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March 28, 2020

Dianne Alexander, Director
Health Promotion and Prevention Policy and Programs Branch
Ministry or Health
393 University Avenue, Suite 1802
Toronto, ON M7A 2S1

Re: Smoke-Free Ontario Act, 2017; Ontario Regulation 268/18, Proposal 20-HLTC007

Dear Dianne Alexander,

On behalf of the City of Ottawa Health Unit and the Ottawa Board of Health, I am encouraged by the Ministry of Health introducing additional regulatory measures to protect children and youth from the dangers of vaping.

The surge of vaping product availability and the increasing prevalence of vaping among youth who were formerly not smoking is a public health concern. Vaping use in the past year has increased from 10% in 2017 to 19% in 2019 among Ottawa students in Grades 7-12. Further, 26% of high school students in grades 9-12 have used an electronic cigarette at least once.[1] According to the 2017 Canadian Tobacco Alcohol and Drugs Survey, of the 15% of individuals who vape but reported never having smoked, 58% were youth and 33% were young adults.[2]

Vaping may predispose youth to addiction to nicotine and possibly to smoking cigarettes and other drugs.[3] Among Ottawa high school students in grades 7-12 who use e-cigarettes, almost half (51%) of students usually used e-cigarettes with nicotine.[4] Further, there is substantial evidence that vaping increases risk of ever smoking among youth and young adults.[5] Lastly, in 2019, 48% of students in Ottawa (grades 7-12) reported that they felt it would be fairly to very easy to get e-cigarettes. Students in grades 9 to 12 were *significantly* more likely (60%) than students in lower grades in grades 7 to 8 (19%) to say that it would be fairly to very easy to get e-cigarettes. It is noteworthy that among grade 7 – 8 students, almost one in five report it would be fairly easy to get e-cigarettes.[6]

To date, no vapour product has been licensed by Health Canada to treat nicotine dependence and there is limited evidence that e-cigarettes may be effective aids to promote smoking cessation.[7] Although vaping can result in symptoms of dependence[8], there are currently no clinical vaping cessation guidelines.

Ottawa Public Health (OPH) supports the Ministry's proposed regulations for vaping products, including:

- Restricting the sale of flavoured vapour products to Specialty Vape Stores and Cannabis Retail Stores, except for unflavoured, menthol, mint and tobacco flavoured products.
- Requiring Specialty Vape Stores to ensure that vapour product displays and promotions are not visible from outside their stores.
- Restricting the sale of vapour products with high nicotine concentrations (>20 mg/ml) to Specialty Vape Stores.
- Exempting Cannabis Retail Stores from a ban on displaying vapour products to align with the rules for displaying vapour products with Specialty Vape Stores.

In addition, OPH offers the following complementary recommendations.

Recommendation 1: Require specialty vape stores to obtain smoking cessation training, including vaping cessation training

OPH recommends that the Ministry develop vaping and smoking cessation guidelines for staff working in Specialty Vape Stores; that these guidelines be offered as mandatory training for staff; that the training be considered a requirement in the Specialty Vape Stores registration process; and require business owners to ensure that all their employees are trained on the smoking and vaping cessation guidelines.

According to the 2019 Canadian Tobacco and Nicotine Survey, over a third (37%) of people over 15 years of age who vaped reported doing so to help them reduce or quit smoking.[9] However, there is still a lack of evidence that shows the effectiveness of using e-cigarettes as a smoking cessation aid. Reviews, such as those done by the Ontario Tobacco Research Unit[10], find mixed evidence for cessation. Most people find that they continue to use e-cigarettes or continue to use both e-cigarettes and cigarettes. From a harm reduction perspective, when combined with behavioural counselling, e-cigarettes can outperform Nicotine Replacement Therapy to help people quit smoking.[11] Vaping is now the most commonly reported method of trying to reduce or quit smoking according to a 2019 commissioned survey[12] of Canadians. However, no vaping products are licensed in Canada for smoking cessation and no clinical guidelines exist to support

health care professionals help people switch from smoking to vaping. It is likely that some people rely on retailers of vaping products for advice when trying vaping to quit smoking. Therefore, it is important that speciality store staff be provided with fundamental training on smoking cessation to increase the likelihood that people choosing to vape may be successfully supported to stop smoking.

Given the highly addictive nature of nicotine[13], it is also important that guidelines be developed to help people quit vaping. Currently, there are no clinical guidelines to assist vendors and health care providers to advise clients about vaping cessation. However, some conclusions are widely accepted including: (1) persons who don't smoke should not vape; (2) young persons should avoid vaping or consuming nicotine (unless they are using nicotine replacement therapy for cessation); (3) persons who have transitioned from smoking to vaping, should switch completely and not go back to smoking.

Since the use of e-cigarettes may support cessation[14], more research is needed to support and inform the use of e-cigarettes in the treatment of nicotine addiction. It is also recommended that guidelines be developed for treating nicotine addiction with nicotine replacement therapy; and that provincial partners expand their current smoking cessation programs, such as the recent Centre for Addiction and Mental Health STOP-YAYA study for young adults, to include vaping cessation for young people and adults. In addition, clear and accurate information about dual use (smoking and vaping) should be communicated to ensure consumers are informed that vaping does not mitigate smoking harms and users should consider completely substituting tobacco cigarettes for e-cigarettes to reduce their exposure to numerous toxicants and carcinogens.[15] To support tapering towards complete cessation, research is also needed to define product doses, delivery and limits. For instance, proven nicotine replacement therapies are regulated as follows: long acting nicotine replacement therapies are set at an upper limit of 21 mg; short acting nicotine replacement therapies, such as gum, are proven effective at levels of 4mg/ml dose.

Cessation is a highly cost-effective intervention that saves lives.[16] Becoming free from tobacco use or nicotine dependence can be a lifelong struggle. Cessation strategies are effective when they attract tobacco users at every possible opportunity and support them throughout their entire cessation process, and sometimes many cessation attempts.[17] Staff working in Specialty Vape Stores are ideally positioned to advise their customers at point of sales about evidence-based cessation practices. Therefore, smoking and vaping cessation guidelines and training are recommended to equip staff working in Specialy Vape Stores with current health information; the risks of using vapour products; and effective cessation interventions that they can successfully integrate into their sales practice with customers.

Recommendation 2: Enhancing enforcement efforts to combat non-compliance with specialty vape stores

OPH recommends that stricter penalties be considered for specialty vape stores that demonstrate continual non-compliance for selling vapour products to minors, similar to what is in place for tobacco sales offences.

Currently, the penalties for retailers who are convicted for violating the *Smoke Free Ontario Act (SFOA)*, *2017* are not equal between tobacco vendors and vapour product vendors. If there are **two or more owner convictions for tobacco sales** offences committed in the same location within a five year period, that location will be subject to an automatic prohibition. If that were to happen, that location could not sell or store any tobacco and no wholesaler or distributor may deliver tobacco to that location. An automatic prohibition lasts for six, nine or twelve months, depending on the number of convictions for tobacco sales offences that have taken place within the five-year period. Automatic prohibitions do not apply to vendors with vapour product sales convictions.

Ontario data from 2019's Health Canada inspections of specialty vaping stores and convenience stores across Canada show that, of the forty-five specialty vaping and convenience stores identified as non-compliant with the federal Tobacco and Vaping Products Act, 60% were specialty vaping premises. The two most common types of non-compliance were the promotion of vaping products through testimonials or endorsements, and the promotion of vaping product flavours appealing to young persons.[18] Stricter enforcement strategies should be implemented to hold specialty vape shops accountable for sustained sales to minors violations.

Recommendation 3: Reduce the availability of tobacco in retail settings

Tobacco can be a lethal product with no safe level of use. It continues to be the single greatest cause of avoidable disease and premature death in the province, killing 16,000 Ontarians in 2012.[19] There are currently about 2 million smokers in Ontario. About half of those who continue to smoke long-term will die prematurely.[20] Ottawa Public Health recommends that the province consider reducing the availability of tobacco products in retail settings.

Health Canada set a goal of reducing Canada's smoking rate to 5% by 2035. Although Canadian smoking rates have been steadily declining for decades, they appear to have plateaued at around 15%.[21] The current smoking rate for adults 19 years and older is 13% for Ottawa and 17% for the rest of Ontario.[22] In 2018, the economic burden attributable to tobacco use in Ontario was estimated to be $2.7 billion in direct health

care costs and $4.2 billion in indirect costs, totaling almost $7.0 billion.[23] The devastating health burden caused by tobacco requires aggressive government action.

Although, smoking is the single greatest cause of premature death and avoidable disease in Ontario, tobacco products are available 24/7 in more than 10,000 retail settings across the province. When tobacco is less available, fewer people start smoking and current smokers are more likely to successfully quit or smoke less. Higher tobacco outlet density is associated with a higher likelihood of smoking initiation by minors[24] and adults,[25] and living near tobacco outlets is associated with unsuccessful quit attempts.[26] Ottawa Public Health urges the government to implement measures to restrict the overall number of retail settings selling tobacco consistent with Health Canada's tobacco end-game strategy. Highest priority must be placed on decreasing retail sales near secondary and post-secondary institutions, venues that appeal to youth, and marginalized communities targeted by the tobacco industry.

Recommendation 4: Increase the minimum age to purchase tobacco, and vaping products to 21 or older

Ottawa Public Health supports regulation and enforcement to prohibit the sale and supply of tobacco and vapour products to anyone who is less than 21 years old.

The *SFOA, 2017* prohibits the sale or supply of tobacco products and vapour products to anyone who is less than 19 years old. Raising the minimum age for purchasing tobacco and vapour products, and actively enforcing the age restrictions, may reduce access to these products and therefore reduce the smoking and vaping prevalence among Ontario youth and young adults.[27] In Ottawa, 48% of students (grades 7-12) reported that they felt it would be fairly to very easy to get cigarettes. Students in grades 9 to 12 were *significantly* more likely (60%) than students in grades 7 to 8 (19%) to say that it would be fairly to very easy to get cigarettes.[28]

The initiation age of tobacco use is critical. 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.[29] 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). In the *Consultation on 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.[30] 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.[31]

Research identifies 21 years of age for legal access as a best practice to prevent or delay initiation of the use of tobacco. The evidence[32] 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).

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 vaping. Should you have any questions, please contact me at Vera.Etches@ottawa.ca.

Sincerely,

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

[1]Ottawa Public Health. Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2019). Centre for Addiction and Mental Health; 2020.

[2] Health Canada. Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of Results for 2017. Canada.ca. Published January 4, 2019. Accessed March 12, 2020.

[3] Health Canada. Risks of Vaping: https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html Date modified: March 5, 2020. Accessed March 12, 2020.

[4] Ottawa Public Health. Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2019). Centre for Addiction and Mental Health; 2020.

[5] Evidence from the National Academies of Sciences, Engineering and Medicine: The Public Health Consequences of E-Cigarettes (2018) report http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx

[6] Ottawa Public Health. Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2019). Centre for Addiction and Mental Health; 2020.

[7] Evidence from the National Academies of Sciences, Engineering and Medicine: The Public Health Consequences of E-Cigarettes (2018) report http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx

[8] Health Canada. Risks of Vaping: https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html Date modified: 2020-03-05. Accessed March 12, 2020.

[9] Health Canada. Canadian Tobacco and Nicotine Survey https://www150.statcan.gc.ca/n1/daily-quotidien/200305/t001a-eng.htm Date modified: March 5, 2020. Accessed March 12, 2020.

[10] Diemert L,. E-Cigarette Use for Smoking Cessation: Scientific Evidence and Smokers' Experiences. Toronto ON: Ontario Tobacco Research Unit; February 2019.

[11] Hajek P, et al. A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. New England Journal of Medicine 2019.

[12] Vapers Panel Survey to Measure Attitudes and Behaviours Regarding Vaping Products. Environics Research on behalf of Health Canada. March 2019.

[13] National Academies of Sciences, Engineering, and Medicine. *Public Health Consequences of E-cigarettes. 2018;* Washington, D.C.: The National Academies Press.

[14] Tseng, T. O. (2016). A Randomized Trial Comparing the Effect of Nicotine Versus Placebo Electronic Cigarettes on Smoking Reduction Among Young Adult Smokers . *Nicotine & Tobacco Research*, 1937-1943.

[15] National Academies of Sciences, Engineering, and Medicine. *Public Health Consequences of E-cigarettes. 2018;* Washington, D.C.: The National Academies Press.

[16] Smoke-Free Ontario – Scientific Advisory Committee. Evidence to Guide Action: Comprehensive Tobacco Control in Ontario. Toronto, ON: Ontario Agency for Health Protection and Promotion, 2010.

[17] Ibid.

[18] Health Canada Quarterly Vaping Compliance and Enforcement Report. Ontario Retail Establishments: July – September 2019. Retrieved from Ontario Campaign for Action on Tobacco letter to Minister of Health dated February 11, 2020.

[19] Dobrescu A, Bhandari A, Sutherland G, Dinh T. The costs of tobacco use in Canada, 2012. Ottawa, ON: The Conference Board of Canada; 2017.

[20] Smoke-Free Ontario Modernization. Report of the Executive Steering Committee. 2017.

[21] University of Waterloo. School of Public Health and Health Systems. Tobacco use in Canada report. Accessed March 12, 2020. https://uwaterloo.ca/tobacco-use-canada/adult-tobacco-use

[22] Canadian Community Health Survey 2017, Statistics Canada, Share File, Ontario MOHLTC.

[23] Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: https://www.publichealthontario.ca/-/media/documents/cdburdenreport.pdf?la=en

[24] Schleicher NC, Johnson TO,Fortmann SP, *et al* . Tobacco outlet density near home and school: associations with smoking and norms among US teens. Prev Med2016;91:287–93.doi:10.1016/j.ypmed.2016.08.027

[25] Cantrell J, Pearson JL, Anesetti-Rothermel A, *et al*. Tobacco retail outlet density and young adult tobacco initiation. Nicotine Tob Res2016;18:130–7.doi:10.1093/ntr/ntv036CrossRefPubMedGoogle Scholar

[26] Chaiton MO, Mecredy G, Cohen J . Tobacco retail availability and risk of relapse among smokers who make a quit attempt: a population-based cohort study. Tob Control2018;**27**:163 9.doi:10.1136/tobaccocontrol-2016-053490 Abstract/FREE Full Text

[27] The Smoke-Free Ontario Scientific Advisory Committee's report "Evidence to Guide Action: Comprehensive Tobacco Control in Ontario, 2016

[28] Ottawa Public Health. Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2019). Centre for Addiction and Mental Health; 2020.

[29] Institute of Medicine 2015. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, DC: The National Academies Press.

[30] Ibid.

[31] Campaign for Tobacco Free Kids. Raising the tobacco age to 21: https://www.tobaccofreekids.org/what-we-do/us/sale-age-21 Last updated: January 9, 2020. Accessed March 12, 2020.

[32] Institute of Medicine 2015. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, DC: The National Academies Press.