

**Physicians *for a* Smoke-Free Canada**

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**Re: Draft comparison statements for use in the promotion of vaping products**

Dear Mr. Cook,

I am pleased to offer some comments on the proposed comparison statements for use in the promotion of vaping products.

**The commentary submitted by Professor Stanton Glantz.**

Professor Stanton Glantz has drawn our attention to the commentary he submitted to you on these draft comparison statements (<https://tobacco.ucsf.edu/canadian-ministry-health-proposes-authorize-e-cig-sellers-make-claims-ignore-recent-understanding-health-risks>). We fully endorse all that Professor Glantz has said on this subject, and ask you to note that our views are aligned with his. Like Professor Glantz, we recommend against using any of the seven proposed promotional statements for vaping products. Professor Glantz raised the possibility that somewhat hopeful statements about switching completely may be misunderstood to mean that the products are safe and that the advice to switch completely would not be followed. Recent research indicates this is likely to be the case.[[1]](#footnote-1) We invite Health Canada to require health warning statements on vaping products along the lines of the four warning statements proposed by Professor Glantz.

In making these recommendations, we would ask you to consider the historic and scientific importance of this decision in light of the following:

1. **Perhaps for the first time in public health history, the federal government is taking a position that tobacco industry products are less harmful than the public position of the companies.**

Imperial Tobacco voluntarily places strong warnings of health hazards in its promotional material for its vaping products.[[2]](#footnote-2) Instead of requiring mandatory warnings, you are currently seeking input on comparative statements that invite use and abuse of vaping products.

1. **Health Canada relied on just three conclusions of the (now out-of-date) NASEM report, while ignoring other key conclusions.**

Health Canada has relied on conclusions 5-3, 18-1 and 18-2 of the report of the US National Academies of Science, Engineering and Medicine (NASEM). As Professor Glantz has pointed out, the science of vaping products is fast-moving and this report, published in early 2018, is already out of date.

The NASEM report has 47 conclusions and careful consideration of the whole report and all its conclusions would lead to a much more precautionary approach than that chosen by Health Canada. Here are a few examples of other conclusions from the NASEM report that should have led to a more precautionary approach:

***Conclusion 7-1.*** *There is substantial evidence that e-cigarette aerosols can induce acute endothelial cell dysfunction, although the long-term consequences and outcomes on these parameters with long-term exposure to e-cigarette aerosol are uncertain.*

***Conclusion 10-4.*** *There is substantial evidence that some chemicals present in e-cigarette aerosols (e.g., formaldehyde, acrolein) are capable of causing DNA damage and mutagenesis. This supports the biological plausibility that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes. Whether or not the levels of exposure are high enough to contribute to human carcinogenesis remains to be determined.*

***Conclusion 16-1.*** *There is substantial evidence that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults.*

In addition, the NASEM report listed five conclusions (9-1, 10-1, 11-1, 13-1 and 18-3) that stated there was no available evidence to associate e-cigarettes with clinical cardiovascular outcomes, intermediate cancer endpoints, respiratory disease in humans, or pregnancy outcomes. Conclusion 18-3 stated:

***Conclusion 18-3.*** *There is no available evidence whether or not long-term e-cigarette use among smokers (dual use) changes morbidity or mortality compared with those who only smoke combustible tobacco cigarettes.*

In four of the five cases, evidence has emerged since the publication of the NASEM report pointing to links between e-cigarette use disease outcomes. While there is no new evidence on e-cigarettes and pregnancy outcomes, nicotine has long been known as a reproductive toxin. Specific references to new evidence on the hazards of dual use and links to cardiovascular, cancer and lung disease outcomes can be found in Professor Glantz’ commentary and the report from the European Public Health Association (both attached).

1. **The lack of transparency on the part of Health Canada regarding the May 2018 meeting of the Scientific Advisory Board and the subsequent public opinion research.**

We have learned that the Vaping Products Scientific Advisory Board (SAB) met in May 2018 and that there was public opinion research earlier this year to test perceptions of the draft statements. However, members of the public cannot evaluate the results of the SAB meeting nor the results of the public opinion research since the reports of these activities have not been made public.

The results of the longitudinal Environics study on vaping reveals serious public health problems that are not being addressed by Health Canada.

* **17% of vapers never smoked cigarettes.**

Most of these were young people. Moreover, there is very strong evidence that e-cigarettes serve as a gateway drug to regular cigarettes. This observation was made by Professor Glantz, by the EUPHA report and the NASEM report. The problem has grown so serious in the USA that on September 12, 2018, the US FDA launched a crackdown on the sale of e-cigarettes to adolescents (<https://www.nytimes.com/2018/09/12/health/juul-fda-vaping-ecigarettes.html?action=click&module=Top%20Stories&pgtype=Homepage>).

* **More than half of vapers are dual users of cigarettes and vaping products.**

The Environics report shows that 55% of vapers are also current smokers. In addition, an unknown proportion of former smokers have relapsed to nicotine use some time after they successfully quit smoking. This is consistent with the observation made both by Professor Glantz and by the EUPHA report that dual use is both very hazardous and the predominant form of use of e-cigarettes.

* **For most people, vaping does not aid smoking cessation.**

The Environics report states that vaping has helped only a minority of vapers to reduce their smoking. Once again this is consistent with most studies that show vaping does not increase quitting; it depresses quitting (<https://tobacco.ucsf.edu/while-several-studies-have-been-published-showing-some-e-cig-users-quit-more-overall-picture-remains-negative>).

1. **Health Canada has failed to establish a clearly-articulated harm reduction strategy for tobacco.**

The proposed statements reflect a harm-reduction approach to tobacco reduction, but are not supported by a stated policy in this direction. Nor have any consultations on the overarching approach to harm reduction been extended to our organization or, to our knowledge to others. To establish such a significant policy shift without public consultation is inconsistent with transparent and open government philosophies.

The Health Minister has set a goal of achieving less than 5% tobacco use prevalence by 2035 (“less than 5 by ‘35”). The proposed promotional statements are intended to increase the use of vaping products, but no bold and innovative measures are being undertaken to substantially reduce the use of the most dangerous product of all – the combustible cigarette. It is unlikely that the proposed comparative risk statements would stop uptake of e-cigarettes by young people, nor contribute to a substantial net decrease in combustible cigarette use. The prospect of more, not less, nicotine addiction in the population will work against ever achieving the goal of “less than 5 by 35.”

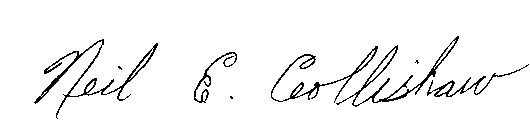
It may be that some time in the future, we may find a way to integrate vaping products into a comprehensive and effective harm reduction strategy. In the meantime, ways to mitigate the adverse health effects of vaping products must be found. Even more importantly, bold and innovative measures are needed to sharply reduce both the supply and demand for combustible cigarettes. Many such measures were proposed in a recent report to the Ontario government by the Smoke-Free Ontario Scientific Advisory Committee.[[3]](#footnote-3)

Rather than seeking to create a series of ill-advised comparative risk statements, Health Canada is encouraged to take effective action to mitigate serious public health problems associated with e-cigarette use. The problems are numerous:

* Youth who never smoked are taking up vaping products. They are then at increased risk for taking up cigarette smoking.
* Dual use of vaping products and conventional cigarettes is the dominant form of e-cigarette use. It is far more hazardous than using just one of these hazardous products.
* For most people e-cigarette use is not an effective smoking cessation strategy. Overall, they do not enhance quitting; e-cigarettes depress smoking cessation.
* Adopt a comprehensive and effective approach to nicotine harm reduction that will achieve the Minister’s goal of less than five percent tobacco use by 2035.

In revising your approach to the regulation of vaping and tobacco products, I hope you will give serious consideration to the report of the European Public Health Association, the comments made by Professor Glantz, as well as our own comments contained in this letter.

Yours sincerely,



Neil E. Collishaw

Research Director

1. McKelvey K, Popova L, Kim M, et al. Tob Control Epub ahead of print: [please include Day Month Year]. doi:10.1136/ tobaccocontrol-2018-054333. <https://tobaccocontrol.bmj.com/content/tobaccocontrol/early/2018/08/27/tobaccocontrol-2018-054333.full.pdf> [↑](#footnote-ref-1)
2. The text of these warnings and illustration of the packages containing them can be found at: <http://smoke-free-canada.blogspot.com/2018/06/see-vype-go.html>. [↑](#footnote-ref-2)
3. The report is available at:   
   <https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf> [↑](#footnote-ref-3)