



Written Submission to the Health Canada Consultation: Potential measures to reduce the impact of vaping products advertising on youth and non-users of tobacco products

March 2019

Foreword

The Canadian Paediatric Society (CPS) is pleased to submit the following recommendations in response to the proposed measures to reduce the impact of vaping products advertising on youth and non-users of tobacco products. Given the significant health risks associated with vaping and e-cigarette use, it is essential that strict measure be in place to reduce the rising trend of vaping by youth and ensure that these products are not irresponsibly advertised so as to appeal to youth and non-smokers.

Context

E-cigarettes represent a significant public health burden in need of strict regulation. There is significant evidence that e-cigarette use results in symptoms of dependence and increases the risk of youth and young adults smoking combustible tobacco cigarettes.¹

The rate of youth uptake of vaping is rapidly accelerating. The *Canadian Student Tobacco, Alcohol and Drugs Survey* results from 2016-2017 indicate that 15% of students in grades 10-12 used a vaping product in the past 30 days, up from 9% in 2014-15.

While emerging evidence demonstrates that e-cigarettes may be less harmful than conventional cigarettes, studies on the potential benefits of nicotine-containing e-cigarettes as a smoking cessation aid in adults remain inconclusive.² They may, in fact, have opposite effects: enticing former smokers back to nicotine dependency, helping to renormalize nicotine dependency in the wider population and representing smoking as a socially acceptable public practice.³ In youth whose brains are still developing, there is no evidence that e-cigarettes are a helpful smoking cessation strategy. On the contrary, they are associated with increased use of cigarettes and other tobacco products.⁴

As a result, the CPS strongly agrees with Health Canada's statement that stricter regulatory measures are needed to protect youth and non-users of tobacco products from inducements to use vaping products and believes that implementing all of the proposed regulatory measures under consideration will be an important step to achieve this objective.

Rise of e-cigarettes in Canada

Sales of e-cigarettes are growing rapidly in Canada and across the globe. The global e-cigarette and vaping market size is projected to reach over \$47 billion USD by 2025, with the burgeoning popularity of

¹ National Academies of Sciences. *Public Health Consequences of E-Cigarettes*. National Academies Press (US); 2018.

² Heart and Stroke Foundation of Canada. *E-cigarettes in Canada*. Web. October 2018.

³ Duke JC, Lee YO, Kim AE, et al. Exposure to electronic cigarette television advertisements among youth and young adults. *Pediatrics* 2014;134(1):e29-36.

⁴ Soneji et al. Association Between Initial Use of E-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-Analysis. *JAMA Pediatrics* 2017;171(8): 788–97.

these products among young people being one of the principle drives for this growth.⁵ In fact, e-cigarettes have become the most commonly used tobacco product among youth in Canada.⁶

Studies suggest that approximately 99% of e-cigarettes sold in North America contain nicotine, often at high concentrations.⁷ E-cigarettes containing nicotine have only been legalized and regulated in Canada since the passage of Bill S-5 in May 2018. One of the primary goals of the bill was to “further protect youth from nicotine addiction and inducement to tobacco use”.⁸ However, with a recent Health Canada survey showing that 23% of students in grades 7-12 have tried an electronic cigarette, it is clear that stricter regulation and increased investment in public education are needed.⁹

Implications for children and youth

Nicotine has significant detrimental impacts on the developing brain and can lead to long-term cognitive impairments, specifically with memory and attention capacity.¹⁰ It does not take many exposures to nicotine in adolescence to create dependency, and the earlier individuals use products that contain nicotine, the stronger the addiction and the more difficult it is to quit.¹¹ Recent research has shown that e-cigarette use is associated with increased risk of depression and suicidality among adolescents.¹² E-cigarette vapor and second-hand smoke also contains several carcinogens and heavy metals which may pose important long-term health risks.¹³ In addition to the direct health risks of vaping, nicotine poisonings from e-liquids and discarded cartridges among infants and young children are also increasing, with observed toxic effects to rival those of conventional cigarettes.¹⁴

Health advocates have achieved truly historic success in curbing tobacco use and exposure to the harmful by-products of smoking through a variety of public policy interventions. The rise of vaping has the potential to undermine this framework and the significant progress that has been made in public health over the last few decades.

⁵ Grand View Research, Inc. E-Cigarette and Vaping Market Size Worth \$47.11 Billion by 2025. PRNewswire. Web. November 2018.

⁶ Thatcher A. E-cigarettes more popular than tobacco among youth. CMAJ 2015;187(6):E184.

⁷ Kristy L et al. Sales of Nicotine-Containing Electronic Cigarette Products: United States, 2015. American Journal of Public Health 2017;107(5):702-705.

⁸ Health Canada. Bill S-5, an Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts: An overview. Web. 2017.

⁹ Health Canada. Talking with Your Teen About Vaping: A Tip Sheet for Parents. Web. Cat: H14-289/2018E-PDF, 2018.

¹⁰ Soghoian S. Nicotine. In: Hofman RS, Howland MA, Lewin NA, Nelson LS, Goldfrank LR, eds. Goldfrank's Toxicologic Emergencies, 10th ed. New York, NY: McGraw-Hill Education 2015:1138-1143.

¹¹ Siqueira LM. Committee on Substance Use and Prevention. Nicotine and tobacco as substances of abuse in children and adolescents. Pediatrics 2017;139(1):e20163436; Campos MW, Serebrisky D, Castaldelli-Maia JM. Smoking and Cognition. Curr Drug Abuse Rev. 2017;9(2):76-79.

¹² Chadi N, Li G, Cerda N, Weitzman ER. Depressive Symptoms and Suicidality in Adolescents Using e-Cigarettes and Marijuana: A Secondary Data Analysis from the Youth Risk Behavior Survey. J Addict Med 2019: [Epub ahead of print].

¹³ Rubinstein ML, Delucchi K, Benowitz NL, Ramo DE. Adolescent Exposure to Toxic Volatile Organic Chemicals from E-Cigarettes. Pediatrics 2018;141(4):e20173557.

¹⁴ Chatham-Stephens K, Law R, et al. Notes from the field: Calls to poison centers for exposures to electronic cigarettes – United States, September 2010-February 2014. MMWR Morb Mortal Wkly Rep 2014;63(13):292-3.

Key elements are already in place for a new wave of paediatric nicotine addiction, including a relatively cheap, easily accessed supply (despite a ban on sales to those under the age of 18), high-profile promotion through social media and by celebrities who are popular among youth, a wide range of flavourings that mask or integrate tasteless nicotine, and technology and branding that appeals to youth and in some cases has become a status or “in-group” symbol.

Our current understanding of nicotine’s role in the epidemic of tobacco-related, chronic and completely preventable diseases should be sufficient warning against future generational addiction and damage to fetal health.¹⁵ However, experimentation with e-cigarettes by teenagers is on the rise and researchers have been slow to make the argument that the addictive and harmful aspects of nicotine in e-cigarettes could have the same deleterious effect on health in this century as tobacco smoking had in the previous one.¹⁶

Recommendations

A. Placement of advertisements

Prohibiting advertising of vaping products at any point of sale where youth could have access, in any public place, through broadcast media, or in any children’s or youth-oriented publications (including websites and social media platforms) are all clear and necessary regulations to prevent the direct targeting of vaping advertisements to youth.

Similarly, a specific ban on e-cigarette related advertising and sponsorship of events and activities intended for young audiences is supported by the CPS, as is a ban on marketing vaping products using strategies that are especially attractive to children and youth, such as “giveaways”.

B. Content of advertisements

The CPS supports the proposal to require all advertisements of vaping products to include health warnings, including the increased risk of developing nicotine addiction in youth under the age of 25, to enhance public awareness and reduce the extent to which vaping in advertisements appeals to young adults and non-smokers. The CPS also supports restricting the sale and marketing of youth-friendly flavoured e-cigarette products as these have been shown to be highly appealing to adolescents.¹⁷

The CPS recommends that the required package warnings on potential and known harmful effects should be equivalent to the messaging currently required on traditional combustible cigarette packaging. Manufacturers or sellers of vaping products should also be strictly prohibited from making any positive health claims until industry evidence on product safety and efficacy has been reviewed, evaluated and accepted under Health Canada’s Food and Drug Act. Lastly, the CPS is in support of the proposed restriction of visual content of advertisement to only text and illustrations or images of the

¹⁵ Slotkin TA. Fetal nicotine or cocaine exposure: Which one is worse? *J Pharmacol Exp Ther* 1998;285(3):931-45.; Slotkin TA. Nicotine and the adolescent brain: Insights from an animal model. *Neurotoxicol Teratol* 2002;24(3):369-84.

¹⁶ Davis, B, Dang M, Kim J, Talbot P. Nicotine concentrations in electronic cigarette refill and do-it-yourself fluids. *Nicotine Tob Res* 2015;17(2):134-41.

¹⁷ Pepper JK, Ribisl KM, Brewer NT. Adolescents' interest in trying flavoured e-cigarettes. *Tobacco Control* 2016;25(2):ii62-ii66.

vaping product or its package. Implementing this restriction will help to reduce the extent to which packaging is appealing to adult non-users and youth.

C. Other forms of retail promotion

The CPS supports limiting the retail promotion of vaping products only to venues where tobacco is sold legally, where youth do not have access and where products cannot be seen from outside. All retail outlets selling vaping products should need a license, as they do for conventional cigarettes. Establishments licensed to carry vaping products should not be allowed to create so-called 'power wall' displays for these products and the same restrictions governing behind-the-counter sales of conventional cigarettes should apply to all vaping products.

Conclusion

Even if e-cigarettes themselves may pose less risk to the user than other tobacco products, they still represent a significant public health burden, particularly for youth. The regulatory measures under consideration to reduce the impact of vaping products advertising on youth and non-users of tobacco products represent a significant and much needed step forward to stem the rapid uptake of vaping amongst adolescents and young adults. To ensure that the progress we have seen in reducing tobacco use is not undone by the rise in vaping, the full and timely implementation of these regulations and the continued monitoring and evaluation of this fluid public health concern are essential.

About the CPS

The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. Founded in 1922, the CPS is a voluntary professional association that represents more than 3,300 paediatricians, paediatric subspecialists, paediatric residents, and others who work with and care for children and youth. The CPS is governed by an elected Board of Directors representing all provinces and territories.