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**To:** <boh@toronto.ca>  
**Date:** 08/15/2014 3:04 AM  
**Subject:** ECTA official response to agenda item HL 33.1  
**Attachments:** TPHD response.docx

Nancy Martins  
Secretariat  
Toronto Board of Health

Dear Nancy,

I am attaching an official statement / response from the Electronic Cigarette Trade Association of Canada (ECTA Action and Research), regarding agenda item HL 33.1, to be heard on Monday, August 18, 2014. I have cc'd this to Chairman Councillor Joe Mihevc. I will also attempt to call you Friday to confirm that I've done this correctly and according to your policies.

We do apologize for the late entry on this very important matter. Our Board was made aware of that there was a proposal to the Health Board only on Tuesday, August 12.

ECTA is an SRO for the electronic cigarette industry cross Canada and are primary stakeholders. We request that the Board consider our response in advance of decisions included this agenda item.

On behalf of the Board, of Canadian electronic cigarette businesses and Canadian consumers, thank you for your time in this matter.

Kate Ackerman-Vance  
ECTA Board of Directors

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## **Attention: Toronto Board of Health**

### **From: The Electronic Cigarette Trade Association of Canada (ECTA)**

RE: Agenda Item for August 18, 2014:

Electronic Cigarette Policy Proposal by Dr David McKeown, Medical Officer of Health

## **INTRODUCTION**

ECTA is currently operating as a Canada- wide Self-Regulatory Organization, representing electronic cigarette businesses and product manufacturers, to impose and monitor manufacturing standards, quality control testing, product safety certifications, product labelling, marketing claims, retail and advertising policies. We work with Enthalpy Laboratories (US), and their scientific advisors and technical specialists, to develop product safety standards responsive to the most current scientific evidence. ECTA is the first group in the world to impose, through comprehensive product testing, stringent and specific limitations on any potentially harmful constituents in eliquid, thus ensuring the safest possible product for consumers.

As stakeholders in this nascent domestic industry, and on behalf of our consumer base (of which the vast majority are ex-smokers or attempting to be ex-smokers) and on behalf of smokers who have failed to quit smoking despite trying all the authorized methods, and in respect to smokers who continue to smoke simply because they do not feel there is any other effective way to get nicotine, we have read through Dr David McKeown's Electronic Cigarette Policy proposal, to be considered by the Toronto Board of Health on Monday, August 18<sup>th</sup>.

ECTA respectfully requests the members of the Board of Health hear our responses to this policy paper in advance of any decisions on public policy.

## **Response**

In his summary Dr McKeown correctly states that electronic cigarettes contain no tobacco and do not emit smoke, though additional statements on the product description are not fully accurate. Likewise the reference list does not take into account some of the more substantial surveys and studies of the health effects of vaping and comparison studies of vaping with smoking. Overall the paper suffers from misidentifying e-cigarettes as another form of cigarette rather than an alternative to cigarettes.

## **Smoking Areas**

In Item 2 (a, b, c), Dr McKeown requests that electronic cigarette products and their use be treated to all the stringent controls placed on tobacco cigarettes. Restrictions on the use and sale of tobacco was motivated by trying to minimize the harms to both smokers and to involuntarily exposed bystanders. It has been common knowledge for decades that smoking is quite dangerous to one's health. And while less known, more and more people are coming to know that e-cigarettes are much safer than smoking. (McKeown reports that in a study 64% of Canadians who are aware of e-cigarettes perceive them to be less dangerous than cigarettes; the McKeown report essentially agrees with that assessment). In other words, most Canadians are in tune with the evidence. Levying the same restrictions on e-cigarettes as cigarettes would convey a message that e-cigarettes are as dangerous as cigarettes. Since the public seems to have some understanding of the true nature of e-cigarettes this message could undermine the public's faith in health messages in general or worse imply that "you might as well smoke".

Not only would treating vaping the same as smoking mislead the general public as to the very different harms represented by these behaviours, it would diminish the attraction of vaping to smokers. The very group that could substantially improve their health by switching would be discouraged from doing so. If this message is even more "successful" it could cause vaping ex-smokers to return to the habit that could kill them.

More importantly, forcing people who have given up tobacco use to be subjected directly to smoke, in designated smoking areas is a serious public health concern and a violation of citizen rights. Peer reviewed studies on vapor indicate no public health impact on bystanders. (This is akin to requiring recovering alcoholics to only drink coffee or pop in liquor serving establishments, worse, if the metaphor holds, since it would require them to ingest a little alcohol with their drink.)

## **Flavour**

Treating vaping as smoking, e-cigarettes as cigarettes, fails to take into account how radically different the two are. Responsible public policy has to take those differences into account. For instance, flavour in e-cigarettes cannot be treated the same way as flavour in cigarettes.

In cigarettes, flavour is added to the existing tobacco flavour. E-cigarettes have no base flavour. Any flavouring, whether tobacco or fruit, is added flavouring. What is certain about e-cigarettes and flavour is that the majority of adult vapers prefer non-tobacco flavours. As with every other ingestible product, adults prefer a range of flavours, many of them sweet. It is these same flavours that not only attract smokers to vaping but that keep them from returning to smoking.

## **Retail Displays**

There are very good arguments to support prohibiting tobacco retail displays and advertising. Smoking results in a much too high annual death toll and countless serious health issues and disease. Given the

harms to health, measures taken to discourage interest in never before smokers can only be a good thing.

After more than a decade of use by hundreds of thousands of individuals, no comprehensive scientific or medical reviews have connected e-cigarettes with any known illness. This nicotine product, with such radically different health outcomes than cigarettes, should not be hidden from the view of smokers. Responsible public health would ensure that the news of a safer alternative be promoted as strongly as the dangers of smoking. To actively contribute to the ignorance of smokers is to contradict the public message that they should seek healthier alternatives as well as to inevitably lead to the needless deaths of some smokers who would have switched if only they would have known.

Whenever there is a widespread unsafe practice (illicit drug use, drinking while driving, driving without seatbelts or on a cellphone, riding without helmets, or smoking) it is standard responsible public policy to promote safer alternatives. As a much safer nicotine use alternative (commonly determined to be 95 to 99% safer than smoking), e-cigarettes should be known and accessible to every smoker. As a non-therapeutic consumer product, advertising can take over this function, efficiently delivering the news and at no cost to the public purse.

There are also good practical reasons why e-cigarettes require displays. Organic cigarettes do not need guidance in their use whereas e-cigarettes are electronic devices with varying degrees of advanced features. As such, they require additional information at the point of sale, technical, safe use and warranty support information.

## **Sales to Minors**

Prohibiting sales to minors is supported by every dedicated electronic cigarette business in Canada, the US and Europe. These prohibitions have been in place already for several years, outside any legislative requirement. It is based on ideology and personal experience. Electronic cigarette businesses are owned by mainly former smokers. Many of us began smoking as teens. We know that path and how hard the struggle to give tobacco up really is. We will always do our best to ensure that teens are prevented from accessing our products.

Fears of youth adopting e-cigarettes in greater numbers need to be taken with a grain of salt. First of all there is no way of preventing some youth from trying any product on the market (whether it is prohibited or not) and secondly though this is often interpreted as a path toward cigarettes it could just as easily be seen as a path away from smoking. If those youth who would have smoked end up vaping instead they have avoided the disease and death associated with smoking. Surely this is a preferable outcome?

## **Regulating the Products**

The entire industry, activists and consumers are united in full support of our Federal Health Minister building a regulatory framework for electronic cigarettes, for labelling (we currently use CCCR2001 compliant labels), for nicotine accuracy and for marketing without medical claims. Hundreds of independent retailers, manufacturers, ECTA and CFIB (Canadian Federation of Independent Businesses) have corresponded with Health Canada requesting this very thing. Correspondence dates back to 2011 and is constant and consistent and completely ignored.

ECTA has created a basic framework and we are wide open to working with any federal body to achieve regulations. We welcome honest critic, input and revisions, having expressed this to our Federal Health Authority.

Federal regulations are required initially, as products are manufactured cross Canada and often include imported materials, all of which fall within the scope of Federal regulations.

## **Summation**

Our understanding is that public health policies are created to support public health. The items the McKeown proposal brought before you reflect political and ideological positions, which are clearly seen in the reference attachments.

On behalf of the industry, of consumers and of members of the public, we respectfully request the Toronto Board of Public Health carefully consider all existing medical and scientific information on electronic cigarette safety and vapor emissions data prior to creating public health policy. Carefully consider the health and right to health of ordinary citizens using electronic cigarettes to avoid tobacco consumption. Carefully consider how electronic cigarettes are impacting and bringing positive change to the culture of tobacco use, to environmental impact, to the hope of many smokers to reduce harm to themselves and those around them.

Bottom line:

ECTA supports specific federal guidelines in support of consumer safety (we demand of our members compliance with all existing product consumer safety regulations), and of restricting the sale of e-cigarettes to adults (we, and the industry as a whole, have supported and demanded this from the beginning despite no legal obligations to do so). However we cannot support measures which further entrench tobacco interests.

Numerous analysts have predicted severe drops in tobacco industry profits due to e-cigarettes being on the market. Smoking will never entirely go away but e-cigarettes are the closest thing we have to a magic bullet. Subjecting e-cigarettes to the same restrictions as cigarettes would hamper our interests but that matters little compared to the dire effect it would have on the future of public health in Canada.

## Selection of Clinical Studies on Electronic Cigarettes:

1. Polosa R, Morjaria J, Caponnetto P, Caruso M, Strano S, Battaglia E & Russo C. (2014). [Effect of Smoking Abstinence and Reduction in Asthmatic Smokers Switching to Electronic Cigarettes: Evidence for Harm Reversal](#). *International Journal of Environmental Research and Health*. 11(5), 4965-4977

“Conclusion: The e-cig may help smokers with asthma to reduce their cigarette consumption or remain abstinent and hence reduce the burden of smoking-related asthma symptoms. The positive findings observed with e-cigs allows us to advance the hypothesis that these products may be valuable for smoking cessation and/or tobacco harm reduction also in asthma patients who smoke. Large randomized controlled trials are now needed to confirm and expand these preliminary observations.”

2. Farsalinos K & Polosa R. (2014). [Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review](#). *Sage Journals: Therapeutic Advances in Drug Safety*. 5 (2), 67-86

“Abstract: Electronic cigarettes are a recent development in tobacco harm reduction. They are marketed as less harmful alternatives to smoking. Awareness and use of these devices has grown exponentially in recent years, with millions of people currently using them. This systematic review appraises existing laboratory and clinical research on the potential risks from electronic cigarette use, compared with the well-established devastating effects of smoking tobacco cigarettes. Currently available evidence indicates that electronic cigarettes are by far a less harmful alternative to smoking and significant health benefits are expected in smokers who switch from tobacco to electronic cigarettes. Research will help make electronic cigarettes more effective as smoking substitutes and will better define and further reduce residual risks from use to as low as possible, by establishing appropriate quality control and standards.”

3. Burstyn I. (2014). [Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks](#). *BMC Public Health*. 14(18)

“Conclusion: Current state of knowledge about chemistry of liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to *contaminants* of the aerosol that would warrant health concerns by the standards that are used to ensure safety of workplaces. However, the aerosol generated during vaping as a whole (*contaminants plus declared ingredients*) creates personal exposures that would justify surveillance of health among exposed persons in conjunction with investigation of means to keep any adverse health effects as low as reasonably achievable. Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern.”

4. McAuley T, Hopke P, Zhao J & Babaian S. (2012). [Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality](#). *Inhalation Toxicology*. 24 (12). 850-857

“Conclusions: For all by-products measured, electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.”

5. Cahn Z & Seigal M. (2011). [Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes?](#) *Journal of Public Health Policy*. 32. 16-31

“Abstract: The issue of harm reduction has long been controversial in the public health practice of tobacco control. Health advocates have been reluctant to endorse a harm reduction approach out of fear that tobacco companies cannot be trusted to produce and market products that will reduce the risks associated with tobacco use. Recently, companies independent of the tobacco industry introduced electronic cigarettes, devices that deliver vaporized nicotine without combusting tobacco. We review the existing evidence on the safety and efficacy of electronic cigarettes. We then revisit the tobacco harm reduction debate, with a focus on these novel products. We conclude that electronic cigarettes show tremendous promise in the fight against tobacco-related morbidity and mortality. By dramatically expanding the potential for harm reduction strategies to achieve substantial health gains, they may fundamentally alter the tobacco harm reduction debate.”

6. Caponnetto P, Auditore R, Russo C, Cappello GC & Polosa R. (2013). [Impact of an electronic cigarette on smoking reduction and cessation in schizophrenic smokers: a prospective 12-month pilot study.](#)

*International J of Environ Res Public Health*. 28;10(2). 446-61

“Conclusions: We have shown for the first time that the use of e-cigarette substantially decreased cigarette consumption without causing significant side effects in chronic schizophrenic patients who smoke not intending to quit. This was achieved without negative impacts on the symptoms of schizophrenia as assessed by SAPS and SANS symptoms scales.”

7. Dawkins L, Turner J, Hasna S & Soar K. (2012). [The electronic-cigarette: Effects on desire to smoke, withdrawal symptoms and cognition.](#) *Addict Behav*. 37(8). 970-973.

“Abstract: Electronic cigarettes (e-cigarettes) are battery operated devices that deliver nicotine via inhaled vapour. Few studies have evaluated acute effects on craving and mood, and none have explored effects on cognition. This study aimed to explore the effects of the White Super e-cigarette on desire to smoke, nicotine withdrawal symptoms, attention and working memory. Eighty-six smokers were randomly allocated to either: 18 mg nicotine e-cigarette (nicotine), 0 mg e-cigarette (placebo), or just hold the e-cigarette (just hold) conditions. Participants rated their desire to smoke and withdrawal symptoms at baseline (T1), and five (T2) and twenty (T3) minutes after using the e-cigarette *ad libitum* for 5 min. A subset of participants completed the Letter Cancellation and Brown-Peterson Working Memory Tasks. After 20 min, compared with the just hold group, desire to smoke and some aspects of nicotine withdrawal were significantly reduced in the nicotine and placebo group; the nicotine e-cigarette was superior to placebo in males but not in females. The nicotine e-cigarette also improved working memory performance compared with placebo at the longer interference intervals. There was no effect of nicotine on Letter Cancellation performance. To conclude, the White Super e-cigarette alleviated desire to smoke and withdrawal symptoms 20 min after use although the nicotine content was more important for males. This study also demonstrated for the first time that the nicotine e-cigarette can enhance working memory performance. Further evaluation of the cognitive effects of the e-cigarette and its efficacy as a cessation tool is merited.”