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Chair

Mr. Ben Lobb

Standing Committee on Health

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•(1105)

[*English*]

The Chair (Mr. Ben Lobb (Huron—Bruce, CPC)): Good morning, ladies and gentlemen. Welcome to our meeting on e-cigarettes.

We apologize for the brief delay. We're just getting our laptops and PowerPoints and everything else set up.

We have a number of guests here. We have two panels today. We have three guests this morning, from 11 until 12, and we have a couple of guests from 12 until 1 o'clock.

We'll start off first with Neil Collishaw, and we'll go from my left to right.

Good morning, and welcome. You have 10 minutes or so to present.

[*Translation*]

Mr. Neil Collishaw (Research Director, Physicians for a Smoke-Free Canada): Thank you, Mr. Chair. Good morning everyone.

My name is Neil Collishaw and I am the research director at Physicians for a Smoke-Free Canada, an organization that has existed since 1985. I am not a physician. However, all of our members are physicians, from everywhere in Canada.

I have been working in the public health field since 1969, more specifically full-time in the anti-tobacco struggle since 1981. First I worked at Health Canada in the 1980s, then with the WHO in the 1990s, and I have been with Physicians for a Smoke-Free Canada since then.

You have our written presentation. I will be happy to answer your questions in English or in French about that document and the comments I will make today.

[*English*]

As a former civil servant responsible for tobacco legislation and regulation in this country, I have lived the challenge of trying to control tobacco with no legislation and little political enthusiasm for creating the needed legislation. That was the situation in my job before 1987. Some days I thought it was a hopeless task. But I also saw how dramatically things could change when the Progressive Conservative government in 1987 directed us to create Canada's first tobacco control law, the Tobacco Products Control Act. The lesson learned by me was that public health protection requires strong direction from Parliament. Once again, now, strong political

direction is required, this time on electronic cigarettes, and this committee is in an ideal position to make sure that this Parliament provides that strong policy direction.

These new electronic nicotine delivery systems, or ENDS, present both a challenge and a threat. You have already heard from other witnesses, and I'm sure you'll hear from more today, from my colleagues and others, of the benefits that could come to smokers who switch to e-cigarettes. You have also heard, and you will hear, of the potential danger of these products, both to individuals and to public health. Harm could be reduced or possibly increased. Public health could benefit or possibly be made worse. You've heard of many other potential harms and benefits, too. All of this is happening in what I would describe as a virtual policy vacuum. Since 2009, these products have supposedly been banned in Canada.

•(1110)

[*Translation*]

The March 27, 2009, notice stated that:

To date, no electronic smoking product has been authorized for sale by Health Canada. [...]

Further on, the same notice states:

Persons importing, advertising or selling electronic cigarette products in Canada must stop doing so immediately.

[*English*]

That notice of 2009 has neither been rescinded nor enforced.

I know that you heard earlier from the public servants working in the therapeutic products directorate. I assure you they are all fine people, who must work, like I once did, without strong political direction. And they were taking a risk management approach, I think that's what they told you. Now let me translate that little bit of bureaucratese for you: it means, in the absence of any political direction or proof of immediate danger to health from these products their hands are tied.

You also heard from those responsible for administering the Tobacco Act. They told you that there's no tobacco in e-cigarettes, so these products are not covered by the Tobacco Act. Until they receive new direction from Parliament, their hands are also tied.

Our health protection system has demonstrated that it has been unable to deal with the challenges posed by e-cigarettes. The system is broken, and it is Parliament that needs to fix it.

We need a system that is science based. We need a system that will ensure the benefits are maximized and the risks are minimized. But they're ever-changing: we need a public health system with both the responsibility and the capacity to respond quickly to whatever devices might be out there and whatever new ones might be coming along. The system should also address the public health issues created by new and existing tobacco products and other nicotine products.

We also need to protect the system from the effect of the tobacco companies, something that has delayed action over the last half-century.

You've heard from two branches in Health Canada, but now we need the right hand and the left hand to work together. Dealing with electronic nicotine delivery should mean improving the way we are trying to control tobacco use. We need to integrate ENDS control and tobacco control. We need to have the best of both worlds: tools of regulation and enforcement that can be used both pre-market and post-market.

These better systems can be embedded in a modernized tobacco control strategy, one updated from the current strategy, which was designed more than 15 years ago. Provinces have been effective. There are some effective measures for tobacco and e-cigarette control in a bill currently before the Ontario legislature, but only the federal government is equipped with the reach and infrastructure to deliver the needed comprehensive system of tobacco and nicotine policy that will be responsive and effective.

I urge this committee to provide the leadership on nicotine and tobacco policy that has so far been lacking at the federal level.

There are many highly skilled people working within Health Canada. As a former WHO official who once worked with government tobacco control officers around the world, I can assure you that Canada is privileged to have one of the best trained and most experienced tobacco control teams anywhere. They are capable of returning to Parliament with draft legislation that will create effective ways to integrate sound public health management and control of all existing and new tobacco products and nicotine products. Please, ladies and gentlemen, please direct them to do so.

Thank you.

• (1115)

The Chair: Thank you very much.

Next up we have Melodie Tilson, director of policy for the Non-Smokers' Rights Association.

Go ahead.

Ms. Melodie Tilson (Director of Policy, Non-Smokers' Rights Association): Good morning. *Bonjour.*

Thank you very much for the opportunity to address the committee on this important public health issue. As you heard, my name is Melodie Tilson. I'm the director of policy for the Non-Smokers' Rights Association, better known as the NSRA.

The NSRA has been at the forefront of tobacco control in Canada for the past 40 years, leading many campaigns for precedent-setting measures to reduce the scourge of disease and death from tobacco

industry products, including comprehensive tobacco control legislation through the 1988 Tobacco Products Control Act and its successor the federal Tobacco Act, and the world's first graphic warnings on cigarette packs, to name a few.

I personally have been working in tobacco control for 24 years. I have devoted most of the past three and a half years to understanding the potential risks and benefits of e-cigarettes and to providing leadership to the health community on this issue. I can honestly say that e-cigarettes are the most challenging and divisive issue that I have faced in my career in tobacco control.

The fact that this issue is so challenging underscores the importance and urgency of the committee's deliberations, as you just heard from my colleague. There has been an explosion in the promotion, sales, and use of e-cigarettes, as well as in research on the subject, since Health Canada issued its regulatory notice in March 2009, and yet Health Canada's response has been to ignore the rapid changes in the marketplace and in the science. It is essential that the federal government develop and implement, on an urgent basis, a new regulatory framework for e-cigarettes that reflects current knowledge and is responsive to new developments.

Let me state from the outset that the Non-Smokers' Rights Association believes that e-cigarettes hold great promise as aids to help smokers quit cigarette smoking, but also that they present potential serious risks to tobacco control. The current regulatory framework, however, does not serve the interests of either smokers or non-smokers. Although e-cigarettes with nicotine and e-cigarettes that make a health claim cannot legally be marketed or sold in Canada, both are readily available from retailers. Experience over the past five years has made it clear that having a different set of measures governing e-cigarettes without nicotine merely provides an enormous loophole that undermines controls over the promotion and sale of e-cigarettes with nicotine. Moreover, as you heard from the Health Canada officials who addressed the committee, there has been almost no enforcement of the prohibition on the sale of e-cigarettes with nicotine.

The intent of a new regulatory framework governing e-cigarettes should be to maximize the benefits for smokers while minimizing the risks to users, to non-smokers, especially youth, and to bystanders.

In terms of the benefits to smokers, there is a growing scientific consensus that e-cigarettes are much safer than cigarettes. They contain no tobacco and there is no combustion. Smokers deserve access to a safer form of nicotine delivery that can also satisfy their addiction to smoking behaviours. Committee members heard from witnesses such as Dr. Gaston Ostiguy that e-cigarettes have been valuable in helping hard-core smokers quit smoking. My colleagues and I likewise know of smokers who were finally able to quit smoking using e-cigarettes. However, there is a paucity of high-quality scientific studies proving that e-cigarettes are an effective cessation aid. Only two randomized controlled trials, considered the gold standard in research, have been published to date. Both were small studies of first-generation devices. Both showed cessation rates on par with those produced using the patch. In the United Kingdom, e-cigarettes are now the preferred quitting aid among smokers, and smoking rates have declined at the same time that e-cigarette use has increased, but that does not mean that the relationship is causal. The research, both small studies and large surveys, consistently shows that most smokers who use e-cigarettes continue to smoke. It is not yet known, however, whether this dual use of tobacco and electronic cigarettes is a stage on the road to quitting or whether it serves in fact to forestall quitting.

Many of the potential risks to health and safety from e-cigarettes could be reduced or eliminated fairly simply if manufacturing standards for e-cigarette devices and liquid were developed and enforced to ensure that the products operate consistently and reliably, that no impurities are introduced during the manufacturing process, and that the products do not malfunction under normal use, such as through leakage of the e-liquid or overheating or explosion of the battery.

• (1120)

With regard to the risks to tobacco control from e-cigarettes, the research findings are contradictory concerning whether the promotion and use of these new products will renormalize tobacco use and serve as a gateway to nicotine addiction and/or tobacco use among youth. Research from the U.K. is often cited as proof that there is no e-cigarette uptake among non-smoking youth and no gateway effect. However, research in other countries paints a different picture.

Research in Poland on 15- to 19-year-olds found a substantial increase in both experimentation and current use of e-cigarettes from 2010-11 to 2013-14, as well as a substantial increase in both the dual use of e-cigarettes and cigarettes and smoking rates. In Finland, 10% of adolescents who experimented with e-cigarettes were non-smokers. Research in both Canada and the U.S. found relatively low but increasing rates of ever and current use of e-cigarettes among non-smoking youth and young adults. Furthermore, it is still relatively early days in Canada, where we have not yet seen a no-holds-barred approach to e-cigarette promotion, as they have right now in the U.S. The use of e-cigarettes where smoking is banned is still relatively rare.

For these reasons, NSRA believes the federal government must take a cautionary approach by legislating tight controls on marketing and use of e-cigarettes until the research provides definitive evidence that e-cigarettes pose no risk to tobacco control or to non-smoking youth.

The most straightforward way to regulate e-cigarettes would be to include them in the federal Tobacco Act. Doing so would accomplish a number of important regulatory objectives. It would end the current perverse situation whereby e-cigarettes with nicotine are subject to a much stricter regulatory regime than the most hazardous nicotine delivery device: the cigarette. It would ensure that e-cigarettes with nicotine are legally available to smokers. It would reinforce the perception of e-cigarettes as a consumer product, which is important to trial and acceptance by smokers. It would help ensure continued product innovation and affordability, which are adversely affected when products are regulated as drugs. It would also ensure equal treatment of e-cigarettes both with and without nicotine, and it would help safeguard critical tobacco control gains by subjecting e-cigarettes to similar controls as tobacco products.

Whether e-cigarettes are included under the Tobacco Act or are regulated under different legislation, there are a number of specific measures that the NSRA believes to be of critical importance: a ban on sales to minors; restrictions on advertising and promotion, including a ban on lifestyle advertising, celebrity endorsements, the use of cartoon figures, and sponsorships; a ban on false and misleading claims; a ban on advertising that evokes a tobacco product; and a ban on cross-branding of an e-cigarette with a tobacco product.

We also believe it's important to ban the use of e-cigarettes in indoor public places and workplaces where smoking is banned, and to prohibit product characteristics that target youth, in particular, such as candy flavours as bubble gum and sweet tart.

We also believe that mandatory product labelling is critical, including full ingredient disclosure, information on the presence and strength of nicotine, and meaningful warnings regarding the possible risks of e-cigarette use as well as the relative risks of e-cigarette use as compared with smoking tobacco cigarettes.

We know with certainty that one out of every two long-term smokers will die from their tobacco use and that for every death there are about 20 smokers suffering from a tobacco-caused illness. Most smokers want to quit, but the success rate of current cessation aids is abysmally low. E-cigarettes hold great promise for their ability to deliver nicotine effectively and to mimic smoking behaviours, but it is these same qualities that create risks to tobacco control.

While we await more conclusive research, the federal government must act to ensure that smokers have access to the safest possible e-cigarettes with nicotine, while implementing measures to prevent youth uptake and a new form of socialized nicotine addiction.

Thank you.

• (1125)

The Chair: Thank you very much.

Geneviève Bois, from the Quebec Coalition for Tobacco Control, please go ahead.

Ms. Geneviève Bois (Spokesperson, Quebec Coalition for Tobacco Control): Thank you for the opportunity to present today. My name is Geneviève Bois, and I'm a physician by training. I work for the Quebec Coalition for Tobacco Control as a spokesperson.

The issue of e-cigarettes is definitely one that needs an urgent regulatory framework. I think you have heard a lot from many groups already, but I would urge the committee to show some leadership on the issue. The rise in new products is happening right now and we do not think the regulatory void in Canada is to the benefit of smokers or non-smokers. Risks could be reduced if a decent set of regulations were put into place and enforced.

We would encourage the committee to look at approaches taken in other jurisdictions, but also what the WHO recommends—all our recommendations are in line with WHO's recommendations—and also to follow the public health principle of precaution. We know very little about those devices yet. The science will continue to advance, but you only know what happens in the long term when long term actually happens. So at the very least for now we should show a little bit of precaution.

We should also base recommendations on the best possible data that's out there but data that's also devoid of conflicts of interest. Unfortunately, and it's in the brief we submitted to you, a recent analysis showed there are some very significant conflicts of interest in about a third of the research published on the safety of electronic cigarettes. That also needs to be addressed when looking at data.

Increasingly also, the e-cigarette market is dominated by tobacco companies. This is something that has been increasingly happening in the last couple of years and seems to continue as a trend. This should also be considered.

There seems to be a certain effect as far as the tobacco control situation is concerned. The examples of the United Kingdom and Poland were mentioned. It seems that those two countries were at different points in their tobacco control journey. At the same time that e-cigarettes became very popular in the U.K., tobacco control continued to be strengthened, and there we did not seem to see any gateway effect for youth. But it's been very different in Poland,

where tobacco control was not as strong and was not being strengthened significantly, and where it did seem to show a very significant gateway effect. So it is possible that the effect of e-cigarettes at a population level, or looking at youth specifically, is also influenced by the set of tobacco control measures. This is also something that should support regulating tobacco better in Canada, especially since the flavouring aspect is an issue with both e-cigarettes and in tobacco products. I have brought products for you to look at, if you want, with cigarillos that are grape flavoured and e-cigarettes that are labelled without nicotine but are also grape flavoured, and they're strikingly similar products.

We believe it's very necessary to act before health issues arise. This could take time, and although it seems from the best data we have now that e-cigarettes are much less risky than tobacco, it is certainly much more risky than no tobacco use whatsoever. We believe that users should have access to a very safe product, which is not necessarily always the case right now, and non-users should definitely be protected.

A set of regulations would make sure that labelling, for example, is appropriate. This is something that is not currently the case. A study financed by the Canadian Cancer Society in Quebec has shown that nine of thirteen brands of e-cigarettes that were tested by chemists at the University of Montreal were labelled as without nicotine, but actually had significant levels of nicotine in them. This is a pretty serious labelling issue.

It is also clear that although it's less risky than tobacco, this is by no means a harmless product. Although we believe it should be made accessible to all smokers who look to reduce the harm they might suffer from their addiction, it should definitely not be a way to banalize nicotine addiction or nicotine use. Unfortunately, the uptake in youth shows that this is seen as a very trendy product.

Regarding the cessation aspect, there's a paucity of very good evidence. There's a lot of anecdotal evidence on the matter. I know of a lot of colleagues—I practise as a physician—who have seen their patients successfully quit tobacco with e-cigarettes, but also the majority of them see an increasing number of their patients simply using both tobacco and e-cigarettes at the same time. Unpublished data from the public health agency in Montreal, which should be released within a week, show that on the Island of Montreal, two-thirds of the smokers who were using e-cigarettes were reporting dual use. Albeit there might still be a benefit, it is not clear how much benefit there is to this dual use, if any, and the false sense of security that might be conveyed to the smoker might be used as a forestalling method for any quitting attempt. That is definitely a concern.

● (1130)

From a medical aspect, it's more the duration of tobacco use that is relevant than the intensity of the tobacco use. If somebody continues with dual use for a longer period of time, despite having reduced the number of cigarettes one would smoke per day, it is really not clear that there is any health benefit. This has been well exemplified in the WHO report on the matter.

If e-cigarettes are only as effective as the nicotine patch, this is still good news. This should still be made available to smokers. Another option is always a good option. There are many options for tobacco cessation, but none of them are fantastic. There will not be a silver bullet. The e-cigarette is not a miracle, but it could be another way for smokers to attempt quitting and they should be made available to them. Making it available to smokers doesn't mean continuing in this regulatory void and there is no benefit to smokers. Right now they have to put their faith in whoever is making this product, but tomorrow this product could be a completely different one, labelled the same, and they wouldn't know any better.

It's very difficult to prove that there is a gateway effect. There is no data in Canada, to my knowledge, that shows this at the moment. The youth use that we have seen in Quebec has been enormous and is growing, ranging from 8.5% in the sixth grade at age 12 to 40.9% by the end of high school.

Another surveillance study, the ETADJES in Quebec which was published last week, showed 28% use in high school and 20% among non-smokers.

Attempting to use the e-cigarette and using it regularly are not the same thing for youth as for adults. The good news in that data is that the number of youth using it on a more regular basis was more about 4% to 6%. Unfortunately that's also true for adults, where a very large proportion of smokers are using the product once or twice with some of them graduating to using it on a more regular basis. The number who use it strictly as a cessation method to completely stop tobacco use is much lower.

We know that for example in Montreal—and that new set of data will be published—about half the smokers have tried the e-cigarette. A small proportion used it daily and among those, there was a high rate of dual use. We must not confuse the simple attempt to use the product with the use of the product as an effective cessation method.

We have also seen advertising booming in other countries, albeit much slower in Canada, and this is of particular concern.

These are a few advertisements that we have seen around. They are definitely not promoting a cessation method. I don't know the last time you saw a nicotine patch promotional magazine, but the last time I saw one in a medical journal it involved a lightly dressed woman.

We also see a lot of health claims that are not necessarily substantiated. We see health claims that are strikingly similar to what we used to see with the so-called light cigarettes, which didn't turn out to be so light.

We also see a lot of messaging in the advertisements that is not compatible with a tobacco control message whatsoever, as the image being shown clearly indicates.

You can also see the image of an old advertisement for a tobacco product and a new one for an e-cigarette. The similarity is striking.

Here you can see more advertisements for e-cigarettes.

The message here is not a tobacco control message, "Why quit? You just need to switch to such-and-such a brand".

I added some data on average usage versus uptake, but this is a point that I've already made.

This image shows dual use.

We would recommend that, at the very least, it should be subject to federal and provincial legislation on tobacco, and that a global federal framework should be considered with Health Canada's responsibility to protect the public.

As evidence accumulates, it's always time to update regulations, but the fact that evidence is not conclusive does not mean we should wait as this product is used widely across the country. We cannot stand by and wait for everybody to say exactly the same thing in the science community while a significant proportion of Canadians are using this product and they don't know what's in it.

At the very least, ENDS sales should be banned to minors, which is not the case right now. We should ban sales where tobacco products cannot be sold. We should ban all lifestyle advertising and any advertising geared towards youth, and also the cross-promotion that could be done with tobacco brands. Any health claims should be banned unless they are certified by Health Canada. It is not appropriate that products are using health claims that are not substantiated. Point of sale displays in convenience stores should be in line with the tobacco regulations.

We have a series of regulations that we suggest Health Canada consider regarding safety of the product, nicotine content, proven carcinogens, and also the appearance of the product. These are all aspects that should be considered by Health Canada.

• (1135)

In conclusion, e-cigarettes are an extremely heterogeneous category. It is very hard to know what to do when there are 466 devices out there. We agree it's a bit of a legislator's nightmare, but although they are much less toxic than tobacco, they are still not a harmless product and we should protect both smokers and non-smokers in Canada from the potential pitfalls. This should allow us to maximize the benefits and minimize the potential ill consequences of these cigarettes.

Thank you.

The Chair: Thank you very much.

We are going to get into our rounds of questioning.

Ms. Davies, go ahead.

Ms. Libby Davies (Vancouver East, NDP): Thank you to the witnesses for coming today. I appreciate your being so specific. It's very helpful. I certainly would agree with the observation being made that there are lots of folks out there who are using e-cigarettes and are trying to do the right thing from a health point of view in terms of a lower risk but they actually have no idea what they are using. I've actually talked to people personally who said that they've been very confused about whether or not they are using a product that has nicotine or no nicotine, so I think that's a very real situation.

I also hear you all saying, and we've heard this from other witnesses, that a regulatory framework is urgently needed even though we don't have all of the research that needs to be done. We are in this interim stage. I don't know what Health Canada has been doing since 2009, but really we have to get serious about this and start moving quickly.

I'm going to jump into some more specific questions.

I'm not quite clear if you are saying that all advertising should be banned or whether you are just referring to advertising that makes lifestyle claims or health claims and so on. Could you clarify that?

Ms. Bois, I wasn't clear whether you were saying that we should allow both nicotine and non-nicotine.

Ms. Tilson, I think you said that we should allow nicotine. If so, do you have a recommendation as to what the level should be? Earlier, I think somebody said that it was a maximum of 18, would it be milligrams? I don't know. Do you have any thoughts on that?

The other question I have, if there's time, is on the connection to the tobacco industry. Are you suggesting there shouldn't be any connection? I hear what you're saying in terms of advertising about the similarity and all that, but are you also saying that tobacco companies shouldn't be allowed to produce e-cigarettes and that it should be completely separate? I wasn't quite clear on that.

Ms. Geneviève Bois: As far as advertising is concerned, we'd like it to be brought in line with the current legislation on tobacco.

Ms. Libby Davies: Which means no advertising.

Ms. Geneviève Bois: It's slightly more complicated than that, the way it's written in the law. Generally it bans most advertising and certainly all advertising that could appeal to youth and would have a young person in it and would make some lifestyle advertisement or would make unsubstantiated health claims. It does not ban all advertising that could be factual or something such as, "We sell e-cigarettes here", but it would definitely ban all the problematic advertising.

The examples I was showing were definitely the most problematic ones that we knew about.

Ms. Libby Davies: By the way, were those ads from Canada?

Ms. Geneviève Bois: No, those ads were from the U.K. and the U.S. mainly, but they're also widely circulated on the Internet. There's also a significant amount of advertising being done on Facebook via websites, via contests, and also on the radio, and that is happening and being seen by people in Canada.

Ms. Melodie Tilson: Perhaps I could add that in the U.S. and other foreign magazines that are sold in Canada, you can see some of that advertising as well.

• (1140)

Ms. Libby Davies: On nicotine, Ms. Tilson, you have said clearly that we should allow nicotine e-cigarettes and they should be regulated.

Ms. Bois and Mr. Collishaw, what are your positions on that?

Ms. Geneviève Bois: We definitely think that both nicotine and nicotine-free e-cigarettes should be available on the market and be legal, but standards should be set and enforced because of the very obvious labelling issues that we see right now where products might say that they have a certain amount of nicotine and it is not accurate or they say they don't have nicotine and that also might not be accurate.

To answer the rest of your question, we are not saying that tobacco companies should be forbidden in any way to invest in a new product. This is their prerogative. But we should be aware of the type of product that's on the market and who's selling them. Despite the fact there are hundreds of brands out there, who is dominating the market is all the main cigarette companies, which also have invested in e-cigarettes, and that allows for potential cross-promotion and dual use to be really pushed forward. The messages we see in a lot of advertisements is not a quitting message; it's when you cannot smoke your actual cigarette or brand, please use this one and when you go back home, keep doing exactly what you were doing. We are seeing a messaging that is much more entertaining a nicotine addiction and using two products to satisfy it rather than actual cessation.

Ms. Libby Davies: Would you have any information or research about what percentage of the tobacco industry is now dominating the e-cigarette market? How high is it? Do you have any idea?

Ms. Geneviève Bois: We know that all main cigarette makers have an electronic cigarette brand right now, and they are all widely available and sold. As far as which percentage of the e-cigarettes that are sold pertain to the tobacco industry, I do not have this number, but that's something I could attempt to get.

Ms. Libby Davies: Okay.

Mr. Collishaw, if there's still time, what are your thoughts about nicotine or no nicotine in e-cigarettes?

Mr. Neil Collishaw: Insofar as level, I really think we're at a very early stage to be able to say it should be definitively this level or that level. But what I did say, and which I will repeat, is we most certainly need legislative and regulatory framework in which those levels could be specified based on careful research and evaluation to be done in the future.

With respect to the products that are currently available without nicotine in them, I really see no benefit of those at all. I don't see any reason that we should have those in the marketplace. Something is being inhaled. It can't replace nicotine because it doesn't have nicotine in it. But once again, I would defer to further research, careful research, by regulators and researchers on that.

Ms. Libby Davies: Do you agree that in the meantime we have to bring in some kind of regulatory framework, that we just can't wait any longer, or are you in favour of doing more research and then figuring out the big picture, and acting then? Mr. Collishaw?

Mr. Neil Collishaw: Oh, I think we need to proceed very quickly with changing our entire legislative and regulatory framework. I have great confidence that it can be done quickly.

The Chair: Okay, thank you very much.

Mr. Lizon, you're up for seven minutes, sir.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you, witnesses, for coming here this morning.

Mr. Collishaw, maybe I can ask you a first question for clarification. You talked about the risk management approach and the fact that the officials' hands were tied. I don't think they were tied. I think within the existing legislature they could have acted and banned these products from appearing on the store shelves.

Could you clarify what you meant?

Mr. Neil Collishaw: Yes. The therapeutic products directorate did in fact ban the products through the notice that was issued on March 27, 2009. The problem was that they then did not enforce the regulation for reasons that are not particularly well known to me. But what we've been told is they said, "Well, people aren't smoking these and then dying right away. We're busy with other things. We're busy with other regulatory approaches." So the way they look at it is to say, "Well, we'll call that a risk management approach. There are other products that are creating more immediate risks than these ones, so we're going to leave those ones alone."

I don't think that's a very good tradeoff, immediate risks versus potential risks in the future. I think we need sensible control of both.

● (1145)

Mr. Wladyslaw Lizon: Thank you.

Mr. Chair, the next question is for Madam Bois.

You stated in your presentation that there are 466 devices. How are they different from each other? Are there 466 types of devices? If there are differences, what are the main differences between them?

Ms. Geneviève Bois: That's why I say that it's a very heterogeneous kind of category. It's hard to say that there is an electronic cigarette. There are multiple electronic cigarettes. When the WHO report was written, they looked at what was on the market at that moment. They found 466 different devices. They said that an average of 10 a month appear on the market. It doesn't mean that in Canada there are 466, but there is a wide variety. They could be with or without nicotine. There are thousands of flavours. They can be reusable or disposable. The cartridges can be exchanged, or not. Even the way the products look is very different,

This is a ciga-like model. It looks like a cigarette. It kind of has the same shape. It's held the same way. It has a glowing tip, and if you pull on it, it glows. This is a ciga-like model, but there are also e-cigarette models that look like a camera, or a USB key, or any type of other appliance, or like nothing at all that we know, such as an odd square box.

There is a lot of difference both in the way they're used and the way they look, and potentially in what they do to you. That explains some of the contradictions in the data so far. It's because there's no regulation and there are such different models out there. A test performed on one device cannot necessarily be generalized for all the devices on the market; sometimes the test is repeated on the same device and the amount of certain chemicals found is not exactly the same. How hard you puff on the device seems to change the composition of the vapour. The voltage of the battery seems to change the composition of the vapour. Some of the devices are made in a way that you can actually play with some of the settings yourself. That would also change the composition of the vapour. It's a complex product, and it's not one product; it's many different products. It would be like saying all automobiles and trucks and trains are the same because they are methods of transportation.

Mr. Wladyslaw Lizon: We've heard from witnesses at this committee that the nicotine delivery through e-cigarettes is much safer and is better for people who smoke.

Is there any proof that people who don't smoke, young people, when they have a choice, would choose e-cigarettes over regular cigarettes?

Ms. Geneviève Bois: Unfortunately, in a real-life setting, the only thing you can do is survey young people to see in what percentage they are using cigarillos versus e-cigarettes versus cigarettes versus menthol cigarettes versus none at all.

What we have seen is that there is a very high rate of youth who are trying e-cigarettes. Fortunately, not all of them graduate to regular use. Because the uptake of tobacco products, the more traditional tobacco products, does not seem to have slowed down in Canada in the last couple of years, it does not seem that e-cigarettes are taking the place of traditional tobacco products, at least not in the youth group. It seems that, unfortunately, kids are experimenting both with flavoured cigars and with e-cigarettes. I sure hope that we don't see a gateway effect. We don't have any data in Canada showing that now, which is great news, but they are trying this in increasing numbers.

The fact that the latest data in Quebec shows that 20% of non-smokers in high school, those who have never smoked, have tried an e-cigarette demonstrates an attraction for the product. Whether that means they will eventually graduate to tobacco is not something we can say. I sure hope it is not the case, but the fact that 20% of our high school students who have never smoked a cigarette are trying a product with no benefit to a non-smoker, and we don't know what's in it, and which is available at two for \$10 at any corner store, legally, to a 14-year-old, is definitely a cause for concern.

I think you wanted to react to that, right?

Ms. Melodie Tilson: If I could, I would like to add something quickly. We don't know whether experimentation with e-cigarettes will lead more youth to go on to use cigarettes. We don't know whether it will introduce them to nicotine, which will then lead them to transition to the most effective nicotine delivery device, the cigarette, or whether they'll be more likely to become long-term e-cigarette users. It's still too early, and we don't have very many studies on this correlation at this point.

• (1150)

Mr. Wladyslaw Lizon: Taking into consideration the fact that nicotine is an addictive substance, we can assume that people trying e-cigarettes that contain nicotine will eventually get addicted to it. Would that be a right assumption?

Ms. Melodie Tilson: We know that e-cigarettes with nicotine are less addictive than cigarettes because they don't deliver nicotine to the brain as quickly as a cigarette does through the smoke, and most devices don't deliver as much nicotine. They are less addictive than cigarettes, but yes, they definitely have addictive potential, which is why we think it's urgent that the government introduce measures to prevent non-smoking youth from getting their hands on these products, to the extent possible.

The Chair: Thank you very much, Mr. Lizon. Your time has come and gone.

Ms. Fry, you're up now.

Hon. Hedy Fry (Vancouver Centre, Lib.): I want to thank the witnesses for being here today.

I really thought it was very interesting that Dr. Bois said this is being widely used—and I think we should add “wildly”—because there seem to be no parameters set for it, and legislation would obviously give people far more of a definitive way of using it. It might stop young people. Everyone seems to be concerned about the normalization of smoking if young people start using these. If one had the same kind of legislation or the same kinds of regulations as for tobacco, that would deal with some of this issue, and combine it with some sort of public awareness campaign about the use of this, etc. I am beginning to be convinced that this must be the way to go if we're going to stop young people from beginning to use these, etc.

However, the big issue I wanted to ask about is this. We know that the harm reduction tools for tobacco smoking currently in place are the nicotine patch, the medication, and the gum. We see that the patch and the gum don't seem to have as much effectiveness as they could.

The question then is this. What would be the optimum delivery of nicotine that would allow for smoking cessation to actually take place and for people to start cutting down on their cigarettes? That's perhaps looking at regulations that may decide what is the quantity within of the nicotine that's being delivered. That's the first question.

The second question I wanted to ask quickly is this. We've been hearing about the Polish study. Will regulation decrease the risk of that happening here?

I'd like to hear what your answer is.

Ms. Geneviève Bois: First of all, it's difficult to say. The safest way of consuming nicotine would be, technically, to consume no nicotine. Any product generally carries a risk.

Obviously the cessation methods we have now are far from perfect. The best studies we have on e-cigarettes show that they are on par with nicotine patches. Something we also know, though, is that a cessation attempt within a medical context—where you're followed by a doctor or nurse or both, or in a group that has a program that really looks at objectives with you—doubles and sometimes triples the success rate rather than you at your house, making a plan for yourself and buying whatever device may be available at the pharmacy or the convenience store. Obviously, there are ways of maximizing cessation attempts, and that's definitely something that should be looked into.

Most likely a product will never be completely, perfectly safe, but there are definitely ways of making it safer, or at the very least less risky. That's where regulations really come into effect. If you don't know the battery's going to explode or you don't know how much nicotine there is, that's definitely not the safest way of using it.

As for the exact nicotine content, that needs to be variable. That's what is allowed with patches right now. You have a 21 milligram patch, a 14 milligram patch, and a 7 milligram patch. We often make a plan with our patients to start at the highest and go lower. If it's a heavy smoker sometimes it's two patches at the beginning. It really depends on the smoker and the way it happens. Regulation would definitely make it safer.

As far as Poland versus the U.K. is concerned, I don't think we're British, and we're definitely not Polish, either. What I draw as a conclusion, and many smarter people than I draw as a conclusion, is that there seems to be an effect of where you are in tobacco control and what you do. I think if we play our cards well and continue to work on the tobacco control front very well, and maybe more actively than at the moment, and if we do put in a regulatory framework for e-cigarettes, we can definitely make sure that this acts as a positive thing and not a negative thing. Clearly, if we just leave things to fate and let things happen, it's really not clear it's going to be for the better.

• (1155)

Hon. Hedy Fry: Thank you.

I just wanted to say that as we look at e-cigarettes containing nicotine, we know that some e-cigarettes or at least the electronic version can contain things other than nicotine. If you regulate e-cigarettes in the same way that you regulate tobacco products and cigarettes, what would you suggest in terms of regulation for ones that do not contain nicotine? How would you regulate those? Would you still put them under the same sorts of regulations as tobacco or e-cigarettes that have nicotine? What would you do with those?

Ms. Geneviève Bois: We wish for e-cigarettes to be brought under the same regulatory framework, and/or for some specific regulation to be put into place, whether they do contain nicotine or not. Even if this device is said to contain no nicotine, the fact that it looks and acts like a cigarette, is puffed on in the same way, and is inhaled means that it should also be regulated.

I don't know exactly what's in this one, but I certainly know that even if it has glycerol or glycerine or whatever other product we sometimes consume in fast food, a lung is not a stomach. Alveoli in our lungs are certainly made to breathe air and air only, so probably this is not completely risk-free either and should be brought under the same regulatory framework.

Hon. Hedy Fry: Okay, thank you.

Did you want to saying something, Ms. Tilson?

Ms. Melodie Tilson: Yes.

There's another reason to allow e-cigarettes without nicotine but include them in the same regulatory framework. We hear from smokers who have successfully used e-cigarettes to quit that they often step down the level of nicotine that they use, to the point where they're using an e-cigarette with no nicotine and the e-cigarette is helping them with their continued addiction, hand-to-mouth and other smoking behaviours.

Hon. Hedy Fry: Thank you.

The Chair: Do you have anything else?

No, that's fine.

The Chair: Okay, thank you very much.

We did start our meeting a little late today, so we're going to give Mr. Young his time.

Go ahead, sir. You have seven minutes.

Mr. Terence Young (Oakville, CPC): Thank you, Chair.

Thank you all for coming, and thank you for the work that you do to protect Canadians' health and promote the precautionary principle.

As you know, we have serious problems with addictions in Canada, particularly among our youth. That includes tobacco, alcohol, marijuana, street drugs, and even prescription drugs. They rob people of their time, money, concentration, and their dignity.

We've heard a lot about nicotine being harmless.

Madam Bois, you said that 20% of youth in Quebec have tried e-cigarettes. Is that correct? I think it was 18%; we had a figure for the rest of Canada.

Ms. Geneviève Bois: It's 28% in general in our latest survey, and 20% among non-smokers.

Mr. Terence Young: Thank you. It was 20% among non-smokers.

Now, you also said, I think—I want to be really clear on this—that tobacco use hasn't gone down with the introduction of e-cigarettes. Is that correct?

Ms. Geneviève Bois: If we look at the uptake of tobacco products, both cigarettes and other tobacco products—and that's very important, because the way that tobacco is consumed is not the same anymore—in the last two or three years, we have not seen a significant slowing down in any province.

Mr. Terence Young: We hadn't heard that before, I don't think; at least I don't remember hearing it.

My question is on whether it isn't disingenuous to market these products as smoking cessation when you haven't seen tobacco use go down.

Ms. Geneviève Bois: Well, that's why I've been saying that at the very least in the youth age group, we have not seen e-cigarettes take the place of another tobacco product. We are seeing youth experiment with various products, whether they are a small flavoured cigar, or menthol cigarettes, or flavoured e-cigarettes. But it seems to be operating as a separate kind of attempt, which might be good news for the gateway situation, but it means that now our youth are experimenting with two inhaled products. Yet, it doesn't seem to diminish the amount of appeal of the other product.

That's why we say that tobacco controls will need to be strengthened.

Mr. Terence Young: Thank you.

Mr. Collishaw, thank you for being here today. By the way, are you a doctor as well?

Mr. Neil Collishaw: I am not.

Mr. Terence Young: But you're in charge of research.

Mr. Neil Collishaw: I work for doctors, but I'm not one myself.

Mr. Terence Young: Okay.

We had an accomplished surgeon here who was promoting the freer use of e-cigarettes, and who owns a company that produces e-cigarettes and also has a franchise or an invention that helps people worldwide turn hookahs into e-cigarettes.

Would you see that as a potential conflict of interest for a medical doctor, who's promoting a product like that and is going to make money when the product has freer sales? Can we rely on his evidence as being objective?

• (1200)

Mr. Neil Collishaw: I would agree that it is a potential conflict of interest.

However, as I and my colleagues have said this morning, there are potential risks from these products and there are potential benefits. The benefits come only in the area of possibly being something that could help people who are already smokers quit smoking and thereby reduce their hazard. If we get into an area where people who are currently not smokers are being encouraged to use these

products, whether they're young people or older people, that is not a benefit to those people, nor to public health.

Let us not forget that while some people might have told you at this committee that nicotine is benign, it is not; it is an addictive product. The only circumstances I could see that there would be some benefit is if it were to help smokers to quit. We need to construct our regulations to maximize the benefit and minimize the harm.

Mr. Terence Young: Thank you. That's understood.

Madam Tilson, I would like to talk to you a bit about stealth marketing. I appreciate your points on reducing advertising, and no celebrity endorsements, etc. What about product placement? Some movie stars will get several hundred thousand dollars to smoke tobacco in their movies, etc.

I also want to ask about your saying that there should be no free giveaways. I was in downtown Toronto once, and one of the drug companies had hired somebody to hand out free samples of Allegra, which is a prescription drug. I challenged the lady doing it. I asked her whether it wasn't against the law. She had a box. She said, "Well, just put a penny in there and now you've paid for it". They have ways to get around these things. I know that they promote caffeine drinks. Sometimes they sponsor grade 8 graduations in the United States, etc.

Could you please comment? Should those things also be banned for e-cigarettes?

Ms. Melodie Tilson: Yes, absolutely. In fact, we have a free giveaway of e-cigarettes happening here in Ottawa as well.

What we're trying to do is what my colleague just emphasized. We want to make sure that e-cigarettes are available as safely as possible to smokers who want to quit, but not available and not promoted as the new lifestyle accessory the way cigarettes once were. We have to do everything possible to make sure there are no lifestyle promotions of any kind. Product placement in movies is one such type of promotion.

Mr. Terence Young: You've mentioned here that you would like to ban the use of e-cigarettes on school grounds. Are you including inside schools as well?

Ms. Melodie Tilson: Yes, absolutely.

Mr. Terence Young: School property, in other words?

Ms. Melodie Tilson: Yes. We've said that the use of e-cigarettes should be banned in all indoor public places and workplaces where smoking is banned, as well as outdoors on school grounds. Again, that's about not normalizing the use of these products for youth. Not only are we concerned that they could become a gateway to tobacco addiction, but we don't want them to become the next form of addiction that becomes socially acceptable.

Mr. Terence Young: Thank you.

The Chair: That worked out quite well.

Thank you very much for attending.

We're going to suspend for a couple of minutes. We're going to bring our other guests up and then we'll reconvene.

• _____ (Pause) _____

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• (1205)

The Chair: We're back in session. We have two guests for our second hour: Mr. Harrington and Mr. Jones.

Mr. Harrington is from Consumer Health Products Canada.

Mr. Harrington, we'll have you go first. You have 10 minutes.

Mr. Gerry Harrington (Director, Policy, Consumer Health Products Canada): Thank you.

[Translation]

Mr. Chair, members of the committee, thank you for giving me the opportunity to provide input into your study of e-cigarettes.

My name is Gerry Harrington and I am the director of policy for Consumer Health Products Canada.

[English]

Consumer Health Products Canada is the trade association representing the companies that make evidence-based, over-the-counter medicines and natural health products. These are the products you can find in medicine cabinets in every Canadian home, from sunscreens to vitamins to pain relievers and allergy medications. People use consumer health products to maintain their health and manage minor ailments. This is a fundamental part of self-care, which is vital to the health of Canadians and to the sustainability of our health care system.

Consumer Health Products Canada is very proud of the contribution that our members' products make to the reduction of tobacco use in Canada. Specifically, nicotine replacement therapies regulated as natural health products, such as gums, patches, inhalers, have been demonstrated to dramatically increase the odds that a quit attempt will be successful, and have made a very meaningful contribution to the reduction of tobacco use in Canada over recent decades. These products are clinically tested as smoking cessation therapies and are supported by both self-directed and health profession administered programs aimed at ending dependence on nicotine and tobacco smoke.

It is our view that the evidence available today strongly supports smoking cessation as the most appropriate therapeutic end point for the use of nicotine-containing products. We want people to quit

smoking, and when there is a sufficiently low potential for relapse, to quit using nicotine as well. The natural health products regulations are designed to ensure that products authorized for sale under their provisions offer Canadians benefits that outweigh any risks associated with their use. Ending a user's dependence on tobacco and their exposure to the extensive and well-documented harms associated with smoking is demonstrably a benefit that far outweighs the risks associated with short- to medium-term use of nicotine. However, the science is less clear on the net benefit to patients when they continue to be addicted to inhaled nicotine.

I emphasize that this science is still evolving, and we understand that's one of the key challenges before the committee today.

It's extremely important to note that the approval of a smoking cessation product under the natural health products regulations requires not only clinical evidence of quality, safety, and effectiveness of the product as a nicotine replacement therapy, but also the provision of labelling and other patient information and supports that guide users through a program that aims to end their dependence on tobacco. Nicotine-containing natural health products are not merely nicotine delivery vehicles; they are proven, comprehensive smoking cessation therapies with both pharmacological and behavioural program elements.

While it may be arguable that long-term exposure to nicotine and the other components of e-cigarette vapour may be less harmful than cigarette smoking—and I think that is fairly self-evident—this harm reduction model is not consistent with the philosophical or legal underpinnings of the natural health products regulations themselves. Additionally, the availability of e-cigarettes as products intended for long-term use creates significant risks to Canada's tobacco control strategy. Specifically, by mimicking smoking behaviour, widespread e-cigarette use could renormalize smoking—something I know the committee has heard from other witnesses before—undoing decades of hard-fought changes to social attitudes toward this unhealthy behaviour. Further, dual use of e-cigarettes and combustible tobacco cigarettes may delay or undermine quit attempts and could compromise the intent of public health measures banning the use of combustible cigarettes in public spaces. We've seen even today some of the advertising that speaks directly to that risk.

Finally, the very real risk of e-cigarette use acting as a gateway to nicotine use was reinforced by recent findings published by the U.S. Centers for Disease Control that more than a quarter million youth who had never smoked a cigarette used e-cigarettes in 2013. That's a threefold increase over the previous year.

•(1210)

In addition to our concerns about the risk to human health associated with approving e-cigarettes for long-term use, the status quo where illegal cigarette sales flourish in the absence of any real enforcement of the existing regulations exposes Canadians to further potential harms associated with the absence of provisions to prohibit unproven health claims for e-cigarettes; the absence of quality assurance to ensure the safety of both the e-cigarette devices and the supply of nicotine-containing fluid; the absence of child-resistant packaging for the nicotine-containing fluid; the absence of control over advertising, and specifically advertising directed to minors—and when I say advertising, I include the full range of promotional activities that would be addressed in those kinds of regulations; the absence of a prohibition on sale to minors over the condition and place of sale, including accessibility to minors; and finally, the absence of recall provisions and adverse event reporting provisions. As we have heard numerous times over the course of this study, the science is still evolving and hence the value of collecting adverse events has to be considered.

Today we're talking about e-cigarettes, but we don't know what new products the future will bring. CHP Canada urges the health committee to recommend that all nicotine-containing products, including e-cigarettes, be regulated to the same standard of quality, safety, and efficacy as natural health products, and that perhaps more importantly, these regulations be enforced by Health Canada to protect the health and well-being of Canadians.

Thank you. I look forward to your questions.

•(1215)

The Chair: Thank you very much.

Next we have Mr. Dave Jones from the Tobacco Harm Reduction Association of Canada. Welcome, Mr. Jones.

I'd also like to thank you for my Twitter account. You keep me very active there. I appreciate that.

Carry on.

Mr. Dave Jones (Director, Tobacco Harm Reduction Association of Canada): Thank you very much.

I would like to thank the HESA committee for inviting us today. My name is Dave Jones, and I am a retired military officer. I smoked throughout my whole 40-year career, and thought I would die with a cigarette in my mouth. I'm one of those anecdotes that you hear about and that no one thinks is real, like the unicorn, but I'm here. I am now 18 months free of tobacco cigarettes, and I use a personal vaporizer.

On a personal note, my health has improved. My cardiologist, GP, and dentist are very supportive of my vaping. My story is just one of thousands of other vapers in Canada.

I am also one of four unpaid volunteer directors with the Tobacco Harm Reduction Association of Canada, a non-profit organization. We are a national Canadian vaping consumer and vendor advocacy group with extensive links to Canadian vaping groups across Canada, the U.S., and Europe.

Canadian vapers, as the consumers of this product, have been waiting to have our say on this very important public health issue facing Canada. I would state that smoking and cigarettes are the main issue, as is this: how can we support getting smokers to switch to a safer alternative, or quit safely, to alleviate the 37,000 deaths attributed to smoking each year?

There are an estimated 300,000 to 350,000 vapers. We are a grassroots movement and growing in Canada, out of about five million smokers. Methods to stop smoking vary from NRTs to cold turkey and now electronic cigarettes as an alternative to smoking. The method that one uses to stop smoking is a personal choice that should be supported and not discriminated against just because we may or may not use nicotine.

The vapers we have talked to have expressed their frustration that e-cigarettes aren't being embraced by the tobacco control community, public health organizations, and political institutions even though they are much less harmful than combustible cigarettes. We need to ensure that public health gains and benefits are balanced with the possible risks associated with electronic cigarettes. We have an opportunity to replace tobacco smoking with a safe alternative. If we put too many onerous regulations and use invalid assumptions on this tobacco harm reduction strategy, we may lose a golden public health opportunity. Ideology, rhetoric, and invalid assumptions cannot be used to make sound regulations in policy. Regulations must be based on valid, truthful, scientific facts and be evidence-based to ensure that we have safe products and usable regulations and policies that benefit all Canadians.

Cigarettes have 4,000-plus chemicals and 70 known carcinogens. Electronic cigarettes have four to five chemicals and no carcinogens that we know of. Electronic cigarettes are not combustible cigarettes. Vapour is not second-hand smoke, and nicotine is not tobacco. Smokers smoke cigarettes for the nicotine but die from the smoke and tar. We do support and want regulations.

I'd now like to give a quick overview in terms of a presentation. Please bear with me, as I was just told yesterday that I had to give this.

Personal vaporizers are not smoking cessation devices. They are a safe alternative to smoking that can be used for cessation by the vaper. The use of electronic cigarettes, the act of vaping, is not smoking. The use of nicotine outside of tobacco has never been considered smoking. Vapour is not smoke and not any source of second-hand smoke.

There are 5.6 million smokers in Canada, and we have 37,000 deaths Canada-wide. We have 350,000 vapers in Canada, with approximately 10 million vapers worldwide. Big tobacco and big pharma profits are decreasing. Youth and adult smoking is decreasing because of many factors; one is vaping. Using NRTs is not great, with a relapse rate of 95%. There is a need for support of vaping and a new approach to public health goals of getting smokers to quit—the quit-or-die approach. Public health says there is not enough information, but we have over 200 studies released and more every day. Do not cherry-pick to suit an agenda. Can we wait for conclusivity? Can we wait for 20 years while Canadian smokers die?

I have 10 items that I would like to touch on in terms of recommendations.

The first item is youth gateway. Of course there is a big concern about the youth gateway to smoking in the use of electronic cigarettes. We are also parents. We are also grandparents. We understand that there is a concern about this. However, when you look at the youth who are trying e-cigarettes, no survey has shown that they go to smoking.

• (1220)

We have record lows of youth smoking in Canada, the U.S., and the U.K., and it has been declining yearly. We are very glad about that because we do not want to see our youth smoking.

Some of the results we have seen, though, is that many e-cigarette users or youth users were already smokers. There have also been reports in terms of the surveys that negligible youth or adult non-smokers using or trying e-cigarettes have gone to smoking. You must remember that trying and continuous use are not the same as smoking.

These are our recommendations:

Youth age bans on e-cigarettes must be implemented immediately. Advertising should be limited to smoking for adult use. I sent the U.K. CAP advertising rules that were adopted in the U.K. just last month to this committee. I won't go over all the aspects of that.

We should also promote education on e-cigarettes to everyone and the development of a youth-adult monthly tool survey kit with better questions for our youth. The U.K. uses this on a monthly basis, so it has monthly data to better serve and understand what the trends are.

We should have close monitoring of smoking uptake and modify regulations accordingly if there is an uptake.

What is in e-liquids? It's propylene glycol, vegetable glycerin, food flavourings, and possibly optional nicotine. Nicotine is the ingredient smokers crave in tobacco. People smoke for the nicotine but die from the smoke and tar. Nicotine is also found in vegetables. It is used in all NRT cessation products, but as somebody said, most vapours decrease levels. I personally started at 24 and now I'm down to 9. Actually, I'm down to 6. We find in a lot of cases that we decrease levels as we continue to vape, and a lot of people go down to zero but still use vaping as a habit.

The question whether we need to set a limit. Most people start out on 24 milligrams if they are a heavy smoker. That is something that has to be determined as a personal choice. In the U.K. they capped it

at 20 milligrams, but a lot of people over there are heavy smokers so there is possibly a problem that these smokers may not switch because of that. I'd like to note that the EUTPD, European Union tobacco product directive, is being legally challenged at this time in that specific area.

The sale of bottled e-liquids to consumers must be allowed with defined regulations in place. We agree. We need to have regulations on the nicotine and the selling of nicotine in the form of e-liquids. These things need regulations. They also need to have the proper labels and warnings.

We also must establish and actively enforce consumer standards for electronic cigarettes themselves. Cartridges, tanks, and e-liquids are consumer products that need to have consumer regulations.

Why we haven't touched upon nicotine poisonings, I'm not sure, but we do hear a lot about nicotine poisonings, especially with youth, and we are very concerned about that. In Canada it hasn't been reported much; however, we do know there is some out there. In the U.S. there are quite a number of reports, 2,700, but out of 2.2 million calls it is 2,700 calls.

Our recommendations are that we need to educate the vapers using e-liquids to be safety conscious, just like for any other product that we use in the house. The sale of bottled e-liquids to consumers must be allowed with defined regulations in place, addressing manufacturing and labelling to provide a safe and secure product. I believe that is being self-regulated right now, but we do definitely need that.

Poisoning reports should contain reasons for the contact and follow-up actions to be taken. At this time they are reported to provincial poison control centres and then to Health Canada. If there is a problem, they should also be sent to ECTA, the Electronic Cigarette Trade Association, which is the industry regulator, so that from an industry point of view we can actually make changes if it's an industry problem.

• (1225)

On item 4, flavours, we have done surveys on this—fruits, sweets, tobacco, drinks, and beverages. I personally use fruits as my flavour.

The Chair: We are at 10 minutes. Would you be able to wrap up your presentation in about 30 seconds or so? We'll try to flesh out your presentation through the questions.

Mr. Dave Jones: Okay, I'll go straight to my conclusion.

Electronic cigarettes and vaping should be endorsed as a tobacco harm reduction strategy that can minimize or alleviate over 37,000 Canadian smoking-related deaths each year.

All consumer products are regulated, and e-cigarettes should not be an exception. Consumers need to feel confident that they are purchasing safe, high-quality items. But the regulation of e-cigarettes needs to be proportionate and not discriminatory, especially considering the potential they offer for eliminating the scourge of tobacco-related diseases.

Any regulations should include input from all stakeholders, including industry and vapers.

Science and evidence rather than anti-tobacco ideology and rhetoric should be the guides for public health policy and electronic cigarette products that are free of tobacco. Such policies and outcomes will save Canadian lives now and into the future.

I would just like to put forward something from Mitch Zeller of the FDA, who said that if we could get all smokers to completely switch all of their cigarettes for one of these non-combustible products, that would be good for public health.

Thank you.

The Chair: Thank you very much.

We're going to go to our rounds of questions.

Up first is Ms. Sellah.

Go ahead, please.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Thank you, Mr. Chair.

I listened to all of the witnesses with close attention. I thank them for having agreed to appear before us and for providing us with a lot of information. Whatever their position or objectives, their contribution will enlighten us and allow us to determine what the federal government can do about this issue.

Mr. Jones, I appreciated your testimony, which was based on your experience, very much. I sympathize. However, I would like to say that e-cigarettes were not designed to provide a dose of nicotine, even though they of course imitate the sensory experience of smoking. As we know, e-cigarettes include a battery, a cartridge and an aroma. In your recommendations, you say that e-cigarettes are neither tobacco, nor medication.

Do you not think that as a precaution it would be better to wait for the scientific studies to prove that these cigarettes are innocuous or provide any benefits? For the moment, we do not have the scientific data that would allow us to compare the advantages and disadvantages of e-cigarettes.

● (1230)

[*English*]

Mr. Dave Jones: Thank you very much for your question.

I do believe we need to have regulations regarding age restrictions. I think that's one of the biggest things we would like to see happen.

Of course, we need to have more studies to give us more information on whether there are any problems associated with vaping, etc., to users or bystanders. We already have that in place and we have basically stated, although not conclusively, that there is very limited harm to the user or to bystanders.

I would like to see more studies, but in terms of conclusiveness, will there ever be a day when they say this is definitely a product that is perfectly safe? There is nothing perfectly safe. Risks and safety are in shades of grey. I would like to see further studies provided by Health Canada, and of course the use of and follow-up from those particular studies to help us further in terms of regulations in the future.

[*Translation*]

Mrs. Djaouida Sellah: Thank you, Mr. Chair.

Mr. Jones, you say that you would like to see studies done, but as the witnesses who preceded you demonstrated, 20% of non-smokers are attracted to this type of cigarette.

Studies may eventually show that there are adverse affects for that category of consumers. I would like to know your opinion on that.

[*English*]

Mr. Dave Jones: The people who actually try e-cigarettes have been found not to have gone on to anything further than just trying. Experimental usage is a proven thing that is normally done with any new product, so when you look at that, you have to look at it with a very clinical eye.

Does the actual experimentation translate to actual continual usage and then possibly to smoking? At this moment, we have seen through the statistics and surveys that this has not happened. It has not translated into continuous usage or the uptake of cigarettes by youth or by non-smokers. It's like trying a new drink. You will try it, but if you don't like it, you won't go for it. So far studies have shown that people who have tried e-cigarettes have not gone on to smoking. We have record low levels of youth not smoking anymore. They have not translated from that into smoking. I think that's really shown in terms of statistics right now.

The Chair: Thank you very much.

Mr. Lunney for five minutes, sir.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much.

Mr. Jones, does the Tobacco Harm Reduction Association of Canada receive funding from any industry?

Mr. Dave Jones: No.

Mr. James Lunney: So you're a self-motivated group of former smokers.

Mr. Dave Jones: That's correct.

Mr. James Lunney: How many members did you say you have?

Mr. Dave Jones: We actually took over about two months ago from a former group that folded, so we actually have about 700 members on our site, but we have links to quite a number of vaping groups right across Canada from B.C. out to Nova Scotia. We probably have access to at least over 10,000 people who are vapers.

Nova Scotia has asked THRA to discuss Nova Scotia's Bill 60. We've also offered up our expertise and help to some other provincial governments as well.

Mr. James Lunney: Your expertise is basically that you're ex-smokers, and I have no reason to question your personal testimony about how your personal health has improved, because I think most of us would recognize that there is a difference between vaping and combustion.

However, really you're not claiming to have an expertise other than talking about science and making a rather emotional appeal that we not use emotional arguments against combustion smoke to apply to vaping, and that we should be driven by science.

Mr. Dave Jones: Sure.

Mr. James Lunney: But you're basically asking, since there is a paucity of science and everybody seems to acknowledge that except perhaps your group....

There's a very small number of actual scientific studies, and the results aren't really conclusive at this point about the long-term effects of combusting even propylene glycol or vegetable glycerine, let alone all the other compounds that might be added to that. And, of course, you're maintaining the addiction of nicotine for those who continue.

I think you said in your own testimony you were down to zero now. Are you using zero, or are you still using—

Mr. Dave Jones: I'm actually down to six.

Mr. James Lunney: Yes, and that's laudable, and I don't think anybody's talking about making these products unavailable to persons like yourself. I think most of us recognize there is a benefit for you in the course you're taking, rather than continuing to smoke cigarettes, and many people, of course, have been caught.... But the concern is, how many of your members are dual-use members? I'm not sure you can answer that. You have a group of online enthusiasts, but the question is, are you concerned about dual-use, people who continue to use the convenience of vaping when combustion isn't possible in public places, near doorways, and so on with the restrictions that smokers currently have to endure?

• (1235)

Mr. Dave Jones: I have to admit that most smokers who start vaping do dual usage at the start, because it's a transition, just as when smokers start using a nicotine patch they also are able to continue smoking using the patch. It's the aspect that once you start to transition, you either become a vaper or—the other aspect—that if they do dual usage, most vapers will not smoke as much and will cut down on smoking quite a lot. This is taken from studies that we have seen.

Here again, if we can stop them from smoking a lot and maybe go to zero smoking, I think that should be supported.

Mr. James Lunney: You said wait until the science comes in; however, if the science comes in concluding that we've actually contributed to a whole new generation of smokers, that's a concern to many of us here around the table.

I have to move on to ask Mr. Harrington a few questions.

Mr. Harrington, I don't know whether you've heard this; I would have liked to ask it of one of the previous witnesses. I think one of the previous witnesses said that in a study in Montreal, nine out of thirteen brands that claimed to have no nicotine actually did have nicotine. Would that be a concern to your organization?

Mr. Gerry Harrington: Yes.

At the most fundamental level, what we have right now because of the non-enforcement of the existing ban is essentially an unregulated market. On top of all the concerns we're discussing now on a policy level, there is the simple math about who is watching what goes into these products and who is ensuring that they contain what they say they contain. There are obviously risks associated with this that go well beyond the level of nicotine.

Mr. James Lunney: The previous witnesses raised issues about advertising to minors in particular. I think you mentioned that in your presentation.

Does your organization, Consumer Health Products Association, also share the concerns about advertising to minors and about emotional advertising?

Mr. Gerry Harrington: Yes. I think advertising on a variety of levels is problematic.

In the absence of an agreed-upon regulatory structure, the question arises about what claims can be made for these products—what you are advertising, what claims are being made, and what assurances are being given to potential users. Also, the broader question of making these products available to minors and of the appeal of these products becomes an issue as well. When I say advertising, I want to emphasize that there's a whole gamut of promotional activities captured by that, such as sponsorship, and so forth.

Mr. James Lunney: I have one more question that I'd like to ask very quickly, Mr. Chair.

The Chair: Unfortunately, we are over time. If we were close, we would let you ask it, but to be fair, we shouldn't.

Ms. Fry.

Hon. Hedy Fry: Many people seemed to be concerned that if you start using the e-cigarette, you would encourage young people to begin to use it and therefore they would become addicted to nicotine. That's the box that most people who are concerned are concerned about.

My question, however, is simply this. As it stands now, can young people go online at any age and order an e-cigarette? In the absence of regulations, can they do that? That's my first question.

My second question is, if an e-cigarette is being seen as a harm reduction tool, should one apply for a licence for it as a health product, or should one apply for a licence for it as a medical device?

Those are two important questions that I'd like answered.

•(1240)

Mr. Gerry Harrington: To your first question, the status quo right now is essentially an unregulated marketplace, so certainly the answer is yes. That's easily done.

Your second question I think is a critical one. If e-cigarettes are regulated as a health product, we have standards and we have definitions of "drug" or "device", etc., that are very similar in terms of intent, which establish that there has to be a demonstrable benefit that outweighs the risk, and there needs to be data to support that proposition.

That fits a therapeutic model. That model has been demonstrated to be quite effective with nicotine replacement therapies regulated under the natural health products regulations. I'm not sure that a harm reduction model, which is entirely plausible, and I don't suggest that it's an impossible role for these products to play, fits the same regulatory model as the NHP regulations. It may be something we have to look at as being a challenge to slot in somewhere else.

If we're looking at a less clearly defined benefit, then it becomes a model that focuses on controlling the risks, such as exposure to minors and so on, and it seems to me that might fit a little bit better under the Tobacco Act or similar legislation, perhaps the Canada Consumer Product Safety Act.

I think this is a critical consideration. What would be really unfortunate is to dilute the existing health product regulations, either the natural health products regulations or the medical devices regulations in order to force a fit for these products.

Mr. Dave Jones: Madam Fry, may I interject here?

Hon. Hedy Fry: Sorry, Mr. Jones, I just wanted to ask you a specific question. I have two minutes so I want to get it in there.

Given that we're operating in a vacuum right now, in other words, anyone can get e-cigarettes anyhow, anywhere, anytime, etc.... There have been some jurisdictions in Canada that have banned e-cigarettes. My big question is simply this: If you can buy it online, how does a ban work? Is a ban moot? Is it ineffective?

Mr. Jones, since you've been talking about regulating, do you wish to respond?

Mr. Dave Jones: The aspect of online sales is you have to be the age of majority. Normally it's 18 years old. You have to be 18 to buy stuff on the Internet. All sites have the regulation that you have to be 18. Also, when you buy online, you have to have a credit card. You have to be at least 18 to have a credit card. So there are certain regulations in place to make sure that youth just don't go there and buy anything they want.

The other aspect of this too, in terms of is it a medicine or tobacco, is the electronic cigarette should be a third option. It should be dealt

with as a third option because it does not fit those other two areas. We should come up with some regulations that strictly look at electronic cigarettes and vaping and its own regulation, which can then combine all those aspects that we need to have for youth and all these other aspects. It does not fall into tobacco or medicine.

The Chair: Thank you very much.

Go ahead, Mr. Lunney.

Mr. James Lunney: Mr. Harrington, some of your natural health products companies over the years have been purchased by pharmaceutical companies. Would you or your organization have any concern that the e-cigarette companies could be purchased by big tobacco companies?

Mr. Gerry Harrington: Yes, there are potential conflicts there. I understand the question. Certainly I don't have a concern over it. I think a health product company is a health product company. So natural health product medicine and we have the same objectives, the health of Canadians. Certainly I think there's the potential there for a conflict, or a different set of motivations, for a tobacco company owned e-cigarette company because they're in the business of selling an addiction to nicotine. It's a different proposition from smoking cessation.

•(1245)

Mr. James Lunney: It's a well-established big business practice to buy out competition and not only maintain product control but limit the products that might be competing with your main product line. I just wanted to ask your opinion on that.

We were talking about advertising a moment ago and there were some very good examples of emotional advertising targeting young people, particularly young men, I would suppose, with the evocative images of young women there and so on. We've seen others in the past with the bubble gum flavours and so on. Did you mention in your list of things restricting the flavours available?

Mr. Gerry Harrington: I did not actually, but certainly the regulation of marketing activity is broader than just advertising. I think if you look at, for example, the natural health product regulations and the Food and Drugs Act, they do capture a broader range of potential activities than advertising. I think it would address the kinds of issues you're raising there.

Mr. James Lunney: One of the recommendations from the Non-Smokers' Rights Association, who presented a few moments ago, is that e-cigarettes in part should be required to meet the same minimum manufacturing standards as other products under the Canadian consumer protection law and that should be actively enforced. Would your organization support that as well?

Mr. Gerry Harrington: Absolutely.

Mr. James Lunney: We have heard from other witnesses that in fact the temperature of vaping is actually important to control the number of toxins. Although it's generally admitted that vaping produces far less toxins than combustion, if the temperature is too low in this case, in fact it may produce more formaldehyde and or acetaldehyde, as I understand it. So you support that particular recommendation, childproof bottles and so on. I think we're in agreement there.

Mr. Chair, basically I've covered the areas of where I want to go. There are two minutes left.

Mr. Young, did you have a further question?

Mr. Terence Young: I just have a quick question for Mr. Jones.

Mr. Jones, I understand what you're saying about the health benefits of switching to vaping. I understand that. But we were told by a previous witness, this nice lady from Quebec, that the use of tobacco products has not gone down even though vaping has created all these new vapers. That would indicate, based on what you say, that for people such as yourself, tobacco use has gone down for you, but it indicates that others have started smoking tobacco. It has created new smokers or that the existing smokers have somehow started smoking a lot more, which doesn't really make much sense to me. What concerns do you have for the fact that vaping has led to new people addicted to nicotine who may then be switching to tobacco?

Mr. Dave Jones: All the surveys and studies that we have found, including Health Canada's own, have not shown that fact. In fact, smoking among youth has gone down.

Mr. Terence Young: Yes, but do you accept those figures? On one hand, the use of tobacco products hasn't gone down, but we know in cases like yours it has. You said you're in touch with 10,000 people who have switched to vaping, so why hasn't the use of tobacco products gone down? There must be new people starting to smoke tobacco.

Mr. Dave Jones: I'm sure that has happened, but are you attributing that to vaping? That has not been shown.

Mr. Terence Young: I don't know what to attribute it to, and I recognize there's a need for research. I just wonder what your view is.

Mr. Dave Jones: From my perspective, people will start smoking, of course, but what we have found is that vaping is not the cause of that. Most people who use e-cigarettes and vaping are basically all smokers. That is a proven fact. That has been studied and shown to be true. When you talk about electronic cigarettes, we're talking about existing smokers at this moment. When you talk about people taking up cigarettes, those people aren't using vaping products.

The same thing also exists for youth. That has also shown that youth smoking has gone down. When you try to attribute vapour or

even the use of electronic cigarettes to going to smoking, that is not proven as well. Those are record low numbers as well.

The Chair: Thank you very much.

Mr. Kellway.

Mr. Matthew Kellway (Beaches—East York, NDP): Thank you, gentlemen, for being here with us today.

Mr. Jones, you described yourself at the beginning as a vaping advocate. I think that's the way you framed it. Your advocacy for vaping, as I understand it, is really based on a tobacco harm reduction approach. You see these electronic cigarettes as effective cessation devices.

In the witnesses we've had before us, it seems that the response to e-cigarettes varies from the people tending to be closer to the precautionary principle along the continuum to harm reduction. You seem to fall more on harm reduction than a lot of other folks we've heard, except one of our witnesses from the U.K. It's interesting that you cite so many studies in the U.K.

The interesting thing about the U.K. is they have a much higher incidence of tobacco use than we do, and laxer regulations around tobacco use and where tobacco can be smoked. There's smoking in public places, and all the rest of it. It seems that in Canada we've come much, much farther than the U.K. in terms of control of smoking, and our numbers of smokers are lower, etc.

The policy approach seems to be that you have to take into account the specific context you're in, in terms of your regulatory approach. It seems to me that your harm reduction approach seems a bit out of step with the Canadian context, where we are in terms of incidence of smoking here. It may be an approach that is useful and rational in the context of the U.K., but perhaps not in Canada.

Have you given that any thought?

• (1250)

Mr. Dave Jones: Certainly. That's a very good question.

I think tobacco harm reduction states what it is. We have five million smokers in Canada. That's not an insignificant statistic. We have five million people who could possibly die, so do we just not do anything for those people? Tobacco harm reduction will assist, and we believe that electronic cigarettes, vaping, will help slow down those people smoking.

There are 37,000 people who die every year. That is an appalling statistic. So what do you do? Are you telling those people, "Sorry, we don't care"? I think this product will certainly help alleviate the suffering and the deaths not only attributable to those 37,000 people who die, but also for their families and for the future.

I think it's something we should certainly support, be it in Canada, the U.S., or the U.K. We are talking about real people and we're talking about real deaths.

Mr. Matthew Kellway: I think one of the challenges you face, though, with this approach that's farther over toward the harm reduction, is the issue of accessibility, right? Your argument is largely to make them far more accessible to people as a smoking cessation device, but you also express concerns about accessibility in regard to minors.

You pay some heed to that in your presentation, but it seems, if I might say—and let me know your views on this—to be a rather casual approach to access in regard to minors. I wonder if you can tell me about that kind of consistency between saying that we need to make them more available.... But these are not very effective barriers, it seems to me, in looking at your proposal in regard to access by minors.

Mr. Dave Jones: I think the main ban is to ban them for those under 18. The access there is like it is for anything else. You ban children from drinking alcohol at 18. We propose the same type of law, that they be banned.

Again, the access to electronic cigarettes is for smokers. It is not a smoking cessation device. Everybody thinks we want to quit smoking. Certainly, we would like to quit smoking, but on our own terms. How we do that is our own choice. Of course, if we're able to quit smoking totally, including vaping, that's great, but it's not the be-all and end-all.

It helps us to have a safe alternative as we try to get away from smoking. It helps us do that. Everybody thinks it's a smoking cessation device. It can be used as a smoking cessation device, and it's basically for smokers.

•(1255)

The Chair: We have a bit of time left.

Mr. Lizon, do you have any questions?

Mr. Wladyslaw Lizon: Yes, thank you, Mr. Chair.

Thank you, witnesses, for being here.

The first question I have, through you, Mr. Chair, is for Mr. Jones.

Mr. Jones, what is your professional background?

Mr. Dave Jones: I was in the military for 40 years, and I smoked for 40 years.

Mr. Wladyslaw Lizon: Okay. Therefore, I understand.

Mr. Dave Jones: I'm not a medical doctor.

Mr. Wladyslaw Lizon: No, the reason I'm asking this is that some claims you made in your presentation—I understand that you have good intentions and you like to fight for the good cause—contradict the statements that were made here by professionals in the medical field. I don't know where you're getting your information from.

For example, when you say that big tobacco and big pharma profits are decreasing, I don't know where you got that information, because we've just heard that there is no decrease in the smoking level, an, on top of it, we have another product that people are buying. Therefore, actually, we have an increase in profits and an increase in sales of both tobacco and e-cigarettes now.

I wonder if you have any idea.... You have good intentions, but if we were in an ideal situation, an ideal world, what we would be

looking for through e-cigarettes is a huge decrease in the tobacco smokers and an increase that is more or less the same on the side of e-cigarettes, and eventually those people who use e-cigarettes would maybe quit smoking altogether. But none of this is happening. Do you have any idea on how we should proceed going forward, such that this actually happens?

Mr. Dave Jones: We have access to experts in the field, including medical experts and THR experts as well. We get our information from those people.

We also look at studies. Yesterday, the CDC stated on their site that tobacco smoking has declined. It's down from 45 million people to 42 million people. That's from the CDC. So I would state that smoking has declined—

Mr. Wladyslaw Lizon: I don't want to argue on this, but we heard something opposite.

Mr. Dave Jones: No, but I'm saying that you asked where we're getting information—

Mr. Wladyslaw Lizon: One more question I have is about your statement on nicotine. You said that it's not harmful, that it's only 2.4% of.... Well, the fact that we should live with is that, first of all, nicotine is toxic. It's a poison. It would have an effect on human organs and the human body.

We did hear from a toxicologist who appeared before the committee, and told us that if by accident a child drank whatever is in that liquid container with the nicotine, the child would die before getting to the hospital. Therefore, it is a great danger, and we should not try to minimize it, because it is a real danger. Nicotine was, is, and will be a poison.

That's all I have, Mr. Chair.

Mr. Dave Jones: May I answer that?

Certainly nicotine is toxic based on its being pure grade. This is not pure grade. This is diluted. We use that in our vaping products. There has been not one death attributed to a child drinking an e-cigarette solution here in Canada or in North America. When you look at it from that standpoint, caffeine is also a poison if you take it in large doses. It's relative in terms of toxicity.

We also have studies and information from toxicologists that state those figures now for children taking that are actually too low—they're actually quite high, but regardless of that fact, we do not want children to have access or even think of using e-liquids. That's why we propose having stringent regulations on cap safety and on education for adults using it, to keep it away from their children, just like alcohol, just like medication.

•(1300)

The Chair: I have one brief question for you, and then we'll adjourn the meeting.

I'm completely neutral on the questioning, and I just wanted the opinion from your association on the e-cigarette shops that we see in all our neighbourhoods from coast to coast. Do you think those should continue to operate, or do you think they should be banned? What is your association's position on those e-cigarette shops?

Mr. Dave Jones: The local e-cigarette shops are basically the backbone for the industry and also for us vapers, who actually like going to the local shops because the people who provide those services are knowledgeable. They know what they're doing and we're able to talk to them one on one.

The big tobacco companies praise these ciga-like type e-cigarettes, but are not very useful for vapers. They are not a very good product. But we trust those particular local stores to provide us with information and to have the technical knowledge to be able to support the vaping industry.

To ban them would be a travesty because then you would basically hand over to big tobacco, and the last thing we want is to be part of big tobacco. We hate big tobacco, and that is the last thing we want.

The Chair: Very good. Thank you for that.

I thank all our witnesses here today.

Thanks for the questions from our committee.

For Thursday's meeting, I'd ask all committee members to start to formalize over the next couple of days any drafting instructions you'd like to provide to the analysts to let them shape the report on the study.

I thank everybody.

The meeting is adjourned.

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