). In addition, displays of health warnings and government identification signs at point-sale must be present.; SFOA also requires retailers to request personal identification from individuals buying tobacco and vapour products who appear to be less than 25 years old. Retail owners can face financial penalties or conviction if their employees violate any of these prohibitions, unless it is proven that the owners were diligent in avoiding violations, such as providing training to employees (for example: providing the Ministry of Health's [SFOA, 2017 Guide for Retailers](#)<sup>1</sup> to their employees and requiring them to complete the training every 6 months). -Ottawa Public Health (OPH) and By-law and Regulatory Services (BLRS) perform enforcement activities of minimum age restrictions and other SFOA restrictions.

As of October 24<sup>th</sup>, 2023, 675 youth access inspections were completed in retail stores selling tobacco products and 350 youth access inspections were completed in retail stores selling vapour products by Tobacco Enforcement Officers in Ottawa. Of those, 111 charges were laid either against the employee and/or the business for selling products to a person less than 19 years old; 7 warnings were issued for the same offence. With the return of tobacco enforcement efforts to pre-pandemic levels, OPH/BLRS are seeing a significant increase in non-compliance with provincial legislation in a number of tobacco and vapour product retailers in Ottawa.

Despite the SFOA and other smoke-free policies, many youth continue to access tobacco and vapour products.

As we have seen with the legalization of cannabis in Canada, unintentional cannabis poisoning in Canadian children has been on the rise. In a study by Dr. Daniel T. Myran (2022), it was found that during the first period of legalization, hospitalization rates for cannabis poisoning in children were 2.6 times as high as those before legalization<sup>i</sup>. Nicotine products (i.e. nicotine pouches) have been reported at convenience stores, gas stations and other local retailers. Tobacco Enforcement Officers are reporting that these products are often mixed in or next to the cash registers near chocolate bars and other candies. Furthermore, these nicotine products also lack a “not for kids” warning symbol, thus increasing the risk of accidental ingestion.

Emerging tobacco products, particularly those that are flavored, widely available, discreet, and inexpensive have the potential to attract youth<sup>iii</sup>. Given the potential of these products to appeal to young people, ongoing monitoring of nicotine products (such as nicotine pouches) use behaviors are important to inform public health and regulatory effects.

**Theme 3: Monitoring the Tobacco Market**

**6.** Are there additional sources of information that could be collected to improve monitoring the tobacco market in Canada? If so, what are they?

**Recommendation:**

**Develop and implement an early warning plan to monitor international markets and address emerging trends that may impact people who smoke and youth in Canada, such as new products like Snus, Zonnic and Sesh.**

**Rationale:**

The tobacco industry is flooding the markets around the world with new and emerging nicotine and tobacco products which it sells as “smoke-free”, “less harmful”, “cleaner”



and “safer” than their conventional counterparts and claims that these new products can be used as possible effective cessation aids<sup>liii</sup>. It is recommended the Federal government develop and maintain a system for monitoring international trends, new products and risks or harms. Such as system could mitigate the harms of new products being adopted by youth and young adults in Canada.

**Theme 4: Restricting Youth Access to Tobacco Products**

**7. Are measures in the TVPA sufficient to prevent youth from accessing tobacco products? If not, what more could be done to restrict youth access to these products?**

Please refer to response for question 5.

**Theme 5: Enhancing Awareness and Preventing Canadians from Being Deceived or Misled**

**8. To what extent have tobacco product appearance, packaging and labelling requirements been sufficient to increase public awareness about the health hazards of these**

Please refer to response for question 4.

<p><b>products? If not sufficient, what more could be done?</b></p>	
<p><b>9. Are the current product standards and prohibitions on promotion sufficient to prevent the public from being deceived or misled about the health hazards of tobacco products? If not sufficient, what more could be done?</b></p>	<p><b>No. Recommendations:</b></p> <p><b>Enhance Compliance Support</b></p> <p><b>Develop and implement a federal health promotion campaign</b></p> <p><b>Rationale:</b></p> <p>Compliance and enforcement is an integral component of tobacco control in Canada. The Tobacco and Vaping Products Act holds a broad number of very important restrictions that are essential to tobacco control goals like a 5% smoking rate by 2035<sup>iv</sup>. The uniform and comprehensive enforcement of these laws at the federal, provincial and local levels is key.</p> <p>Health Canada’s reporting of a high non-compliance rate from a relatively low number of retail inspections is a strong indicator that there is more work to be done in the arena of frontline inspection<sup>iv</sup>. The discussion paper by Health Canada, titled The Second Legislative Review of the Tobacco and Vaping Products Act, states that Health Canada Inspectors conducted 2000 retail inspections in 2022/2023. This is a significant amount of inspections, however it is important to note that there are approximately 400 tobacco retailers in Ottawa alone, thus although strong inspection efforts have been made, there remains a gap between the number of retail establishments and the amount of inspections completed by Health Canada. This indicates a much stronger commitment is needed, translating to many more inspectors</p>

	<p>being available, to inspect a higher number of retailers and address non-compliance issues with all aspects of the TVPA.</p> <p>In addition, dedicated efforts to address non-compliance with online sales and promotion of tobacco products is the new and emerging arena that will require more attention to slow the rate of new tobacco consumers from becoming lifelong customers.</p> <p>Research demonstrates that tobacco-related mass media campaigns can be effective in influencing adult and youth tobacco use. Thus, it can be concluded that mass media vaping campaigns would likely have a similar effect<sup>vi</sup>. Due to the risk of youth vaping leading to tobacco use, we recognize that the federal government is well positioned to implement a federal vaping mass media campaign to educate the public about the risks and harms of vaping as well as the laws around the sale and supply of vaping products to minors.</p>
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**Theme 6: Compliance, Enforcement and Regulated Parties**

<p><b>10. Could compliance and enforcement be further strengthened to address current and future issues regarding tobacco control? If so, how?</b></p>	<p>Please refer to question 9.</p>
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<p><b>11. What are the opportunities and challenges you anticipate with requiring tobacco manufacturers to pay for the cost of federal public health investments in tobacco control?</b></p>	<p>From lessons learned from previous actions directed towards tobacco manufacturers paying for the cost of federal PH investments, it can be anticipated that similar challenges can be expected. For example:</p> <ul style="list-style-type: none"> <li>• long and drawn-out court proceedings,</li> <li>• companies using bankruptcy laws to lengthen the process, and</li> <li>• difficult negotiations to obtain meaningful and substantial remuneration.</li> </ul> <p>Alternatively, this could also result in opportunities to move the needle towards the 2035 goals of a 5% smoking rate Canada-wide<sup>lvii</sup>.</p> <p>For example, Federally, this could result in an increased ability to monitor for and respond to emerging issues and allow for more transfer payments to the provinces for additional tobacco control efforts and public health initiatives.</p>
<p><b>12. Could the Government of Canada improve the implementation of FCTC Article 5.3? If so, how?</b></p>	<p>In attempts to review current actions related to FCTC Article 5.3, on Health Canada’s <a href="#"><i>Seizing the opportunity: the future of tobacco control in Canada</i></a> website, the site indicated that the page was archived and would no longer be updated. As such, we would request that Health Canada provide additional information on the status of FCTC Article 5.3 as this will allow opportunities to provide feedback on how to improve the implementation of FCTC Article 5.3.</p> <p>The public health problem of tobacco use is not only a domestic issue, but a significant international problem. The Government of Canada was considering in 2022 an international role to continue to advance tobacco control<sup>lviii</sup>. Canada could fulfil this role with a variety of measures including continuing Canada’s domestic implementation of</p>

	WHO-FCTC as well as sharing research results and best practices to support global efforts to address tobacco use.
<b>Theme 7: Engaging with indigenous peoples</b>	
<b>13. What are the key commercial tobacco-related priorities from a First Nations, Inuit or Métis perspective? Could the TVPA be strengthened to support these priorities? If so, how?</b>	<p><b>Ottawa Public Health recognizes the impact and legacy of colonization and ongoing systemic racism on the health and well-being of First Nations, Inuit, and Métis peoples, and we are strongly committed to public health actions that promote reconciliation and the health of the First Nations, Inuit and Métis peoples and communities. We pledge to continue working to combat stigma and health inequity in our community.</b></p> <p><b>We recommend actively seeking responses for this theme from Indigenous partners.</b></p>
<b>14. From a First Nations, Inuit or Métis perspective, what are your main concerns related to the regulation of tobacco in Canada?</b>	
<b>15. What elements do you consider essential to reducing commercial tobacco use in First</b>	There is a need to explore directly with the Indigenous population, the impact of intergenerational trauma intertwined with a culture of acceptance of cigarette use, to determine the elements necessary to reduce commercial tobacco use within their communities. Determining priorities and approaches for commercial tobacco prevention and cessation programming for these communities would be most impactful

<p><b>Nations, Inuit or Métis communities?</b></p>	<p>if they directly involve representatives from the communities to lead advocacy, planning, implementation and enforcement efforts.</p>
<p><b>Conclusion</b></p>	
<p><b>16. Is there anything else that you would like to add as it relates to any of the topics covered in this discussion paper?</b></p>	<p><b>Recommendations:</b></p> <p><b>Strengthening federal commitment</b></p> <p><b>Integrating smoking cessation service with other healthcare services</b></p> <p>Strengthening the commitment of the federal government is essential to implementing a more comprehensive approach to cessation in both developed and developing countries<sup>lix</sup>. This could be done by developing a broader policy framework including a mix of three main strategies: a public health approach; a health systems approach; and a surveillance, research and information approach<sup>lx</sup>.</p>
<p><b>17. Do you think the TVPA works as intended and if not, what would you improve?</b></p>	<p>The purpose of the TVPA is to provide a legislative response to a federal public health problem of substantial and pressing concern and to protect the health of Canadians in light of conclusive evidence implicating tobacco use and vaping product use in the incidence of numerous debilitating and fatal diseases<sup>lxi</sup>. While OPH applauds the changes made so far (i.e. labelling on individual cigarettes, for example), much still need to be done to achieve the goal of a less than 5% smoking rate amongst its population.</p> <p>The recommendations listed in this submission offer a few examples of other possible measures to include in the TVPA or other legislation.</p>

<p><b>18. What key issues remain, that if successfully addressed, would result in a further strengthening of the TVPA?</b></p>	<p>N/A</p>
<p><b>19. Do you have suggestions for what could be included in future legislative reviews of the TVPA?</b></p>	<p>Please allow for more time for meaningful submissions by partners and community partners.</p>

<sup>i</sup> Hair, E., et al., Association Between E-Cigarette Use and Future Combustible Cigarette Use: Evidence from a Prospective Cohort of Youth and Young Adults, 2017-2019 (2021). Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/32927247/>

<sup>ii</sup> The Ontario Student Drug Use and Health Survey (OSDUSH, 2021). Retrieved from <https://www.camh.ca/en/science-and-research/institutes-and-centres/institute-for-mental-health-policy-research/ontario-student-drug-use-and-health-survey---osduhs>

<sup>iii</sup> Braak, D., et al., How are Adolescents Getting Their Vaping Products? Findings from the International Tobacco Control (ITC) Youth Tobacco and Vaping Survey (2020). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7169418/>

<sup>iv</sup> Chaffee, B et al., Flavors increase adolescents' willingness to try nicotine and cannabis vape products (2023). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/36963159/>

<sup>v</sup> Physicians for a Smoke-Free Canada (2023), Majority of Canadians want provincial government to use the current insolvency process to force Big Tobacco to phase out cigarettes sales. Retrieved from <https://smoke-free.ca/majority-of-canadians-want-provincial-governments-to-use-the-current-insolvency-process-to-force-big-tobacco-to-phase-out-cigarette-sales/>

<sup>vi</sup> Government of Canada, Vaping Products – New limits on nicotine concentration and consultation on flavour restrictions. Retrieved from: [Vaping Products – New limits on nicotine concentration and consultation on flavour restrictions - Canada.ca](https://www150.ca.gc.ca/113/07/06/vaping-products-new-limits-on-nicotine-concentration-and-consultation-on-flavour-restrictions.html)

<sup>vii</sup> Hair, E. et al., Association Between E-Cigarette Use and Future Combustible Cigarette Use: Evidence from a Prospective Cohort of Youth and Young Adults, 2017-2019 (2021). Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/32927247/>

<sup>viii</sup> Statistics Canada. Canadian Community Health Survey – Annual Component. Retrieved from: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>

- 
- ix Statistics Canada. Canadian Community Health Survey, 2001 to 2016, Ontario Share File. Retrieved from: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>
- x Parrott S., Godfrey C., Raw M., West R., McNeill A. Guidance for commissioners on the cost effectiveness of smoking cessation interventions (1998). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1765918/pdf/v053p000S2.pdf>
- xi Hopkins, D., Briss, P., Ricard, C., et al. [Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke \(2001\)](#)
- xii Curry S., Grothaus, L., McAfee, T., et al. [Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization \(1998\)](#)
- xiii Schwartz, J., *Methods of Smoking Cessation* (1992). Retrieved from: <https://www.sciencedirect.com/science/article/abs/pii/S0025712516303625?via%3Dihub>
- xiv World Health Organization. Retrieved from: [WHO Model List of Essential Medicines - 22nd list, 2021](#)
- xv Health Canada, Zonnic Product Information. Retrieved from: <https://health-products.canada.ca/lnhpd-bdpsnh/info?licence=80125630>
- xvi Health Canada, Zonnic Product Information. Retrieved from: <https://health-products.canada.ca/lnhpd-bdpsnh/info?licence=80125630>
- xvii New Zealand Government. Retrieved from: [Proposals for the Smoked Tobacco Regulatory Regime: Public Consultation 2023](#)
- xviii O'Connor, R., Schneller, L., et al., *Evolution of Tobacco Products: Recent History and Future Directions* (2022). Retrieved from: <https://tobaccocontrol.bmj.com/content/31/2/175#block-system-main>
- xix Canada's Lower-Risk Nicotine Use Guidelines (2023). Retrieved from: <https://www.nicotinedependenceclinic.com/en/lower-risk-nicotine-user-guidelin-es>
- xx Government of Canada, Health Canada Proposes to Ban Advertising of Vaping Products Wherever They Can be Seen or Heard by Youth (2019). Retrieved from: <https://www.canada.ca/en/health-canada/news/2019/12/health-canada-proposes-to-ban-advertising-of-vaping-products-wherever-they-can-be-seen-or-heard-by-youth.html>
- xxi Statistics Canada, Canadian Tobacco and Nicotine Surveys. Retrieved from: <https://www150.statcan.gc.ca/n1/en/catalogue/13250001>
- xxii Statistics Canada, Canadian Tobacco and Nicotine Surveys. Retrieved from: <https://www150.statcan.gc.ca/n1/en/catalogue/13250001>
- xxiii Smoke-Free Ontario Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* (2016). Retrieved from: [https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc_lang=en)
- xxiv Smoke-Free Ontario Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* (2016). Retrieved from: [https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc_lang=en)
- xxv Smoke-Free Ontario Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* (2016). Retrieved from: [https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc_lang=en)
- xxvi Smoke-Free Ontario Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* (2016). Retrieved from: [https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/C/2017/comprehensive-tobacco-control-2016.pdf?rev=0bb7b789399d4586b68c9dfa1a0396a8&sc_lang=en)



- 
- <sup>xxvii</sup> Ad Standards, The Broadcast Code for Advertising to Children. Retrieved from: <https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/>
- <sup>xxviii</sup> Nikitin, D., et al., Is the E-Liquid Industry Regulating Itself? A Look at E-Liquid Internet Vendors in the United States (2016). Retrieved from: [https://www.researchgate.net/publication/299071412\\_Is\\_the\\_E-Liquid\\_Industry\\_Regulating\\_Itself\\_A\\_Look\\_at\\_E-Liquid\\_Internet\\_Vendors\\_in\\_the\\_United\\_States](https://www.researchgate.net/publication/299071412_Is_the_E-Liquid_Industry_Regulating_Itself_A_Look_at_E-Liquid_Internet_Vendors_in_the_United_States)
- <sup>xxix</sup> Nikitin, D., et al., Is the E-Liquid Industry Regulating Itself? A Look at E-Liquid Internet Vendors in the United States (2016). Retrieved from: [https://www.researchgate.net/publication/299071412\\_Is\\_the\\_E-Liquid\\_Industry\\_Regulating\\_Itself\\_A\\_Look\\_at\\_E-Liquid\\_Internet\\_Vendors\\_in\\_the\\_United\\_States](https://www.researchgate.net/publication/299071412_Is_the_E-Liquid_Industry_Regulating_Itself_A_Look_at_E-Liquid_Internet_Vendors_in_the_United_States)
- <sup>xxx</sup> Rigotti N., Kruse G., Livingstone-Banks J, Hartmann-Boyce J. Treatment of Tobacco Smoking: A Review (2022). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/35133411/>
- <sup>xxxi</sup> Golechha, M., Health Promotion Methods for Smoking Prevention and Cessation: A Comprehensive Review of Effectiveness and the Way Forward (2016). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4755211/>
- <sup>xxxii</sup> Hopkins, DP, Briss, PA, Ricard, CJ, et al. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke (2021). Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/11173215/>
- <sup>xxxiii</sup> **Curry, SJ**, Grothaus, LC, McAfee, T, et al. Use and Cost Effectiveness of Smoking-Cessation Services Under Four Insurance Plans in a Health Maintenance Organization (1998). Retrieved from: [Use and Cost Effectiveness of Smoking-Cessation Services under Four Insurance Plans in a Health Maintenance Organization | NEJM](#)
- <sup>xxxiv</sup> Hartmann-Boyce, J., Chepkin, S., Ye, W. et al., Nicotine Replacement Therapy Versus Control for Smoking Cessation (2018). Retrieved from: [Nicotine replacement therapy versus control for smoking cessation - PubMed \(nih.gov\)](#)
- <sup>xxxv</sup> Selby, P. and Zawertailo, L., Tobacco Addiction (2022). Retrieved from: [Tobacco Addiction - PubMed \(nih.gov\)](#)
- <sup>xxxvi</sup> The Ontario Student Drug Use and Health Survey (OSDUSH, 2021). Retrieved from <https://www.camh.ca/en/science-and-research/institutes-and-centres/institute-for-mental-health-policy-research/ontario-student-drug-use-and-health-survey---osduhs>
- <sup>xxxvii</sup> The Ontario Student Drug Use and Health Survey (OSDUSH, 2021). Retrieved from <https://www.camh.ca/en/science-and-research/institutes-and-centres/institute-for-mental-health-policy-research/ontario-student-drug-use-and-health-survey---osduhs>
- <sup>xxxviii</sup> Portugal, G., Wilkinson, D., Turner, J. et al., Developmental Effects of Acute, Chronic and Withdrawal from Chronic Nicotine on Fear Conditioning (2012). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358528/>
- <sup>xxxix</sup> Goriounova, N. and Mansvelter, H., Short- and Long-Term Consequences of Nicotine Exposure During Adolescence for Prefrontal Cortex Neuronal Network Function (2012). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543069/>
- <sup>xl</sup> Public Health Ontario, Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario (2023). Retrieved from: <https://www.publichealthontario.ca/en/health-topics/health-promotion/tobacco/smoking-alcohol>
- <sup>xli</sup> Public Health Ontario, Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario (2023). Retrieved from: <https://www.publichealthontario.ca/en/health-topics/health-promotion/tobacco/smoking-alcohol>
- <sup>xlii</sup> Bonnie, R., Patterns of Tobacco Use by Adolescents and Young Adults (2015). Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK310407/>
- <sup>xliii</sup> Prince Edward Island, Selling Tobacco and Electronic Smoking Devices (Vaping Products). Retrieved from: <https://www.princeedwardisland.ca/en/information/health-and-wellness/selling-tobacco-and-electronic-smoking-devices-vaping-products>

- 
- <sup>xliv</sup> Oyston, J., A Fresh Approach to Tobacco Control: Raising the Minimum Legal Age for Access (2017). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325729/>
- <sup>xlv</sup> National Academy of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015). Retrieved from: <https://nap.nationalacademies.org/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>
- <sup>xlvi</sup> National Academy of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015). Retrieved from: <https://nap.nationalacademies.org/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>
- <sup>xlvii</sup> National Academy of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015). Retrieved from: <https://nap.nationalacademies.org/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>
- <sup>xlviii</sup> Oyston, J., A Fresh Approach to Tobacco Control: Raising the Minimum Legal Age for Access (2017). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325729/>
- <sup>xlix</sup> National Academy of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015). Retrieved from: <https://nap.nationalacademies.org/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>
- <sup>l</sup> Ministry of Health, Smoke-Free Ontario Act, 2017: Guide for Retailers (2020). Retrieved from: <https://www.ottawapublichealth.ca/en/public-health-topics/resources/Documents/SFOA-2017-Guide-for-Retailers-2020--2020-01-28.pdf>
- <sup>li</sup> Myran, D., Cantor, N., Finkelstein, Y., Pugliese, M., Guttman, A., Jesseman, R., et al. Unintentional Pediatric Cannabis Exposures After Legalization of Recreational Cannabis in Canada (2022). Retrieved from: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787715>
- <sup>lii</sup> Kramer, R., Park-Lee, E., Marynak, K. et al., Nicotine Pouch Awareness and Use Among Youth, National Youth Tobacco Survey, 2021 (2023). Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/37279928/#:~:text=Conclusions%3A%20Overall%2C%20in%202021%2C,e%2Dcigarettes%20and%20smokeles%20tobacco.>
- <sup>liii</sup> World Health Organization, New and Emerging Nicotine and Tobacco Products Pose Challenges for Tobacco Control (2022). Retrieved from: <https://www.emro.who.int/media/news/new-and-emerging-nicotine-and-tobacco-products-pose-challenges-for-tobacco-control.html>
- <sup>liiv</sup> Government of Canada, Canada's Tobacco Strategy. Retrieved from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>
- <sup>liv</sup> Physicians for a Smoke-Free Canada, The Enforcement of Canada's Tobacco and Vaping Laws (2022). Retrieved from: <https://smoke-free.ca/the-enforcement-of-canadas-tobacco-and-vaping-laws/>
- <sup>livi</sup> Hair, E. et al, Reducing E-Cigarette Use Among Youth and Young Adults: Evidence of the Truth Campaign's Impact (2023). Retrieved from: <https://tobaccocontrol.bmj.com/content/early/2023/08/08/tc-2023-057992>
- <sup>liivii</sup> Government of Canada, Canada's Tobacco Strategy. Retrieved from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>
- <sup>liiviii</sup> Health Canada, Seizing the Opportunity: The Future of Tobacco Control in Canada (2022). Retrieved from: <https://www.canada.ca/content/dam/hc-sc/documents/programs/future-tobacco-control/future-tobacco-control-consultation-eng.pdf>
- <sup>lix</sup> Abdullah, A., Promotion of Smoking Cessation in Developing Countries: a Framework for Urgent Public Health Interventions (2004). Retrieved from: <https://thorax.bmj.com/content/59/7/623>

---

<sup>ix</sup> Abdullah, A., Promotion of Smoking Cessation in Developing Countries: a Framework for Urgent Public Health Interventions (2004). Retrieved from: <https://thorax.bmj.com/content/59/7/623>

<sup>lxi</sup> Public Health Ontario, Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario (2023). Retrieved from: <https://www.publichealthontario.ca/en/health-topics/health-promotion/tobacco/smoking-alcohol>