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Chair

Mr. Ben Lobb

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•(1145)

[English]

The Chair (Mr. Ben Lobb (Huron—Bruce, CPC)): Good morning, ladies and gentlemen.

We're in our third meeting studying e-cigarettes. We have two panels today. Seeing how we had votes this morning, we're going to compress the panels. We want to get right at it as best we can.

First up we have the Canadian Cancer Society and the Heart and Stroke Foundation of Canada. We'll start with these two groups, and with Mr. Cunningham.

Welcome. You have your prepared comments. For 10 minutes or less, if you can, sir.

[Translation]

Mr. Rob Cunningham (Senior Policy Analyst, Canadian Cancer Society): Mr. Chair and committee members, on behalf of the Canadian Cancer Society, I would like to thank you for the opportunity to testify today.

[English]

Along with our prepared testimony that's been circulated you should also have a short reference binder.

Electronic cigarettes are a new product category that has seen rapid sales growth in Canada in just a few years. The types of electronic cigarettes are evolving in terms of their product design. Some products are disposable, some are refillable, and some are rechargeable.

A government response at federal and provincial levels is necessary. We have policy recommendations for both government levels. These recommended policies should be implemented for all e-cigarettes, whether they contain nicotine or not, and whether or not Health Canada has approved e-cigarettes with nicotine for sale in Canada. These policies should also apply to e-cigarette components such as liquid.

Health Canada has to date approved only the following five nicotine replacement products for smoking cessation: gum, patch, lozenge, inhaler, and mouth spray. Health Canada has not yet approved e-cigarettes as a cessation product.

Are e-cigarettes less harmful than cigarettes? Yes, because the products contain no tobacco, nor tobacco smoke. At the same time, the long-term health effects are not yet known, and effects may vary depending on a particular e-cigarette.

As Health Canada indicated last week, there is potential for some e-cigarettes to be an effective substitute and cessation product for some smokers. Research is evolving in this area. At the same time, research is needed to curb certain risks. Regulations are needed to prevent young people from using e-cigarettes and to help prevent e-cigarettes from undermining tobacco control efforts to reduce smoking.

A consideration is that tobacco companies are now selling e-cigarettes internationally. Tobacco companies have a motivation to keep smokers smoking, not to get smokers to quit altogether. A significant proportion of smokers are engaging in dual use, using both regular cigarettes and e-cigarettes, which has an important effect on health risks.

In Canada there is significant youth use of e-cigarettes, which is notable given that availability has only been recent in Canada. Clearly this is a concern. Research commissioned by the Canadian Cancer Society in Quebec—and in tab 1 there's a news release on that—found that for the 2012-13 school year, 9% of students in Grade 6 had tried e-cigarettes. And among Grade 11 students, 41% had tried e-cigarettes.

First, in terms of federal legislation, there needs to be a ban on e-cigarettes sales to minors. This is obvious. Right now e-cigarettes could be legally sold to an eight-year-old. But banning e-cigarette sales to minors by itself is insufficient to protect youth. We know from long-standing experience with tobacco legislation that sales to minors laws are notoriously difficult to enforce. The most recent Health Canada evaluation found that fully one in six stores sold tobacco illegally to youth. Kids find and know the stores that are willing to sell illegally.

Second, use of e-cigarettes should be banned in workplaces and public places under federal jurisdiction where smoking is banned. While use in workplaces and public places is primarily a provincial issue, about 10% of Canadian workers are federally regulated, including banks, transportation, broadcasting and communications, the federal public service, and crown corporations such as Canada Post. Airplanes, and most ships, trains, and buses are federally regulated. An amendment to the federal Non-smokers' Health Act is necessary, as well as to some other federal regulations.

Third, there need to be strong federal restrictions on advertising and promotion, though some product information could be allowed at point of sale. Sales of e-cigarettes in Canada have grown dramatically, even in the relevant absence of advertising. At present in Canada there is little advertising for e-cigarettes except at point of sale and on websites. In the U.S., however, there is wide open advertising. There is lifestyle advertising using the same themes that we previously saw for tobacco advertising, such as sexual attractiveness, sophistication, and social acceptability.

I have with me the 2014 *Sports Illustrated* swimsuit issue, which is widely read by teenage boys. With the committee's consent, I have an enlarged version of one advertisement for e-cigarettes, which reads: "Slim. Charged. Ready to go. Available nationwide! Visit us at blucigs.com/store-locator". We cannot say that the makers are not targeting teenagers.

• (1150)

This ad and other ads are found in the binder that you have from the United States. The first ad in tab 3 has the headline: "Why Quit? Switch to blu". Here, there's a direct appeal marketing e-cigarettes as an alternative to quitting, as opposed to an alternative to smoking.

There is lots of U.S. advertising that encourages use of e-cigarettes in places where smoking is banned. This is a problem, because it promotes e-cigarettes not as a substitute for smoking, but as a substitute for not smoking. This undermines the benefits of smoke-free places, which is a highly effective strategy to motivate smokers to quit. Claims that advertising for e-cigarettes will only target adult smokers should not be accepted. Just look at U.S. advertising. The tobacco industry made the same claims in Canada, yet it is clear from internal documents that tobacco companies advertise to under-age youth and to discourage smokers from quitting.

Four, there needs to be strong restrictions on flavours. One store in Ottawa sells flavours such as groovy grape, peppermint, watermelon, and pina colada. Other flavours include blueberry cotton candy, caramel apple, skittles, and orange creamsicle, as indicated by website printout in tab 4. There are hundreds of flavours. For nicotine replacement products, such as nicotine gum and nicotine lozenge, Health Canada has approved a limited number of flavours such as mint and orange, thus the possibility of some approved flavours should be left open, but the principle should be that only flavours approved by Health Canada should be allowed.

Five, Health Canada has a responsibility for packaging and labelling just as it does for nicotine replacement products. Also, Health Canada should regulate e-cigarette products themselves regarding harmful ingredients and vapour emissions. Regulations should require that e-cigarettes be visually distinct in appearance from regular cigarettes to assist with enforcement, and to respond to concerns about re-normalization. The marketplace, in any event, is moving in this direction. Health Canada should also assert regulatory control over e-cigarettes without nicotine, in part because these products can often be filled with liquid containing nicotine, and there's already been reference to other substances that could be included. Health Canada should require public disclosure of ingredients and should have other detailed reporting requirements, such as sales data, marketing practices, and product information.

At the provincial level, governments should act and indeed, several provinces are bringing legislation forward. First, provinces should ban sales to minors, which is primarily a provincial responsibility in terms of enforcement.

Second, provinces should ban use of e-cigarettes in workplaces and public places where smoking is banned, including outdoor areas such as patios and school grounds. The main reason for this is to protect the effectiveness of smoke free places as a motivator for people to quit smoking. The further issue is second-hand vapour that contains nicotine and other substances—and it's not just water vapour. The long-term effects of exposure to second-hand vapour are not yet known, though it would be less harmful than second hand cigarette smoke.

Third, provinces should significantly limit locations of sale, control, and supply. E-cigarettes should not be in every convenience store and gas station. For tobacco, the number of retail outlets is excessive and tobacco control efforts are trying to reduce that.

Fourth, provinces should have regulatory authority over the product, including flavours, and over advertising and promotion. Ideally, these matters would be dealt with federally, but provinces could act in the absence of effective federal regulation.

Until there is provincial legislation, municipalities should adopt by-laws to prohibit use of e-cigarettes in workplaces and public places where smoking is banned. Roughly 10 municipalities in Canada to date have taken action on this and many more can be expected to do so. We will submit an updated list to the committee next week.

In the U.S., where e-cigarettes have had earlier growth than in Canada, three states and more than 200 municipalities have taken action, including New York City, Boston, Chicago, and Los Angeles. You have full listings in tab 5 of the binder.

In conclusion, swift government action is needed. Governments need to move forward with an effective regulatory response, and federal action on e-cigarettes should be a component of broader tobacco control efforts, including taxation, a renewed and strengthened Health Canada tobacco control strategy, a ban on all flavours and all tobacco products, and a requirement for plain packaging, package shelf warnings, and other measures.

Your questions are welcomed. Thank you, merci.

• (1155)

The Chair: Thank you for your presentation.

Next up from the Heart and Stroke Foundation is Mr. Arango. Go ahead, sir.

Mr. Manuel Arango (Director, Health Policy, Heart and Stroke Foundation of Canada): Hello. I appreciate being here, committee members.

[*Translation*]

Today, I have the pleasure of discussing the issue of electronic cigarettes in Canada.

[*English*]

I would note that committee members have received a copy of our statement on e-cigarettes.

First, here is some information about the Heart and Stroke Foundation. Our mission is to prevent disease, save lives, and promote recovery. We're a volunteer-based health charity with 140,000 volunteers across the country and almost two million donors. We work very hard to impact the health of every Canadian family every day in every community from coast to coast to coast. Tobacco use is a key risk factor for heart disease and stroke, increasing the incidence of all forms of heart disease and stroke as well as other chronic diseases.

While we have made great progress in tobacco control over the years, reducing the smoking rate from 50% to 16% today, there is still a lot of work left to be done. Over the years the foundation has worked closely with its partners, such as the Canadian Cancer Society, and governments of all levels across the country, and we don't want e-cigarettes to reverse the progress we have made together on tobacco control. That's a really big concern for us.

Obviously I'm here today to speak about electronic cigarettes. As indicated by my colleague, these are a relatively new product category, and sales of them have been growing significantly over the last few years. They're also top of mind in the media and in the public health community.

I'll speak very briefly to some of the implications from a health-risk point of view, and also on some potential benefits.

The issue with e-cigarettes is that in terms of safety, we don't know what the contents are for some of these products. They vary from brand to brand. This is a real problem, because we don't have any standardized means of ensuring quality control in these products. They're available with and without nicotine, and both are a concern, especially from a renormalization point of view. The e-cigarettes containing nicotine, of course, are illegal in Canada; however, they are still prevalent.

While early studies and some anecdotal reports do indicate that e-cigarettes with nicotine have some potential as a smoking cessation tool, there still isn't enough evidence today for us to conclusively indicate that in fact they are a viable and effective tool. However, it is pointing in the right direction, so there is some potential promise.

Safety concerns, of course, are an issue because these products are unregulated. As my colleague indicated, it's the long-term health impact that we're really not sure about when it comes to e-cigarettes. The World Health Organization recently indicated that these

substances are not merely water vapour, but they contain a lot of different chemicals, some with toxic or poisonous properties.

That said, and as also indicated by my colleague, they are likely a much safer alternative to traditional tobacco cigarettes, because we do know that with traditional tobacco cigarettes, the harm is overwhelmingly dangerous. There's significant evidence to indicate that, as we know.

It's also critical to determine whether e-cigarettes end up acting only as an add-on to cigarette smoking, resulting in dual use instead of complete cigarette smoking cessation. Also, researchers and public health experts are quite concerned that e-cigarettes could be a gateway to new tobacco addiction among those who have never smoked cigarettes before.

In particular, e-cigarette use is particularly appealing to youth. A study undertaken by the Canadian Cancer Society found that 18% of high school students in one jurisdiction in Canada—these are students who had never smoked before—had tried e-cigarettes, and another 31% were interested in using them. So it's a real concern.

Another issue, of course, is the marketing and promotion of e-cigarettes. Youth are targeted with the addition of attractive candy or fruit flavours. There are over 8,000 flavours being used worldwide right now in over 400 brands—or almost 500 brands.

In Canada it's illegal to make a health claim regarding an e-cigarette product's ability to aid in smoking cessation or to suggest that it's a safer alternative to traditional tobacco cigarettes. However, lifestyle marketing is common—and you've seen that in the ads that Mr. Cunningham has circulated to you. Also, companies often use celebrities and product placement to attract users.

Public health experts are concerned that if e-cigarettes are permitted to be used in public places and freely marketed, they could renormalize cigarette smoking behaviour and undermine our tobacco control and smoking cessation efforts.

In light of the need to maintain tobacco control efforts, and given the many unknowns around e-cigarette use, there has been growing demand for regulation in Canada and internationally. At all levels of government across the world there has been implementation of policies and regulations to address this issue. These include amendments to smoking acts, and complete bans, as have taken place in Brazil, Panama, Australia, and Israel. In theory, this could provide significant protection, but it could hinder potential cessation efforts if, in fact, these products are shown to be effective. For that reason, we don't recommend a complete ban.

Public-space bans are also very common in many cities across Canada and North America. These are a really strong means of protecting the public from second-hand vapours, and for preventing renormalization of tobacco smoking. As well, there are purchasing-age restrictions in many jurisdictions. These can protect youth from nicotine addiction and help prevent smoking initiation, but as also indicated by my colleague, these alone will not be sufficient.

●(1200)

These are some of the examples of how e-cigarettes are being addressed throughout the world and in Canada. As a result of this, the Heart and Stroke Foundation recommends—and this is found in the document that we circulated to the members—that the following actions be undertaken by the federal government to address all e-cigarettes.

The use of e-cigarettes in public spaces should be prohibited in workplaces where smoking is banned by law. For example in federal buildings, as indicated through the federal Non-smokers' Health Act.

E-cigarette sales should be prohibited to minors.

The advertising and promotion of e-cigarettes should be strictly regulated. In particular, one of the things that we're concerned about is the co-branding of e-cigarettes with tobacco industry logos or brands. We don't want e-cigarettes being labelled as Rothmans, du Maurier, or Export A. That would only help to renormalize tobacco smoking.

The product should also be regulated. For example, flavour should be restricted. This is really important to prevent renormalization. As well, they should be visually distinct from regular cigarettes. E-cigarettes shouldn't have a filter, a glowing tip, etc. Having such would only help renormalization.

As well it's critical that Health Canada actively enforce the ban on e-cigarettes with nicotine. We know that Health Canada has sent out letters to retailers across the country to cease and desist, but we think in addition to this after a second infraction penalties should be applied to retailers that do not comply.

Finally it's very important to dedicate research funding to investigate this issue further. We need to determine what specifically are the long-term health risks and are these products potentially useful as a good quit aid?

In summary, Mr. Chair, the Heart and Stroke Foundation supports action on e-cigarettes. Taking into account the threat of renormalization and the creation of a new gateway to addiction and health risks, as well as the need for more information regarding the potential smoking cessation benefits of e-cigarettes, it's critical that the federal government move quickly to regulate all e-cigarettes and to commission further research.

Thank you.

The Chair: Thank you very much.

We'll go into our question and answer session. I think we'll have five-minute questions and answers so we can get through as many as we can.

Up first is Mr. Kellway. Go ahead sir.

●(1205)

Mr. Matthew Kellway (Beaches—East York, NDP): Thank you very much, Mr. Chair, and through you to our witnesses today. Thank you for attending and providing such great and informative presentations.

I have to say that in the way we do business here—and this has come up particularly in the context of this discussion of e-cigarettes—it's very difficult to get at some of the issues because for this issue or subject matter in particular, there seems to be a wide range of issues. In each of your presentations you covered a whole bunch of different matters and I find it difficult to pull the threads out and figure out what the positions are in each issue.

Let me start this way, if I could. It seems like there's agreement from everybody that there needs to be some regulation for the purpose of product or quality control. We've heard over and over again that there are multiple companies selling all sorts of different products containing this vapour substance with all sorts of different things. Are you both in agreement on regulation of product and quality control of electronic cigarettes?

Mr. Rob Cunningham: Yes.

Mr. Manuel Arango: Absolutely.

Mr. Matthew Kellway: The issue that both presentations seem to come down to is a great concern about renormalization, the so-called gateway effect of this product. We had a previous witness for this study who talked about—and I'm paraphrasing because I can't remember exactly how he said it—how smoking is like being caught in a nightclub and a fire breaks out and that what you look for and want to have are as many exits as possible from the fire, i.e., from smoking, and that e-cigarettes are one of those right now. The immediate concern is the fire, meaning the tobacco.

That's an extreme kind of harm reduction approach to all of this. You guys seem to have a different concern and are suggesting that renormalization ought to be our primary concern. I'm wondering what research there is—I get the ads, I see the ads and intuitively understand their compelling effect—to base those profound concerns you have about renormalization of smoking and the gateway effect of this product?

Mr. Manuel Arango: Perhaps I'll just speak to the renormalization issue.

Research on renormalization is emerging right now, so we don't really have that much yet. However, what we base our concerns on is a lot of evidence in terms of human psychology and modelling behaviours. We know that modelling smoking among kids—when they see adults smoke—is an issue. It has an impact, and there is a lot of evidence on that.

So it is not a far-flung conclusion for public health experts to say that renormalization could be a potential issue. We'll know a lot more in the next two years or so, as more research comes out specifically on renormalization with e-cigarettes.

However, if you do look at research in other areas, in psychology, etc., it's very valid to be concerned about renormalization.

Mr. Matthew Kellway: If I could push you on that a bit, though—and I don't know if this is the proper term—what about just normalization? If you apply those principles from human psychology and modelling effects, isn't smoking tobacco a bigger problem as a normalization for kids?

Mr. Manuel Arango: That is correct, from what we know right now, that tobacco smoking is much worse than e-cigarettes.

And yes, we don't want tobacco use to be normalized again.

We've done a lot in terms of changing the social norm in our society with respect to tobacco, and we don't want e-cigarettes to aggravate that.

Mr. Matthew Kellway: Go ahead, Mr. Cunningham.

Mr. Rob Cunningham: You referred to advertising, and in terms of tobacco advertising, there is a vast body of research studies showing that it has an impact on youth and that it discourages quitting, which would have an effect on overall consumption. So I think there is a very good parallel that we can draw for the advertising of e-cigarettes.

• (1210)

The Chair: That's great; you are right on time. Thank you very much.

Ms. Adams, you have five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thanks very much, Mr. Chair.

Thank you very much for joining us here today.

I'm just looking through the advertisements you've brought in that are currently available in the United States. They seem to have quite a focus on consumers choosing the level of nicotine that would be in their e-cigarette.

Can you tell me what level and what types of nicotine or other components are permitted currently in the U.S.?

Mr. Rob Cunningham: In the United States it's unregulated. It can be any particular level or intensity within the liquid.

Ms. Eve Adams: What are the components, and what are the health impacts and harms?

Mr. Rob Cunningham: Different e-cigarettes are manufactured in different ways. They have some type of battery. Some are disposable, but you'd use them a number of times. Some you could refill many times with liquid, and you'd buy the liquid separately. Those would be the fundamental components.

I think that in the United States, the Food and Drug Administration is looking at what types of potential regulation can be done, and they've had a consultation process on that.

In the European Union, a new directive was adopted in April—and there may already have been testimony on this. The nicotine threshold will affect the type of regulation an e-cigarette has, whether it would be regulated as a medicine/drug product or have other types of regulations that would be more similar to tobacco products.

Mr. Manuel Arango: I would just add one point to that. This was discussed at committee. I think a previous witness had raised it.

The question is whether, with some e-cigarettes, high heat would lead to the release of heavy metals into the lungs through the vapour as well. That's a question mark also.

Ms. Eve Adams: I'm very glad to see that you've taken a strong position on smoking e-cigarettes in public places. Certainly as a mother, I for one would oppose the renormalization of cigarettes. I think it just leads to needless debates between patrons and businesses as to whether or not that e-cigarette ought to be smoked there. I'd hate for that type of modelling behaviour to be demonstrated to children.

But I do have some sensibility toward those folks who look at this as a possible way of finally kicking their addiction. Certainly I can understand that it might be helpful to maintain the actual habit of holding something up to your mouth, if you are weaning yourself off nicotine. I think that could conceivably be more effective to replace that habit, as opposed to just the patch, which is simply providing the lower and ever-decreasing doses of nicotine. There is something about just the habit of it.

You'll often hear anecdotally that people who are looking to stop smoking pick up increased coffee drinking or something else, just because they want that oral activity. So there is something to commend it.

Can you tell me, though, who might be doing leading research on how this could actually become a cessation tool?

Mr. Rob Cunningham: There is all kinds of research in the pipeline in North America and in Europe.

I think that in marketplaces where the e-cigarettes with nicotine are allowed, such as Britain and the United States, there is much more active research because it's easier to do.

Recognizing your earlier comments, the e-cigarette does provide a more efficient nicotine delivery system, and many consumers find it more satisfying than the patch. At the same time there are risks, and that's why regulation is needed. I think there is a general consensus of a need for regulation. There may be differences as to what regulation is best, although many recommendations seem to be coming up more and more.

Mr. Manuel Arango: Just to add to that as well, I take your point, and we don't want to throw the baby out with the bathwater, so to speak.

There are some good nicotine replacement therapies today. Perhaps they're not as effective as we would like them to be. Because you can hold a cigarette and it's going to allow people to feel as if they're still engaging in the habit, etc., that could be useful in smoking cessation. That's why a number of groups are interested in doing more research on e-cigarettes, to see if, in fact, they could be useful. There is some potential there, so we don't want to dismiss that.

Ms. Eve Adams: To your knowledge, does any jurisdiction currently prohibit cigarette manufacturers from engaging in the e-cigarette business?

Mr. Rob Cunningham: Well, there are some countries that just prohibit the sale of e-cigarettes, period, at least e-cigarettes with nicotine, so no company could do it. But in terms of specifically making a distinction between tobacco manufacturers and others, I'm not able to identify a country yet that's done that.

Mr. Manuel Arango: I'm not aware of any.

• (1215)

The Chair: Ms. Fry, you'll have the final round for this segment. Go ahead, please.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Mr. Chair.

You both make a lot of sense, and I think we've heard enough people saying the same thing, that this could be a pathway to helping people to quit, reducing second-hand smoke, and all of that. It's therefore safer than others.

I know that I agree that there should be regulations. But let us imagine you regulated it, you put age limits on it, and you did all of those kinds of things. How would you go about getting a study that would find out if people are dual using? That would depend on an honour system. People would have to say, "I'm dual using".

How would you find out whether young people, when they get to the age of starting to smoke and they use e-cigarettes, would have normally started to use cigarettes or would they have just gone on to e-cigarettes? Would it be bringing in more people because they think it's safer? Would more people begin to use cigarettes?

All of that is pretty difficult to analyze. How would you see us doing that? I think that's going to be key, isn't it? That would be a difficult research project.

Mr. Manuel Arango: Well, it is possible. I would just make mention of one fact related to testing. You're right that with self reports, if you just ask someone through a survey whether they're smoking e-cigarettes or not, it's not going to be as reliable as other methods. If you interview a person face to face, you'll get better results.

Hon. Hedy Fry: So it would have to be a personal interview.

Mr. Manuel Arango: Yes, and also for example with cigarettes, there is testing that can be done to determine if someone actually has had nicotine and has been smoking.

Something could be developed with e-cigarettes as well, in terms of research that could help the research to be more accurate.

Hon. Hedy Fry: Given that the patch and the gum haven't really given you the right outcomes that we're looking for, how would you see regulating the potency of nicotine or the amount of nicotine in an e-cigarette? What would be your ideal dose? Do you have any idea how you would do that?

Mr. Rob Cunningham: There's not regulatory experience yet. The European Union is starting in this direction. I can imagine how there could be maximum levels, but this is a matter of ongoing study and consideration. As regulators and governments pursue this, we'll have a better idea as to what the optimal regulation is in that area.

Mr. Manuel Arango: I'll add a point. Obviously we don't have all the answers now, but the situation is of such concern that we think regulation should go ahead in an expedited fashion and then, as more

research comes in, those regulations could be tweaked and adjusted as necessary, but we think we have enough evidence right now to warrant immediate action.

Hon. Hedy Fry: I know we heard from the United Kingdom yesterday. There was a strong emphasis by the public health officer who presented to us that they've decided that it's a very important tool to use in helping people to quit. So they've gone ahead and decided to let it be used. At the same time they're trying to do some of that research, as you say.

In Poland some research showed that people who never smoked before are beginning to use e-cigarettes. It's the only one of the studies that showed this was happening. I think the other ones didn't show that. I think it would be really important to look at that issue, because if you're going to decide you want to use it to help people quit, that's one good thing. But if it's going to be encouraging more people to use nicotine—not that nicotine in itself is terribly harmful, but to be using some sort of vapour with who knows what toxic things are going to come out, which only time can tell—it would prove then that you've created a new type of method of getting hooked on nicotine and on whatever the side-effects are of that.

How then would you go about getting rid of e-cigarettes if they prove to be that way, having allowed their use to become normal? It would be difficult to shut that door once you've opened it.

• (1220)

Mr. Rob Cunningham: I think the fundamental point of the importance of marketplace surveillance is really important, so the successor to the "Canadian Tobacco Use Monitoring Survey". Governments and health organizations use that very good data. How are things changing in the youth smoking survey? Are kids picking this up? Are there people who have never smoked? Are there former smokers who have relapsed? Is there no change? What are the patterns? We need fundamental information to inform policy-making and to make adjustments.

The Chair: Okay.

Thank you very much.

This has been a great panel this morning; you're welcome to stick around till the committee meeting is over. We're going to suspend for a couple of minutes. We'll be right back at about 12:25. That will allow our guests to come, and we'll get everybody settled.

• (1220)

_____ (Pause) _____

• (1220)

The Chair: Welcome back.

We're into the second round. For our second panel for today's meeting, we have the Canadian Lung Association and the Canadian Public Health Association.

We'll start with Margaret. You're the executive director of the Manitoba Lung Association.

Ms. Margaret Bernhardt-Lowdon (Executive Director, Manitoba Lung Association, Canadian Lung Association): That's right.

•(1225)

The Chair: You have 10 minutes. Please go ahead.

Ms. Margaret Bernhardt-Lowdon: As you mentioned, I am the executive director of the Manitoba Lung Association, but I'm here today to represent the Canadian Lung Association.

First of all, I would like to thank you for holding this hearing, because we really feel that the use of e-cigarettes is a serious health issue that warrants the attention of Parliament.

The mission of the Canadian Lung Association is to promote and improve lung health, and we've been doing that for over 100 years, 106 in Manitoba in particular. We really are concerned about this and think it's a really important issue. We're a non-profit health charity, and this is really all we focus on, because we believe that if you can't breathe, nothing else matters.

Because you know all about health, I'm sure you're aware of the inherent risks of tobacco use and the devastation that smoking can cause for the smoker, their loved ones, and the health-care system. As you know, tobacco use remains the leading cause of preventable death in Canada, and it's also the main cause of lung disease. More than 100 Canadians will die today, tomorrow, and every day from diseases that are caused by smoking. We're talking about diseases like COPD and lung cancer.

I wish that we as an organization could recommend the use of these cigarettes as a safe alternative to smoking. I also wish that I could sit here today and recommend them as a safe smoking cessation aid. However, we have a role in Canada, and that role is to protect the lung health of Canadians. So we feel we should ensure that e-cigarettes do not cause any harm to users or to the people in their vicinity when they're using the product. We also feel, like the Cancer Society and the Heart and Stroke Foundation, that their use will undermine efforts to eliminate smoking in Canada.

Therefore, I'm here to talk to you about our concerns and our policy recommendations for e-cigarettes, both those with and without nicotine. In particular, our concerns focus on safety, current regulations and enforcement, uptake by youth, and the potential renormalization of smoking.

In terms of their safety, we don't really know if e-cigarettes are safe. There's been very limited testing of the toxicity of the product and its emissions. In addition, because there's no regulation, the ingredients vary from product to product, as do the side-effects. There isn't enough information on the long-term health impacts of inhaling the vapour that e-cigarettes create or the effect of second-hand exposure. This is of particular concern to us, especially because some of the early studies coming out are showing that e-cigarettes actually can irritate the airways of some people that use them. It's also showing that they can have bad effects on people who have asthma. We feel strongly that Canadians really need to know about these risks, if they're going to be using e-cigarettes.

In terms of regulations and enforcement, we all know that e-cigarettes with nicotine are not allowed to be sold, but I can tell you that they are being sold in Winnipeg, where I work. We had a report the other day in one of our local newspapers saying that the reporter had gone into the shop, sat down with the owner, told him about

what type of addiction they had to cigarettes, and they were given a specific e-cigarette to use with a specific amount of nicotine.

An hon. member: Prescribing it?

Ms. Margaret Bernhardt-Lowdon: Prescribing, yes.

We know it's happening, but it's not really being fully enforced. Many e-cigarettes are still being sold on shelves labelled as nicotine-free, and studies are showing they have nicotine in them.

We think that Canadians should be able to fully understand what they're inhaling when they use these products. Safety requirements and quality assurances should be put into place. These would include things like listing the ingredients, letting people know if the ingredients are harmful, and giving information on potential health risks to clients, patients, or anyone who uses them.

•(1230)

One of other concerns, as has been said before, is the uptake by youth. I'm one of those people who started working on this in the trenches in the nineties; I'm one of 10,000 or more other people who has done this work.

One of our concerns, as you said, is that there may be an alternative to smoking to help people quit, but studies are starting to show that kids who have never smoked are using them and that's how they're starting. Our biggest concern is that they will go on. If they use them for the first time and they continue to use them, they'll have a life that circulates around the e-cigarette, just as it would with a cigarette. We don't want these kids to have a lifetime addiction to nicotine.

We also know that youth are being targeted by e-cigarette marketing and branding campaigns. As has been said before, these products come in a variety of candy flavours, like juicy peach, root beer, and cherry crush. When these flavoured e-cigarettes are displayed without restriction on cash counters and retail outlets, kids might be tempted to try the product. E-cigarettes should not be allowed to be sold to minors. There should be regulation in Canada on flavours, making e-cigarettes much less appealing to youth.

We're also concerned about potential normalization. The use of the e-cigarettes in places where smoking is banned, we know will contribute to the social visibility of smoking in public places. We worry that e-cigarettes used in public places and indoor environments will increase the attractiveness of smoking behaviour. This is something that will undermine years of denormalization work. E-cigarettes should be banned in places where smoking is banned, and this should include workplaces that are federally regulated.

Now, when it comes to using them as a smoking cessation aid, we find that people are confused about e-cigarettes. A lot of people think that they are safe. Our organization is striving for a smoke-free country. We're always very interested in looking at methods to help people quit smoking. We know that about 85% of smokers in Canada who smoke want to quit, and we want to help them do that. It's imperative that cessation aids go through rigorous testing to ensure that they're safe and effective. This hasn't happened for e-cigarettes; therefore, we cannot in all good conscience state that e-cigarettes are entirely safe to use.

Canadians are using e-cigarettes without knowing their contents or potential harmful effects. We encourage Canadians to use cessation aids that have been approved by Health Canada. However, many Canadians mistakenly think that e-cigarettes pose no safety risks. This may be because current regulations are not enforced. It may also be because consumers can buy e-cigarettes in pharmacies right next to the smoking cessation aids approved by Health Canada.

The Health Canada website warns Canadians not to use e-cigarettes to try to quit smoking. We would like to have these messages disseminated widely.

We are concerned that we may lose ground in reducing smoking in Canada, and we are fearful of a future where youth become addicted to nicotine by using e-cigarettes. We firmly believe that action must be taken on this issue.

I want to thank you for your time and interest today, and I would be pleased to answer any questions that you may have. I look forward to your thoughts and comments.

Thank you.

The Chair: Okay.

Next up is the Canadian Public Health Association, and Mr. Culbert.

Go ahead, sir.

Mr. Ian Culbert (Executive Director, Canadian Public Health Association): Thank you, Mr. Chair, and committee members.

I appreciate the invitation and the opportunity to present to you today. I'm going to present my notes in shorthand, because I don't want to bore you with repetition.

Obviously, there's a debate going on. The horse has left the barn: e-cigarettes are a part of our culture today, and to pretend otherwise is foolish and will cost us in the long run.

I will frame my remarks using your study questions and begin with the potential risks, benefits, and challenges. Certainly the public health challenge that is posed by e-cigarettes is how to balance the harm reduction approach with the precautionary principle. Our preferred option is that no one inhales anything into their lungs other than clean, fresh air, a phrase that I think I stole that from the Lung Association. I'll give credit where it's due.

A harm reduction approach recognizes that human beings sometimes behave in ways that are detrimental to their own health and well-being. That's unfortunate, but it's a fact of life. Accepting this, public health authorities establish policies and programs that

aim to reduce the harms associated with these behaviours. It is a principle that supports choosing the lesser of two evils as a means of reducing the societal and personal costs of our own poor choices. On the other hand, we have the precautionary principle that states that complete evidence of a potential risk isn't required before taking action to mitigate the effects of that potential risk. This is also a foundational principle of many public health policies and programs; the two go hand in hand. How do you balance them in this situation?

Clearly, e-cigarettes appear to have potential as a harm reduction tool, but they also pose potential risks for which we don't have complete evidence at this point. As has been stated before, studies are revealing that e-cigarettes seem to contain fewer toxins than traditional cigarettes, but there are serious quality control concerns with what is actually in the e-cigarettes. As has been noted, no e-cigarette product has been systematically evaluated and approved as a smoking cessation device by any governmental agency either here in Canada or abroad. Having said that, I take from an earlier comment that you've heard from the U.K. yesterday, and certainly their Medicines and Healthcare Products Regulatory Agency is currently in the process of reviewing some of these products. We should keep a close watch on their results. I would urge one bit of caution around the remarks coming out of the U.K. It's a very different smoking cessation environment. They're still debating smoking in public spaces there, meaning smoking in pubs, which is still happening. So it's a different kind of landscape. I'm not saying I disagree with their approach, but it is a different cultural environment when it comes to smoking and that has to be taken into consideration.

As has been discussed, e-cigarettes have potential risks, including the direct health risks to users and non-users, as well as their potential as a gateway to traditional smoking. There's just not enough research on these topics, but what we do know, as mentioned before, is that there are wide variations in the nature of toxicity and in the contents of the emissions of e-cigarettes. We know that the short-term effects of e-cigarette use include eye and respiratory irritation caused by exposure to propylene glycol. In terms of the evidence regarding e-cigarette use and more serious diseases, such as cancer, we are decades away from knowing about that, as it takes that long for those diseases to show up.

In addition to the concerns about the direct health impacts, there's an extensive and really heated debate about whether e-cigarettes will prove to have a positive or negative impact on population health and tobacco control. Are they a gateway? Do we know? We don't know yet. Some studies show possibly. Some are saying, yes, non-smokers are interested and maybe they'll try it, but it's really smokers and former smokers who have the greatest interest in them. We just don't have enough information right now.

Next, I'll speak to the question about the manner in which different jurisdictions have chosen to regulate e-cigarettes. Front-line public health organizations across this country have fought the tobacco wars for decades and have achieved great success in reducing smoking rates through a combination of education, cessation support, policy, and legislation. They are not willing to see these accomplishments destroyed by the re-establishment of smoking as an acceptable behaviour. As you've seen recently, in Toronto and Vancouver, their municipal governments have enacted bans on the public use of e-cigarettes that match the current bans on smoking in public and it's likely going to be replicated in other Canadian jurisdictions.

• (1235)

Internationally, results from the 2014 World Health Organization survey indicate that 27% of countries have regulated e-cigarettes as consumer products, 6% as therapeutic products, and 10% as tobacco products. However, 51% of countries have no regulatory approach in place at all. The survey also indicated that 39 countries have advertising bans. E-cigarette use in public places is banned by 30 countries. Pre-market review is required by 19 countries. Vendor licences are required in only 9 countries, but 29 countries have already banned the sale of e-cigarettes to minors. Those are some great examples of what other countries are doing right now.

As has been discussed, nicotine is a controlled substance and is addictive. As such, the federal government's current prohibition on nicotine-containing e-cigarettes is appropriate. This prohibition, however, is ineffective and enforcement efforts have been minimal.

Nicotine-containing e-cigarettes are readily available in the United States through the Internet, and probably within walking distance of this committee room, so any policies on managing these products in Canada must presume their general availability. It's a porous border.

What we know is that prohibition doesn't work. It doesn't matter what the substance is. If somebody wants to get their hands on something, they're going to get their hands on it. And if there's money to be made in giving it to those people, others will find a way to make it happen. What we are dealing with in Canada is effectively an unregulated environment and steps do need to be taken to address the situation.

I'm going to echo some of the recommendations that have already been heard, but I think they bear repeating. Canada currently prohibits anyone from making health claims about e-cigarettes until evidence supporting such claims is documented and the government grants regulatory approval for the sale of the product. To date, no e-cigarette manufacturer has gone through this process and, in all honesty, they have no good reason to do so. The status quo suits their business model as long as interdiction and enforcement remain marginal at best. Why would you jump through the hoops and add to the cost of your product when it's a porous market? They can sell them. Estimates range that it could be upwards to a \$4-million market in Canada now, and it's only growing.

To the best of my knowledge the Government of Canada has no regulatory instrument at its disposal to compel manufacturers to submit their products for scientific testing. E-cigarettes are a new technology and possibly a new regulatory tool will be required. Until

that time, and at the very least, all e-cigarettes should be reviewed for safety under the Canada Consumer Product Safety Act.

As previous speakers have mentioned, we are encouraging the federal government to ban the use of e-cigarettes in all public places under its jurisdiction. We are also calling for the government to place a ban on the advertising, promotion, and sponsorship of e-cigarettes, similar to those in place for tobacco products. The Government of Canada should also regulate e-cigarette solutions with fruit or candy flavours, and the manufacturers and importers should be required to disclose to governmental authorities information about the content and emissions of their products.

Finally, funding is required for additional research into the health effects of e-cigarettes, their efficacy as a smoking cessation device, the epidemiology and toxicology of e-cigarette use, and their psycho-social impact on existing tobacco-control efforts.

Smoking tobacco kills and millions of current smokers will die prematurely from their smoking unless they quit. We know that. We also know this burden falls predominantly on the most disadvantaged in Canadian society. It is the poor who smoke the most. Let's not forget that.

Traditional cigarette smoking remains the most significant and preventable cause of chronic disease today, but given recent cuts to the federal tobacco strategy, it is highly unlikely that that will change in the future. If we don't keep up the war on tobacco, we're always going to be slipping.

The emergence of electronic cigarettes provides a radical alternative to tobacco. However, in order to maximize the potential benefits associated with e-cigarettes, we simultaneously need to minimize the potential harms and risks to society. To do so will require appropriate regulation, careful monitoring, and risk management. What was needed a decade ago was an early and coherent response by the federal government that included a well-funded research program that coordinated with programming and policy and produced useful results within a 3-year to 5-year timeframe. We're long past an early response.

• (1240)

I do urge the government not to lose out on the opportunity for a coherent response now. Thank you.

The Chair: Thank you very much.

Mr. Donnelly, go ahead, sir.

Mr. Fin Donnelly (New Westminster—Coquitlam, NDP): Thanks very much, Mr. Chair. I want to thank both of our presenters for providing testimony to the committee today.

I have a few questions. First of all, can minors purchase e-cigarettes right now?

Ms. Margaret Bernhardt-Lowdon: Yes, and they do.

Mr. Ian Culbert: Yes.

Mr. Fin Donnelly: Do you both agree that further regulation is needed with electronic cigarettes?

Mr. Ian Culbert: Yes.

Ms. Margaret Bernhardt-Lowdon: Yes.

Mr. Fin Donnelly: You've mentioned that action must be taken. You've stated that there's a myriad of issues with e-cigarettes, and you've also submitted many recommendations. In the opinion of both of you, if you could give the federal government one recommendation, what would that one recommendation or first step be?

I'd appreciate hearing from both of you.

• (1245)

Mr. Ian Culbert: Yes, certainly.

I'm going to err on the side of harm reduction and say either test or compel manufacturers to test their product as a smoking-cessation device, so that it can be regulated. If the evidence bears out that it is in fact a efficacious smoking-cessation device, it can be offered for sale as a smoking-cessation device.

I think that's the number one priority, because right now we simply don't know.

Ms. Margaret Bernhardt-Lowdon: I agree. I don't think I could say it much better than that. We really don't know.

I think that's what makes it so complicated and so difficult, because we don't know. We need to know what's in them and they need to be regulated.

Mr. Fin Donnelly: Thanks very much.

For the remaining time I have left, I'll pass it over to my colleague, Marjolaine.

[Translation]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): I will ask my questions in French.

[English]

The Chair: No, your time is passed.

[Translation]

Ms. Marjolaine Boutin-Sweet: Thank you for being here.

Please allow me to summarize what I heard from the other two witnesses, as well as from you. I see two major trends. First of all, since there isn't enough information on the matter, we need more research. Second, we need regulation. Within that, I see two groups we should focus on: smokers and non-smokers.

I have a friend who smokes e-cigarettes and who quit smoking. I wouldn't say that it was because of e-cigarettes, but they seem to have been helpful for her. Since she is no longer smoking, her health is better. However, there are also non-smokers, particularly young people. I think we need to take action on several levels. There is labelling, for one thing, so that smokers know exactly what their lungs are absorbing. For non-smokers, there is a lot of advertising.

Do you think we should research the effects on health and the impact of advertising? Should we do studies on the effects of advertising or do we already have enough information on that?

Since I don't have a lot of time, I will ask a second question. Is there one or several countries that have particularly good regulations that you would recommend we consider?

[English]

Mr. Ian Culbert: To your first question, I apologize, but my French is horrible.

I do think we have sufficient research around advertising because of the links back to tobacco advertising. Tons of work has been done there. We know the effect of advertising on youth especially, but also on non-smokers.

I think the e-cigarette industry has hit the rewind button and we've taken things back 50 years as far as their approach in advertising is concerned, using celebrity spokespeople and making it look glamorous and sexy—but we know all of that. So if we have to focus somewhere, I would say focus on the products themselves, testing their efficacy as a cessation device, and then on the unintended negative consequences of their use as well.

Ms. Margaret Bernhardt-Lowdon: I agree as well. We know enough about the advertising that was done for cigarettes. I think of ads like the Marlboro man and Virginia Slims and all those things that were done right. I think we know what this advertising is going to do, so I wouldn't waste money on that.

Ms. Marjolaine Boutin-Sweet: May I just ask about the country, countries?

• (1250)

The Chair: Ask really briefly.

Ms. Marjolaine Boutin-Sweet: I already did.

Mr. Ian Culbert: I don't have specific examples, but certainly the WHO report that was published back in June has some really good background material there, so it is available and we can make it available to the committee.

Ms. Margaret Bernhardt-Lowdon: That's exactly what I would say as well. Thank you.

The Chair: Good.

Thank you very much.

Mr. Lunney, go ahead please.

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

Thanks to the Lung Association and the Canadian Public Health Association. We appreciate your being here.

We see a lot of concerns being expressed by many of our presenters here about renormalization of smoking. We've made such great strides in reducing smoking in Canada, and it looks like great peril seeing that reverse with a whole new generation of young people taking it up through e-cigarettes. I thank the Canadian Cancer Society for some of the vivid ads they made available to us, showing the pitching of advertising to children with visually distinctive packaging. I gather we're all on the same page with the witnesses before us. We've talking about banning sales to minors or controlling sales and controlling the sites of sales. There seemed to be a little bit of a difference of opinion on that one.

My big concern is the combustion of chemicals, and I don't know if the Canadian Lung Association can help us with this, and we don't have medical experts per se at the table today, I gather. So propylene glycol and vegetable glycol, as I understand it, are used in inhalers for asthmatics. The Lung Association would probably know that. But they're not combusted; they're just used as part of the propellant, and so on. When we burn these chemicals, I mean even simple ones like propylene glycol, what kind of compounds are we getting as a result of high temperature combustion?

Now with the flavours that might be an improvement for ingestion, what kind of breakdown complexities might there be when you heat them at high temperature into component molecules, and what kind of risk do those impose? I wonder whether the Lung Association can help with that. I note with some alarm from these studies in the EU that they make note of formaldehyde and other known carcinogens like acrolein found in equal amounts, as high in the smoke as in some cigarettes.

Also, although there are fewer particles than in cigarette smoke, they're also finer particles, and finer particles can be immensely more harmful than larger particles—or at least there are concerns that they may.

So I don't know whether you can help us with that.

I'll first of all go to the Lung Association. Are you aware of any information on the breakdown comments of these combustible products?

Ms. Margaret Bernhardt-Lowdon: No, we're not aware at this point. I know there are some upcoming studies but we don't have enough statistics

Mr. James Lunney: I'm just a little concerned, after talking about the harm reduction side, that we might not be expressing enough concern on the risk side because we already have home grown.... It's on videos out there how to smoke your weed with your e-cigarette and how to take your dried marijuana, using propylene glycol.... It doesn't give off the stringent, pungent smell that cannabis outputs, so customers are able to smoke cannabis without anyone knowing. This article went on to say they could literally smoke under the teachers' and parents' noses, as if there was nothing in it but vapour, while they're getting up to 10 times the hit of marijuana and who knows what else. Prescription drugs can be inhaled as well. I think there is a Pandora's box of negative possibilities available here.

I'll ask the Lung Association.

Ms. Margaret Bernhardt-Lowdon: And that is happening. It's happened, I can tell you, in Manitoba. They had some students using marijuana in the classroom with e-cigarettes, because there was no ban on e-cigarettes. So that's something that kids will probably try to do.

I agree with you. It's the size of the particulate that is really concerning to us, because the finer the particulate, the greater chance it will be inhaled and the greater chance it will be imbedded in the lungs. There are no definitive studies that have been done yet to say what the damage will be, but I think we can make some presumptions on that, based on what we do know now.

Mr. James Lunney: That would be the precautionary principle, and we probably have good reason to want to apply it rather strenuously and control the spread of these.

But on the dual use component and renormalization, is it not really a get out of jail free card in essence for many smokers, because of the restrictions on where you can smoke conventional cigarettes? In fact, they can get their nicotine fix in areas where otherwise they wouldn't be allowed to smoke. So actually they use them where it's not convenient to smoke their conventional cigarette. They just use the e-cigarette then and use the other ones afterwards.

Ms. Margaret Bernhardt-Lowdon: They do that and there's also some concern that when people do smoke cigarettes, they'll have their cigarette on a break in a different area so they'll smoke a limited amount. But we're finding, and this is just anecdotal, that people are using their e-cigarettes continually. So there's some concern being expressed about that as well.

• (1255)

Mr. James Lunney: Yes, about the volume of nicotine that they might be getting.... Now, I think that question might have come up from another questioner. I think it was Ms. Fry.

The Chair: We're coming up on five minutes, so we're going to try to...but thank you.

Ms. Fry and then Mr. Young.

Hon. Hedy Fry: Wow, we have time?

The Chair: Well, I think we should try at least.

Hon. Hedy Fry: Let's look at the whole concept of an e-cigarette. For those e-cigarettes that don't have nicotine—all they have is some sort of flavoured whatever.... I mean, why would you want to inhale a flavoured whatever when it has absolutely nothing in it?

The question is, are we talking about the actual vehicle of the vaporizer or the e-cigarette thing that is probably the biggest problem? At the end of the day if you treated the one with nicotine as a drug and therefore put it under that section of the Food and Drug Act, and if you took the rest that had nothing but sweet water in it and you just put that under food, then what you would need to do is to regulate the industrial component, the manufacturing component, all the bits and pieces that go to make it to ensure that they meet certain standards.

Could one do that? How then would one know for sure? If you took the other one just as a consumer product, and it has nothing but flavoured water.... As we heard Mr. Lunney say, the bottom line is that people could still use it for whatever the heck they want to do, so quietly at home. Are we actually just talking about the whole concept of the electronic mode? Is that what we're really talking about as being the big problem here?

Mr. Ian Culbert: It's a big part of the problem. I wish we could just narrow it down to the one thing. At the end of the day, humans being what they are, given any device, they will figure out a way to abuse it. So you have the perfect e-cigarette that is the right dose. Well then, you have someone who smokes it 18 hours a day.

Acetaminophen, well, it's really easy to overdose with it too and to take too many doses of acetaminophen. Who would have thought that cold medicine would be ground up by kids to get stoned? This is the reality we live with. In the absence of any regulations, in the absence of any standards, it's the wild, wild west. It's like no one has a clue what they're going to be inhaling.

If standards are at least put in place, then we can say that at least the mechanism is reasonably safe, and once the studies start coming in, we'll know.

Can we treat this as a cessation device? Personally, I would like to see the ones not containing nicotine banned, because what good do they do? They're being promoted to kids, "Oh, this is cool." Well, it's stupid, but kids will be kids. Focus all of our energy on something that actually has the potential to do some good, and that's getting people off traditional cigarettes. Yes, there might be harms associated with that new tool, but nothing—nothing—is going to be as bad as smoking traditional cigarettes.

The Chair: Thank you, Ms. Fry.

Now, with the committee's indulgence, I'd like to offer Mr. Young a bit of time to ask some questions and then we'll adjourn the meeting.

Go ahead, Mr. Young.

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

We've been listening to many witnesses before this committee. I've come to a conclusion regarding what this whole thing is about. It's about a society that tells people, "You need more drugs". Drugs companies and tobacco companies are capitalizing on that and saying, "Here's a cool way to get your drugs. We're going to let society deal with the consequences".

When I was in the legislative assembly of Ontario, I went into a liquor store one day. They had what I called a children's section. They were marketing to children. They had a "spiked cherry" drink. These are alcoholic drinks with 7% alcohol. They had Mike's Hard Lemonade—with all the sexual connotation. And they had something called Mudslide. I know one girl who got so sick on it one New Year's Eve that she hasn't drunk milkshakes for the last 15 years because they make her want to throw up.

I raised it in the provincial assembly, and we actually banned some of the products, banned some of the names, because we knew they were marketing to children. But here we go again. You have 18% of youth, in one study, who have tried e-cigarettes, and 30% want to. There's no surprise, right?

I get really concerned when I hear about product placement. Movie actors take huge lumps of cash, hundreds of thousands of dollars, to smoke on screen, and the producers take the money to place the brands or the signage. This is when someone's commercial guard is down. They're not watching a TV commercial and saying, "These guys are trying to sell me something". They're watching a movie and it gets subliminally into their mind. It's a very, very insidious practice.

I note that the drug companies were caught by a whistle-blower, Jeffrey Wigand, who received death threats. He revealed that Brown and Williamson, one of the largest tobacco companies in the States,

was actually targeting children, and that it was putting more cancer-causing chemicals and more addictive nicotine in its cigarettes to build its market.

I have just a quick quote. In 1983, Hamish Maxwell, who was president of Philip Morris, directed his marketers—and this is a matter of public record—as follows: "We must continue to exploit new opportunities to get cigarettes on screen and into the hands of smokers." They spent \$2 million a year from 1978 to 1988 doing that when people's commercial guard was down.

I appreciate you coming here and telling us that we, in so many words, need balanced messages. We have to say, "Well it might benefit some people to get off cigarettes, so let's do a lot of studies. Let's do studies and let's find the answers".

I agree that we have to get the studies done, but when you're giving an intelligent, academic message that is, frankly, mixed and you're up against this tremendous commercial onslaught that's already hit \$4 billion a year, I'm concerned that by the time these studies are done, hundreds of thousands more people are going to be addicted to nicotine and to these products.

When you see the number of lives in Canada that have been destroyed by alcohol abuse and tobacco.... People get sick, and there's a whole range of other drugs. This committee just did a study on opioids. Considering the destruction that's happening, which society has to pay for, I think we need clearer warnings. We need to act now and get the warnings out about the health issues.

The advertising we saw today was basically connecting sex and so on with, "Try this drug. Try this device. You're going to be more popular, or you're going to have a happier life" or whatever. The second phase is coming when they already have the devices and they're told, "By the way, you want the real flavour? You want the real experience? Try our cigarettes. Then you're going to get the real...like the ones the adults have." This is where they're heading, and they do it in such an insidious manner.

Would you consider supporting a law that restricted product placement in movies or in TV shows or at least made producers say at the beginning of the show, "The following companies have paid to place their products in this film or TV show"?

• (1300)

Ms. Margaret Bernhardt-Lowdon: Definitely. Yes, absolutely.

Mr. Ian Culbert: Yes, no question.

Mr. Terence Young: Do you have any comments on the safety warnings? I feel a tidal wave is coming with this stuff. It's another way we're going to create hundreds of thousands more addicts. A lot of people have been in here and said, "Well, we need more answers. Let's do more studies".

What should we be doing now?

Mr. Ian Culbert: I would say there are a lot of studies in the works right now. It's not like waiting another five years. In the next two years, we're going to know much more than we know today.

The fact of the matter is that they are here, and so without any regulations it is the wild wild west. Our concern, especially now, is that 10 years ago there were a small number of independent manufacturers. Those independent manufacturers are being bought out by big tobacco, and you know what the motivation is.

The Chair: Thank you very much.

I appreciate the committee's indulgence in letting us just go a couple of minutes over.

Thank you very much. Enjoy the rest of your day.

The meeting is adjourned.

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