Physicians for a Smoke-Free Canada
REPORT TO MEMBERS – WINTER 2016-2017

The TOBACCO ENDGAME

A modern, ambitious plan for health

On an early fall weekend, experts from across Canada met to discuss ways to go beyond controlling tobacco and towards eliminating it as a public health risk.

The meeting resulted from the inspiration and volunteer efforts of several physician leaders, most notably Dr. Elizabeth Eisenhauer of Queen's University. Working in their capacities as individuals, they encouraged their own organizations and others to embrace the idea that the time had come to make a commitment to ending tobacco use.

The achievable objective set was to reduce tobacco prevalence to under 5% by the year 2035.

The means to achieve this objective were the subject of the weekend summit at Queen's University. This meeting built on a year's long effort by committees tasked with exploring what needed to be done to meet this objective. Separate groups were assigned responsibilities to consider changes to cessation services, prevention efforts, tobacco products, and how these could be assisted by legislation and regulation, the courts, research and community engagement.

The results of this pre-search were brought together in a background paper which served to focus discussion without limiting further ideas at the summit meeting. Some of these ideas are summarized on the following page.

Participants at the summit included representatives of the major health charities, researchers, tobacco control organizations, federal and provincial governments and clinical practitioners.

Concluding as it did with a consensus to adopt an endgame goal, this summit should mark a turning point in the public health approach to this devastating epidemic.

The hard work of translating these new approaches into reality lies ahead.

Physicians for a Smoke-Free Canada was an enthusiastic supporter of this landmark initiative, contributing as much financial and staff support as we could afford.

A chance for a fundamental re-think

Approaching an end-game

"The tobacco 'endgame' concept suggests moving beyond tobacco control (which assumes the continued presence of tobacco as a common, widely-available, ordinary consumer product) toward a tobacco-free future wherein commercial tobacco products would be phased out or their use and availability significantly restricted."

Ruth Malone:
Editor, Tobacco Control
2016

"There is no current recipe or playbook to achieve a tobacco-free future, but we believe the ideas coming out of this summit represent a strong basis for governments, professional organizations and advocacy groups to work together towards this important objective."

Elizabeth Eisenhauer
Chair, Endgame Summit
2016

"The Government of Canada is continuing to explore new and better ways to address smoking in Canada, and its impact on the health of Canadians. I am proud of the progress we've made so far, and I look forward to working with our partners and stakeholders to ensure Canada remains a leader in tobacco control."

Jane Philpott,
Minister of Health
Press Release, September 27, 2016.

Tobacco control strategies have evolved over the past 5 decades from encouraging people to change their behaviour (1960s and 1970s), to creating supportive environments for behaviour change (1980s and 1990s), to removing modifiable barriers for behaviour change (2000s+).

An endgame approach builds on the effective interventions developed over these years. But it engages a different way of addressing the problem, seeking to disappear tobacco from society and not just reducing its presence. As such, it opens discussion on qualitatively different systems and interventions.

An endgame would modify the cigarette. The combustible cigarette is the primary agent of tobacco-caused disease, and addiction is the primary agent of tobacco use. While there is still no strong consensus in favour of using regulatory power or market incentives to eliminate the combustible cigarette, this is for many a key component of an endgame approach.

An endgame would modify the behaviour of the manufacturers. Canada has constrained the marketing activities of tobacco manufacturers and retailers, but has never brought them under the same type of obligations that have been imposed on those whose products are considered harmful and not necessary (i.e. leaded paint, ozone depleting and greenhouse gas contributors).

A number of ways to align the behaviour of tobacco suppliers with public health goals were presented. A common element to many of these was to ensure that those who supply tobacco products are no longer rewarded for or required by corporate law to act against public health interests.

Among those discussed at the Summit at Queen's University were:

Cessation support

- Ensure universal, comprehensive and accessible access to cessation treatment
- Expand settings for cessation services (including workplaces)
- Increase expertise of health professionals
- Ensure free access to treatment
- Develop effective ways to reach populations which are now poorly served.

Retail reforms:

- Reduced number of retail outlets
- Tobacco-only stores
- Retailer incentives changed from earnings-per-sale to incentives to promote quitting.

Marketing restrictions:

- Plain and standardized packaging and products.
- Bans on all promotions, including measures to address promotion of tobacco products in cultural products like movies.
- Curtail price-based marketing (no discount or lower priced cigarettes)
- End retail promotions, including incentives to retailers.
- Expanded and enhanced warnings

Product reforms

- Plain and standardized cigarettes
- Require a phase out of combustible cigarettes.
- Ban on deceptive designs (i.e. low-tar cigarettes)

Youth access:

- Minimum age for tobacco sale increased to 21 (or 25).
- Smoke-free generation (disallowing tobacco sales to persons born after 2000)
- Manufacturers' responsibility to reduce youth prevalence

Smoke-free places

- Ban smoking in outdoor workplaces
- Ban smoking in outdoor public spaces (parks, etc)
- Ensure right to smoke-free multiple-use dwellings

Whole of government measures (outside health ministry)

- Prevent contraband
- Increase tobacco taxes substantially
- Engagement of leadership in First Nations, Inuit and Métis
- Increase funding (for programs, policy implementation, research)
- Restore mass media

Tobacco Supply

- Impose manufacturer license fee to pay for costs of tobacco control
- Require tobacco suppliers to support public health objectives, possibly through direct control or public ownership
- Limit and reduce supply of tobacco products (Sinking Lid, Cap and Trade, etc.)
- Performance based regulations

A newly legal market for e-cigarettes

"This changes everything" is the advertising slogan for iQOS, Philip Morris International's first entry into electronic cigarettes.

The slogan applies equally to the legislation that introduced this fall by the federal Minister of Health.

For almost a decade, e-cigarettes and other non-therapeutic forms of vaporized nicotine have been sold in Canada without the benefit of legality.

Although vape shops are commonplace in Canadian cities, the nicotine delivery systems they sell are banned under the federal *Food and Drugs Act*.

The federal government has chosen to not enforce the law, and to permit a black market while the next steps were being developed. Provincial governments have regulated e-cigarette sales (including minimum age and display bans) without addressing the legal status of the product.

A consequence of this illegal-but-tolerated market is that the large tobacco companies and major convenience chains have not marketed e-cigarettes in Canada.

All this will soon change.

By legalizing their sale, Health Canada's legislative proposals for e-cigarettes will trigger major changes in the products that will be available for sale, the places they are available, the way they are marketed and the motives of those who are selling them.

E-cigarettes will no longer compete against traditional cigarettes, they will be produced and marketed by the same companies.

Philip Morris International / Rothmans Benson and Hedges announced in September 2016 that they will be launching their heat-not-burn iQOS / HEET sticks in Toronto, Vancouver, Ottawa, Edmonton and Calgary "later this year". iQOS is an overarching brand name for PMI's four styles of non-combustible nicotine systems, adapted for different regulatory and production systems. BAT / Imperial Tobacco has not set a date for launch of its brands in Canada, although it has done much of the preparatory work. It recently promoted its view that these products were healthier to investors and governments, and has registered trademarks in Canada for its heat-not-burn GLO.

Legally, these heat-not-burn products will be treated as tobacco products. But how they will be taxed, or what labelling requirements will be required have not yet been established.♦

The proposed new rules for nicotine marketing

Government bills are usually introduced in the House of Commons before they are considered by the Senate. This was not the case for the long-anticipated federal response to calls for it to regulate e-cigarettes and other recreational nicotine products.

Bill S-5 ("*An An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts*") was introduced in the Senate on November 22, 2016. Despite its length (72 pages) and detail (85 clauses), this bill reveals little about the government's vision for a tobacco-nicotine market. Most of the marketing rules have been left to regulations which, based on recent history, could take years to develop.

The bill proposes to tighten up the traditional tobacco market. It paves the way for plain packaging by making clear that "markings" on tobacco products and packages are not allowed. It would force disclosure of industry reports to governments.

The bill will open up the e-cigarette market, as discussed above. The rules for marketing these products are considerably more lax than for tobacco products:

- Advertising will be allowed on television, radio, billboards, retail outlets
- lifestyle advertising will be allowed in promotions to adults
- Games, prizes, and other incentives may be used to encourage purchase.

Companies will not be able to make health claims for these products, or encourage their use instead of quitting. There will be no prohibition, however, on such advertising if it is in magazines or broadcasts originating in other countries.

Missing in this legislation is any indication of how or whether the government will ensure that the mass marketing of electronic cigarettes helps reduce the burden of disease from nicotine addiction. There is no sign, for example, that they are proposing to use existing legal authorities to phase out the combustible cigarette.

Passage of this bill will be unlike other tobacco legislation. In the past the health community has spoken unanimously in favour of laws which a unified industry strongly opposed. There were two sides with no middle ground.

This time parliamentarians will hear a variety of perspectives on how public health can best be served. They will be encouraged by industry that no longer looks like traditional tobacco companies to give these products the widest benefit of doubt possible. Into this middle ground lie both powerful risks and significant opportunities.♦

Marijuana legalization and tobacco use

The federal government is moving forward with its commitment to legalize marijuana, but the details remain to be worked out.

In June 2016, a task force on Marijuana Legalization and Regulation was appointed with a mandate to consult with Canadians. Five months later, it reported to the government at the end of November.

We were among the 40,000 Canadians who participated in this consultation process.

Chief among our concerns was the vagueness of key public health objectives which should frame the legal reforms. The government has not stated any objectives related to reducing harmful forms of use (such as smoking, or smoking with tobacco), limiting exposure to second hand smoke, ensuring low levels of dependency, and insuring no increase in tobacco use.

An overlapping problem

Government surveys show that there is a very high relationship between tobacco and cannabis use:

- One-half (49%) of those who have used cannabis in the previous 12 months are cigarette smokers, compared with 17% for those who did not. (CCHS 2012 mental health)
- More than one-quarter (27%) of current smokers have used cannabis in the past year, compared with 5% of never smokers. (CCHS 2012 mental health)
- Cannabis use is much more strongly associated with tobacco use than is poverty, poor education, or other socio-economic factors, as shown in the previous article. (CCHS 2013-2014).

Another addictive product

While the risks of dependence for cannabis users are smaller than for tobacco dependence, they are far from negligible: a current view is that 1 in 10 who use cannabis more than twice will become dependent.

- Almost 2 million Canadians have had a lifetime experience with cannabis abuse or dependence (CCHS 2012 mental health)
- Almost two-fifths of Canadians (37%) have used marijuana more than once in their lifetime. (CTADS 2015).
- Of these, 839,000 people (2.8% of Canadians and 7.6% of ever users) use marijuana daily (CTADS 2015)

The manufactured marijuana cigarette??
The industrialization of tobacco use and the marketing of manufactured cigarettes were disastrous for public health. The impact of manufactured marijuana cigarettes (now available in some U.S. states) has not yet been felt.

www.cranfordscigarettes.com

Lessons from tobacco

Public health authorities can draw on experience from tobacco and put measures in place to reduce the risks from the commercialization of marijuana. These include:

- Conflict of interest between suppliers of tobacco, government revenues and public health. Where possible, financial incentives for suppliers and government should be aligned with public health goals.
- The power of marketing. Advertisements, packaging, flavourings etc. can override factual information on risks.
- The need for precaution. Regulatory restrictions on cannabis marketing should be implemented on a precautionary basis, even where evidence has not yet been established.

Opportunities for tobacco control

New rules for selling marijuana may present opportunities for a fresh look at the way cigarettes are sold.

- Increasing the minimum age.
  If provincial or federal governments set the minimum age to buy marijuana at 21 or 25 years of age, this may be an opportunity to raise the age for tobacco.
- Reducing or reforming retail availability.
  Selling marijuana in corner stores is unlikely to be acceptable. By the same logic, selling tobacco should be restricted to specialty shops.
- Government-controlled manufacturing and sales
  Legalization does not necessarily require competitive commercialization. A supply system which is managed towards public health objectives can be established for marijuana . (This could work for tobacco too!)

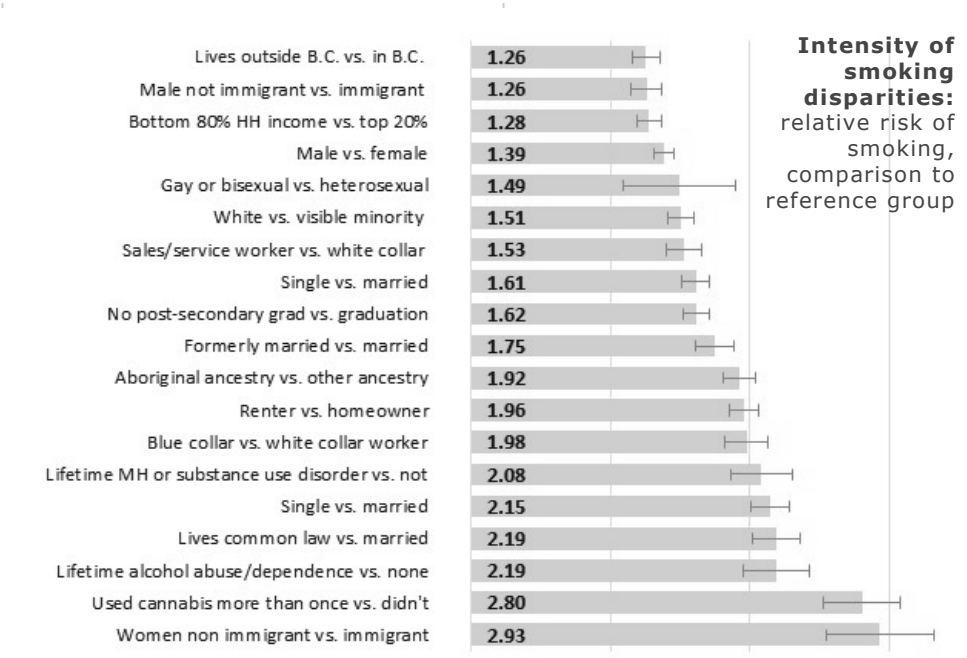
Discussion of ways to decommercialize tobacco has often been stalled by views that governments will not be willing to consider radical changes to the law.

The legalization of marijuana may present risks for tobacco control, but it might also embolden discussions for more powerful and effective reforms to the deadly tobacco market. ♦

Mind the Gap: Reducing inequities in tobacco use

There are increasing concerns that disparities in tobacco use both reflect and contribute to inequities in health. Such concerns have prompted calls for government to reorient tobacco control programs and policies towards "hard to reach" or vulnerable populations.

Our review of the data from the 2013-2014 Canadian Community Health Survey suggests that there are major gaps in progress that need to be addressed—but that some of them are not where we might expect to find them.



Intensity and magnitude of disparities

Gaps in smoking rates can be visualized in two ways: the intensity of a disparity (the relative risk of smoking associated with a characteristic) and the magnitude of the disparity (the number of people involved).

The most intense disparity we uncovered was the benefit experienced by immigrant women, who smoked at one-third the rate of non-immigrant women (6% vs. 19%). Very intense negative disparities were found for Canadians who had ever used marijuana more than once, who had experienced alcohol dependence, who worked in blue-collar occupations, or who lived common-law instead of being married.

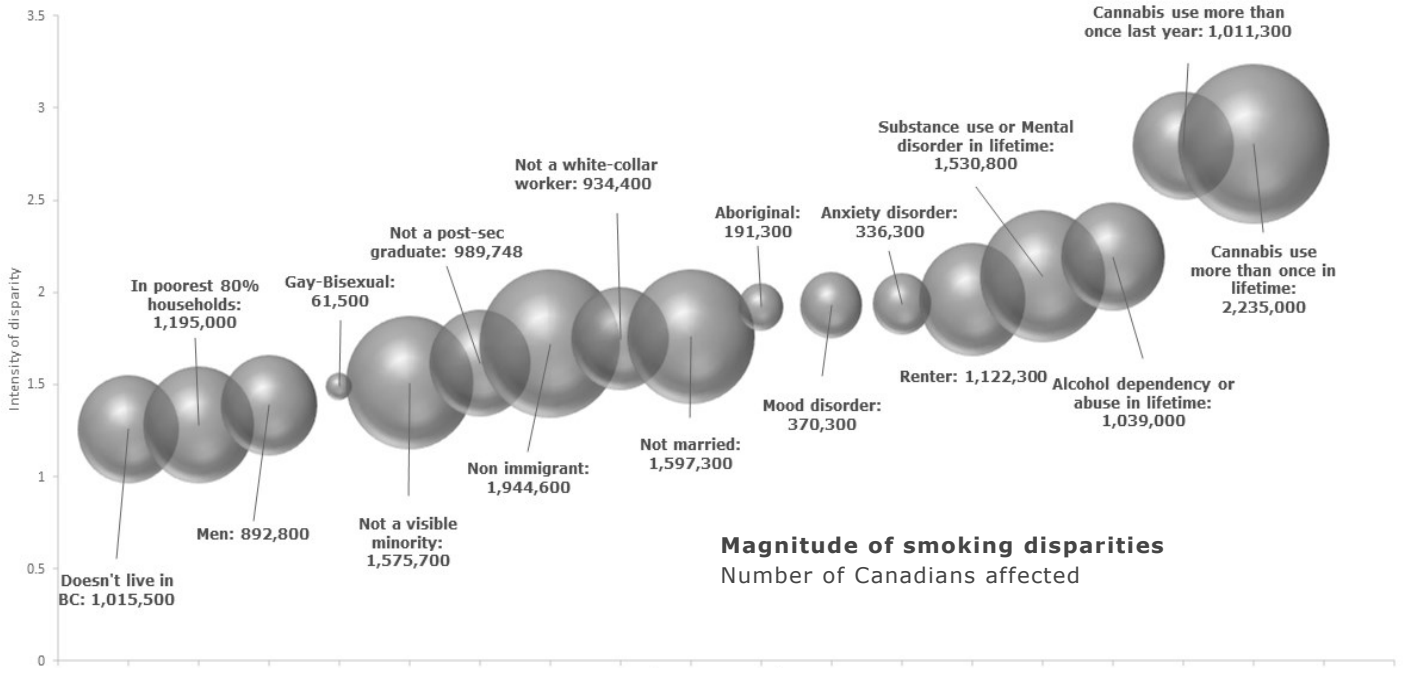
Ranking disparities by the number of people involved produces somewhat different results. The greatest number of people who were affected by the disparities were measured were those who had used marijuana (2.2 million), those who were not immigrants (1.9 million), were single (1.5 million), or who had experienced mental health challenges (1.5 million).

Disparities in tobacco use do not always align with other social and economic inequities.

It is well established that smoking rates are higher among those who are less educated, who face mental health challenges or who live in poorer households. But other factors that are often associated with disadvantage—like being a visible minority, being an immigrant, or being a woman, are associated with **lower** smoking rates.

Disparities in tobacco use are found in overlooked areas of social concern.

The smoking rates of Canadians who work in non-white collar jobs (sales and service, construction, resource industries) are as elevated as those in areas of more frequently expressed equity concern, like income or education. This is also true for Canadians who are not married (because they are single, or are divorced, separated or widowed). ♦



2016
The year in review

January

Age restrictions on the sale of e-cigarettes come into force in **Ontario**, as do bans on flavoured tobacco sales, smoking restrictions on hospital grounds.

February

Ontario raises cigarette taxes by $3.00 per carton.

March

Imperial Tobacco sues the government of **New Brunswick** over the ban on menthol cigarettes. It files a challenge against provisions of the **Quebec** law on health warnings.

April

Ottawa proposes a ban on menthol in cigarettes.

May

Health Canada invites public comments on plain packaging. (And a separate one on marijuana)

Patios go smoke-free in **Quebec**, and regulations to protect children from second hand smoke in cars and playgrounds come into force.

June

Newfoundland approves legislation to ban e-cigs and shisha in indoor public places and workplaces, prohibits flavours, including menthol.

The Smoke-Free **Ontario** Act is amended to put the same restrictions on marijuana smoking as on tobacco.

July

Uruguay emerges victorious against an industry trade complaint about its "single presentation" regulation which bans brand extensions.

Lloydminster imposes an annual fee of $750 for retailers who sell cigarettes. There is an additional fee of $350 if they sell flavoured tobacco.

August

Ottawa city council votes to ban hookah smoking in public places.

September

JTI Macdonald launches PR campaign against plain packaging: bothsidesoftheargument.ca

Prince Edward Island adopts ban on flavoured tobacco, including menthol, effective May 1, 2017.

Federal Health Minister Jane Philpott announces that "a new and effective long term plan" for tobacco control is being developed**.**

October

Queens University hosts a meeting to discuss an "Endgame" for tobacco.

Philip Morris announces that it will begin marketing its first 'reduced risk' product ("Heat Sticks") in Ottawa, Toronto, Vancouver, Edmonton and Calgary.

November

Quebec ban on tobacco manufacturers' incentives to retailers comes into force.

Quebec Court of Appeal reviews the $15.6 billion judgment against tobacco industry imposed in the 2015 judgment of the *Blais-Létourneau* class actions.

The **federal** government introduces legislation to update the federal Tobacco *Act*, bringing the marketing of e-cigarettes under regulatory control.

Federal task force on the legalization and regulation of marijuana presents its report to government.

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Dr. John Oyston, a Toronto-area anesthesiologist, is spearheading a campaign to raise the minimum age to purchase tobacco products to 21.

To support this campaign, visit
www.tobacco21.ca