

STILL IN THE MIDST OF THE EPIDEMIC 33 YEARS AFTER BEING CLASSIFIED BY WHO AS AN EPIDEMIC, TOBACCO USE REMAINS THE CANADA'S LARGEST PREVENTABLE KILLER

The COVID-19 pandemic has thrown up some grim statistics. In the 21 months since the World Health Organization declared a pandemic, about 30,000 Canadian lives have been lost to the coronavirus.

Equally grim, if more familiar, data emerges in the fourth decade since the World Health Organization declared smoking an epidemic. Since the COVID-19 pandemic was declared, tobacco products have killed more than 80,000 Canadians, an average of 140 per day. These victims were on average slightly younger than those who died from the coronavirus (73 years of age vs. 84 years).

That vaccines are able to reduce the severity and spread of the new pandemic speaks to the capacity and willingness of the public health system to invest heavily and move quickly.

While there is no true vaccine to prevent nicotine addiction, the public health equivalent exists in policies and programs that prevent the addiction of new users, that help existing users quit and that forcibly dismantle the tobacco trade. Governments have slowly administered the initial dose of this policy vaccine and it has flattened the curve. But there is a reluctance to develop more powerful policy doses.

A stronger vaccine for the tobacco epidemic and its new variants is urgently needed.

Tobacco companies have adapted to the current policy treatments, have mutated into "harm reduction" companies and have added new product variants like e-cigarettes and heated tobacco. Their public relations positions and marketing tactics may have evolved, but the end result is the same: new generations of nicotine addicts are recruited to replace those who die.

Tragically, government welcomed these variants to Canada, triggering another wave of addiction and harm. In 2018, federal laws allowed new nicotine products to be advertised and made widely available at cheap prices. The decision was based on the untested theory that increasing the availability and attractiveness of vaping products would encourage smokers to switch to a product that would reduce harm.

The policy backfired. These new products proved more attractive to young people than to smokers, and for the first time in decades, the number of Canadian youth experimenting with and becoming addicted to nicotine increased. Clinical trials had demonstrated the usefulness of e-cigarettes at helping smokers quit, but the evidence now points to their not being effective when sold as consumer

products and not accessed in a therapeutic context.

There is little evidence that these new products reduce harm at a population level and growing concerns that they may increase it. The chemical composition of e-cigarette vapour is different than that of cigarette smoke, but that does not make the vapour safe. Evidence is increasing that inhaling e-cigarette vapour is harmful to lungs and hearts and causes cell damage that is associated with cancer. Most smokers who try e-cigarettes continue to also use conventional cigarettes, adding new health risks to the ones they were trying to avoid.

Over the past year, federal and provincial governments scrambled to control these new variants. To their credit, even as they were battling COVID-19, governments gave priority to new controls on the vaping market and lowered nicotine concentrations, curbed marketing, banned flavourings and imposed taxes.

These are the same public interventions that worked to flatten the curve of the smoking epidemic, but which were not strong enough to prevent new generations from being harmed.

It's time for a new approach to the old epidemic. Instead of trying to substitute one addiction for another, governments should plan to phase out commercial tobacco and nicotine products altogether. This can be done with compassion and support for Canada's five million smokers and vapers. But it must be done with a principled disregard for the economic interests of tobacco suppliers, whose profits come at the financial and human expense of our public-funded health systems and our families and communities.

The moment for this new approach is now. This year, all of the provincial governments are participating in closed-door negotiations to settle their \$500-billion claims against tobacco companies.

Tobacco companies have little to offer in these negotiations other than to willingly exit the market. They have deliberately refrained from setting profits aside to pay any legal damages. They have no source of revenues that does not involve selling harmful nicotine products.

Because any payments to provinces will be sourced by tobacco sales, claims against these companies cannot be ethically satisfied. These claims do, however, give governments the leverage to demand a mandatory phase-out of the commercial nicotine business.

Smoke-free multi-unit dwellings

The absent centrepiece of protection from second-hand smoke

One of the great silent ironies of life in Canadian cities today is that many of us can usually get up, take smoke-free transit to our smoke-free workplaces, afterwards eat dinner in a smoke-free restaurant, then maybe later hail a smoke-free taxicab to catch a show or game at a smoke-free venue, only to ultimately have to go back to an apartment or condominium where we are forced to breathe our neighbour's second-hand smoke against our wills in our very own homes.

Health Canada has determined that no level of exposure to second-hand smoke can be considered safe. Certain individuals are at increased risk, including pregnant women and their fetuses, infants and children, and adults with asthma or pre-existing heart disease. In multi-unit dwellings second-hand smoke seeps through multiple connections between units, including the ventilation system, electrical outlets, and cracks or gaps in the walls and floors. Up to 65 per cent of the air in a unit can come from other units in the building. A study showed children in nonsmoking homes living in apartments had 45 per cent higher nicotine metabolite levels than those living in detached houses. Of course if you are a baby or child living with parents who smoke in their/your own home then your situation and need for legal protection is that much more dire.

The scope of the problem is rather alarming: A recent survey of apartment-dwelling B.C. residents showed that 51 per cent are knowingly exposed. Most fail to recognize that they are not alone, and instead suffer the problem in silence, often

moving. A strong majority of individuals would prefer to live in a 100 per cent smoke-free building, yet only a small minority have this status in Canada, regardless of whether one is referring to subsidized or market rental buildings or condominiums at any price level.

That something is legal does not mean it is unregulated. Multi-unit dwellings represent a conflict of individual freedoms with respect to smoking, and one side must be given precedence over the other. We currently have bylaws prohibiting one from disturbing one's neighbours in many comparatively minor ways. Prohibiting smoking in multi-unit dwellings is no different from prohibiting loud music or pets. It is also very important to remember that smoking itself is just a habit. The actual addiction is to nicotine. The smoker who finds it too troublesome to go outside can get their nicotine "hit" in several other ways that do not affect anyone else. The smoker can choose where to smoke. Those affected by smokers cannot choose where to breathe.

Canada is lagging behind on this issue. The U.S. now completely prohibits smoking anywhere in all public housing nationwide. Many cities and counties in California have gone further, with partial or total bans applied to all multi-unit dwellings. Thailand has banned smoking in all homes, considering it "domestic abuse." In 2018 Saskatchewan became the first Canadian province to ban smoking in all its public housing.

Given the facts, a total ban on any sort of smoking inside all multi-unit dwellings is not only justifiable, but necessary and long

Nunavut pioneers smoke-free housing law

More than 60% of homes in Nunavut are managed as public or staff rentals. In 2021, Nunavut amended its tobacco laws to ban smoking within these residences. Details on implementation will become available after the law is signed into force.

overdue. However, if a total ban is currently viewed as politically untenable, there are several less controversial steps that can easily be taken, such as requiring a smoke-free status for all future new buildings, contiguous portions of existing buildings, or as a default status. Additionally, one could require leases to state the smoking status of all units and floors, and develop various incentives and educational campaigns.

The vast majority of Canadians today do not smoke, and also, appropriately, view protection from the second-hand smoke of others as being one of our fundamental rights. It is incongruous that, in a country and province with so much protection against such, so many of us wanting nothing more than the healthful "quiet enjoyment" of the air in our very own homes remain powerless to achieve it.

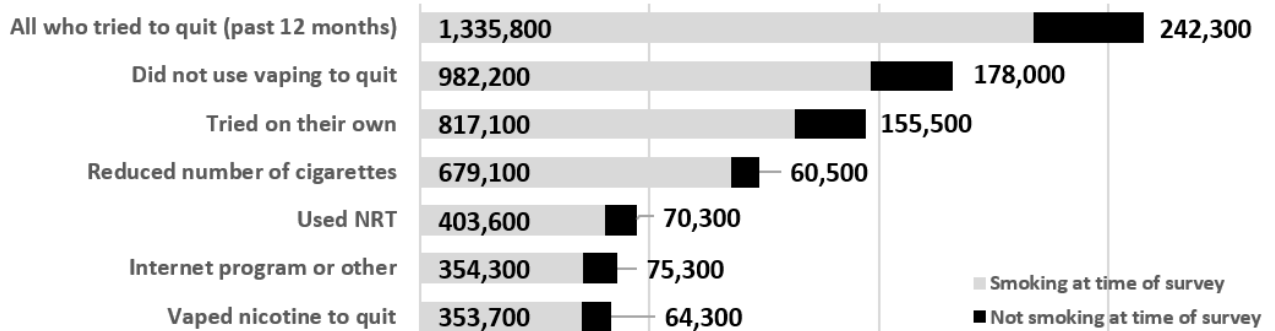
-Dr. Stuart Kreisman, an endocrinologist at St. Paul's Hospital in Vancouver, is a director with Physicians for a Smoke-Free Canada.

Statistics Canada's **Canadian Tobacco and Nicotine Survey** was conducted in for the second time in December 2020 to January 2021—a year after the first wave.

Most Canadian smokers who quit in 2020 did so on their own.

40% of smokers made a quit attempt over the past year, but only one-third of these used a cessation aid.

METHODS USED IN QUIT ATTEMPTS, CTNS 2020



Of the 1.5 million smokers who had made a quit attempt in the past year, only 15% were still not smoking at the time they were surveyed.

Of these, two-thirds (64%) had not used a quitting aid or service, about one-quarter

had used NRT or vaping products (29% and 27%).

Smokers may have tried more than one method during the year or even used several concurrently.

Model regulation from other countries

In some cases, imitation may be the best form of public health...

UNITED STATES

In 2020 the minimum legal age to purchase cigarettes or vaping products in the USA was raised to 21.

NETHERLANDS

In 2020 the Netherlands government announced a plan to progressively reduce retail outlets and put tobacco in specialty retailers.

FINLAND AND SWEDEN

In response to new products these Nordic countries have changed their tobacco control policies to include nicotine use. Finland's goal is to end both tobacco and nicotine use.

FRANCE & UNITED STATES

Regulatory fees are imposed on the tobacco industry to cover the costs of regulation, public programming and research. France's contribution sociale imposes a 6% tax on wholesale revenues. The U.S. Tobacco user Fee raises US \$712 million.

EUROPEAN UNION

EU recently imposed requirements on countries to put warnings on cigarette packages about the environmental impact of filters. They are planning to allow bans on cigarette filters.

AUSTRALIA

Australia never approved the sale of vaping products as consumer products. Instead, this year it limited legal access to these products to therapeutic supply (prescription), using its system for accessing non-licensed medications.

BRAZIL

Despite being a major producer of tobacco, Brazil has maintained an ambitious system of tobacco regulations and programming. It has achieved the greatest reduction in smoking over the past 30 years (71% decline, compared with 47% in Canada).

HUNGARY

In 2012, Hungary established a retail monopoly for tobacco products, removing them from general stores and allowing the sale only in specialty stores where those under 18 are not permitted to enter.

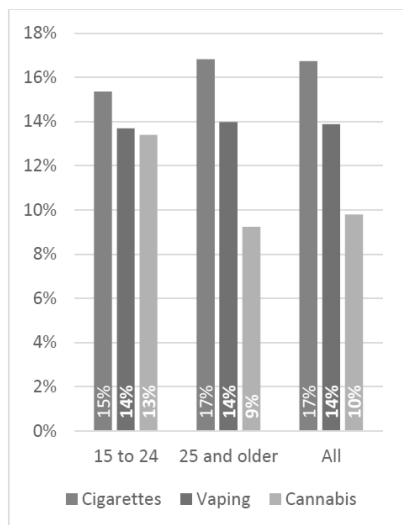
NEW ZEALAND

New Zealand worked with its Māori community to set a new goal to reduce smoking prevalence to 5% by 2025. It is now looking to reach the goal using measures like prohibiting filters and reducing nicotine levels in tobacco.

For every 100 people who have ever tried vaping, 14 became daily users

The likelihood of a young person who picks up an e-cigarette becoming a daily user is about the same for tobacco, nicotine or cannabis.

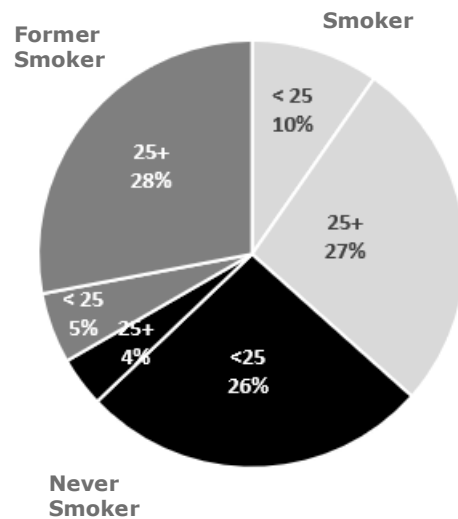
FIGURE: PERCENTAGE OF EVER USERS WHO NOW USE DAILY, CTNS 2020



Four in 10 Canadian vapers are under 25 years of age.

Three in 10 have never smoked a cigarette.

In 2020, CTNS found 1.46 million Canadians who had vaped in the past month. Of these, one-third (485,100) were "former smokers." The remainder were "never smokers" (438,500, 30%) or "current smokers" (532,400 dual users, 38%).



New parliament. New ministers. Renewed advocacy

The appointment of a new Minister and Associate Minister of Health is an opportunity for the public health community to renew its call for reforms to Canada's approach to tobacco control.

The first 6 years of the current government saw two signature tobacco policies: plain packaging for tobacco products and market liberalization of electronic cigarettes. The first of these has worked well. The second did not achieve the government's objective of providing access to alternative nicotine for existing smokers without introducing young people to a new form of addiction and harm.

The new law imposed a new obligation on the Minister of Health: a requirement to report regularly to Parliament on the implementation of the revised tobacco law. This requirement resulted from an amendment proposed by an opposition Senator. The first report is due to be tabled in May 2022.

The new Ministers have the opportunity and responsibility to share with parliament the strengths and weaknesses, successes and failures of Canada's current approach to tobacco use. The parliamentary review of their report can be used to generate political support for stronger measures to address this industry and its harmful products.

"Endgame" thinking is missing

The insufficiency of tobacco control interventions brought the Canadian health community together 5 years ago to plan and articulate a "Tobacco Endgame for Canada". Unlike the current demand-side interventions, "Endgame" approaches recognize the need to change the structural, political and social dynamics that sustain the tobacco epidemic. Measures in this category include more powerful interventions such as de-commercializing the supply of tobacco products, tobacco-only stores, mandatory reductions in tobacco supply, reducing the addictiveness of smoked tobacco, etc.

Although the revised tobacco strategy that was subsequently adopted by Health Canada echoed the Endgame goal to reduce smoking to 5% by 2035, it did not adopt an Endgame approach. It excluded all proposals for structural changes aimed at eliminating tobacco use and instead maintained a focus on demand-side interventions.

The "Less than 5 by 2035" goal is not likely to be met

Canada's Tobacco Strategy is not on track to meet the target of 5% prevalence by 2035. Projected smoking prevalence in Ontario and Quebec in 2035 will be twice as high as Health Canada's target (12.9% in Quebec and 11.5% in Ontario).

"No coherent plan"

Health Canada's published plans for tobacco are a scant 4-page document and 500 word web-page. Last month, an article in the journal Health Promotion and Chronic Disease Prevention in Canada described the federal approach in harsh terms: "*Canada continues to engage in incremental, erratic and reactive tobacco control with no coherent plan to reduce tobacco use or to achieve <5 by 35 [less than 5% smoking prevalence by 2035] and with little buy-in from subnational governments and nongovernmental stakeholders. There are no milestones, benchmarks or tangible national plans beyond optimistic guidance documents. The federal government has never put forth an operational plan to achieve <5 by 35.*" [1]

No national program

Most of those who work to reduce smoking work in health systems and health charities or in provincial or municipal governments. The federal government disbanded the coordinating mechanism for this approach (the National Strategy to Reduce Tobacco Use, NSTRTU) in the early 2000s. A replacement has not been implemented.

[1] Hagen L, Schwartz R. Is "less than 5 by 35" still achievable? Health Promot Chronic Dis Prev Can. 2021;41(10):288-91.

Our recommendations for a 3-pronged approach

1 Prevent Future Addiction

Commit to end the harms from commercial tobacco and nicotine.

Adopt as a policy goal the end of commercial nicotine and tobacco use, as Finland and Sweden have done. In coordination with other levels of government and civil society, Health Canada should establish a timeframe and specific interim and long-term targets to ensure that new generations are not recruited to commercial tobacco or nicotine use.

2 Reform tobacco supply

Align the supply of commercial tobacco and nicotine with public health goals.

Tobacco companies and retailers are motivated and rewarded to maximize economic returns. Legal reforms can shift their business practices towards achieving public health objectives. Canada should:

De-commercialize harm reduction, providing alternative nicotine as a therapeutic product, not recreational drug.

Reform of retail distribution, confining tobacco/nicotine sales to adult-only specialty stores.

Require tobacco companies to meet public health objectives, imposing new incentives and disincentives.

3 Expand & scale up effective measures

Maximize the potential for demand-reduction measures

Canada has not fully implemented the demand-side interventions embraced by the Framework Convention on Tobacco Control. Interventions that can be expanded include promotional restrictions, cessation services, mass media public education campaigns, taxes and price control.

Lessons for tobacco from climate-change actions

DIFFERENT ISSUES, COMMON CHALLENGES

Canada's efforts to reduce tobacco use have much in common with the more recent challenge of reducing greenhouse gas emissions.

Both issues:

- primarily address the negative consequences of combustion;
- involve the shared jurisdiction of federal, provincial and territorial governments;
- seek to modify the behaviour of consumers and producers;
- are opposed by those with commercial interest in continued use;
- are the subject of international framework conventions;
- Respond to technological developments (e.g. electric cars/e-cigarettes).

In developing its approach to climate change, the federal government has implemented reforms that could benefit public health strategies for tobacco.

A requirement to set goals.

Over the past 30 years, the federal government has set a series of targets to reduce both tobacco use and greenhouse gas (GHG) emissions. The current goal for climate change is "net zero (emissions)-by-2050." The goal for tobacco use is "less than 5% (prevalence) by 2035."

The federal climate goal now has a legislative basis. The Canadian Net-Zero Emissions Accountability Act, which was adopted in June, requires the federal government to set national targets for emission reduction.

Health Canada has no legal responsibility to set targets.

An integrated federal-provincial plan

The national framework plan to address climate change (the Pan-Canadian Framework on Clean Growth and Climate Change) includes commitments by federal, provincial and territorial governments.

The federal-provincial approach for tobacco control (the National Strategy To Reduce Tobacco Use, NSTRTU) was abandoned by Health Canada shortly after shortly after its last strategy was agreed to in 1999. An inter-jurisdictional agreement on tobacco control has not subsequently been developed.

A federal pricing plan

Canada's climate change legislation allows provincial governments to set their own carbon pricing systems (carbon tax), but allows the federal government to intervene if provincial pricing measures does not meet the national benchmark.

Provincial tobacco taxes vary considerably across provinces. The federal government could ensure equitable pricing protection by applying a higher federal tax in low-tax provinces (i.e. Ontario and Quebec) than it

does in provinces which meet the internationally recommended level of 70% of purchase price.

Accountability

Federal law (the Canadian Net-Zero Emissions Accountability Act) requires the Ministers of Environment and Finance to prepare and make public reports on progress towards the mandated targets, and establishes structures and systems to ensure public engagement, expert advice and independent oversight. Should climate change targets not be met, the law requires governments to provide details on how they will get back on track.

A phase-out of the most harmful products

The climate change strategy includes the intention to phase out certain combustible products, including coal-fired energy and cars and passenger trucks. Federal regulations are being used to phase out coal-fired energy generators by 2030. Almost a decade ago, the federal phased out incandescent light bulbs because they were too energy inefficient. Economic incentives complement regulations to provide a carrot-and-stick approach to phasing out use.

Health Canada currently has no plans to phase out or end the sale of combustible cigarettes.

Federal targets for tobacco reduction

Quantified targets for smoking behaviour were first adopted by Health Canada in 2001.

- The first wave of the Federal Tobacco Control Strategy (FTCS) was developed in 2000, when one-quarter (24%) of Canadian adults smoked. The FTCS aimed to reduce prevalence to 20% by 2006. This goal was surpassed when rates fell to 19% in that year.
- Health Canada subsequently aimed to reduce smoking prevalence to 12% by 2012. The target was not met.
- In 2017 Health Canada adopted the goal of "less than 5% tobacco use by 2035".
- In 2013, as part of the World Health Organization's Global NCD Action Plan, Canada participates in the goal of reducing smoking by 30% between 2010 and 2025 (from 20.8% to 14.6%).



**NO SMOKING
BEYOND
THIS POINT**

Provincial targets

Six provincial governments have also set targets for tobacco reduction.

- New Brunswick has aligned its target with the federal objective of less than 5% by 2035.
- Quebec, Ontario and British Columbia have set a target of 10% prevalence, aiming to achieve this in 2023 (ON, BC) and 2025 (QC).
- Alberta set a target for 12% prevalence for 2022.
- Newfoundland and Labrador aims to reduce smoking to 18.1% by 2025.

The other 7 provinces and territories have not set targets.

2021

The year in review

January

The Quebec government investment arm, **Caisse de dépôt**, announced that it would divest its tobacco shares. The decision was made in December 2020 and made public in January

March

Flavoured vaping liquids (other than tobacco-flavoured) become illegal in **Prince Edward Island**.

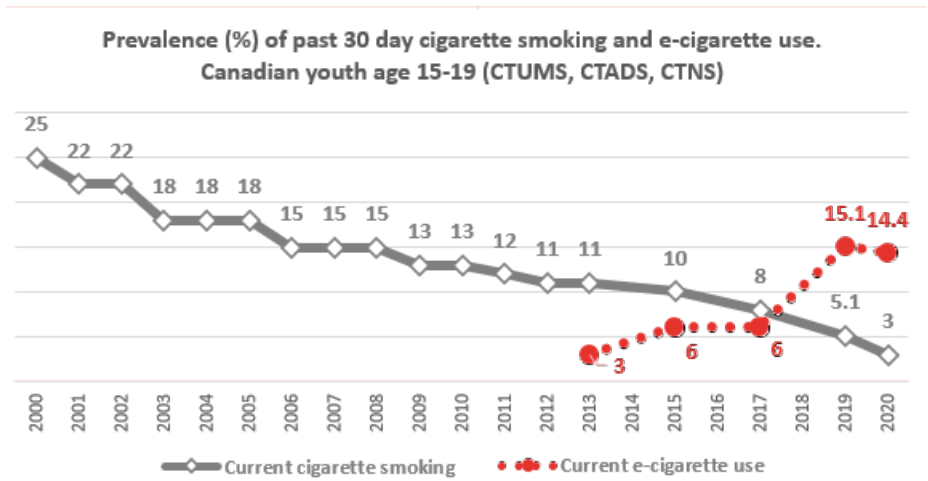
April

The **Federal budget** included a new tax on vaping products (at a suggested rate of \$1 per 10 ml of liquid or portion thereof) and an increase in federal tobacco taxes of \$4 per carton of cigarettes. The tobacco tax took effect immediately, the vaping tax is scheduled to come into effect in 2022.

British Columbia raises tobacco taxes by \$6 per carton.

May

Nunavut adopts changes to its Tobacco and Smoking Act. When the law comes into force, the territory will ban smoking in rental housing and pricing promotions. It will ban flavours in vaping products.



Manitoba passes legislation to apply smoke-free laws to federal lands, ending the exemption for aboriginal reserves.

June

Health Canada proposes regulations to restrict flavours in vaping products, while allowing the sale of those flavoured with tobacco, menthol and mint.

July

Federal regulations capping nicotine concentration at 20mg/ml comes into effect at the retail level on July 23.

August

Following poor market performance, **JTI-Macdonald** withdraws its Logic brand e-cigarette from the Canadian market.

September

Saskatchewan increases sales tax on vaping products (to 20%).

Restrictions on vaping flavours come into effect in **Saskatchewan**. Flavours other than tobacco and menthol are not permitted to be sold except in specialty adult-only vape shops.

New Brunswick ban on flavours other than tobacco comes into effect

The **Ontario Superior Court** extends insolvency protection to tobacco companies until March 31, 2022.

October

During the federal election, the **Liberal, Conservative and New Democratic** parties committed to implement an annual cost recovery fee on the tobacco industry.

Philip Morris International launches its first e-cigarette in Ontario (VEEV), with plans to extend to the rest of Canada.

November

Quebec Court of Appeal upholds restrictions on vaping promotions in the provinces 2015 Tobacco Control Act.

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