A natural experiment in health policy remains unanalyzed

Do free stop-smoking medications make a difference?

There is a wide variation in the way that provincial health-care systems cover the cost of medications—and no less so than for stop smoking medications.

Quebec became the first province to add NRT and prescription cessation aids to its drug plan in 2000. Over the first decade of the plan, it provided such support to about 14% of smokers. who are covered by this plan.

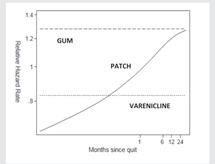
The Ontario government supports a number of programs based in hospitals, universities, workplaces, and other centres. Through its Drug Plan it provided stop smoking medications to 32,000 of Ontario's 1.7 million smokers (2%) in 2012. Other targeted programs in the province provide medications through the STOP program (16,000 smokers), the Ottawa Heart Model programs (12,000 smokers) and to students (1,000 smokers). OTRU estimates that about 5% of Ontario smokers engaged in provincially-funded programs.

In the fall of 2011, British Columbia launched the most ambitious program to date. NRT is provided free-of-charge, and smokers need only call and register to have it delivered to their home. Prescription treatments are covered under the provinces generous Pharmacare plan. More than 25% of smokers accessed this program in its first year. (Data for subsequent years have not been made public.)

What's missing in this picture is any comparative evaluation that would allow policy makers to know whether these programs can help make the difference that is needed. Ontario and Quebec provide usage statistics, but do not evaluate the effectiveness of these drug programs. British Columbia has not shared any data or results of its program.

Hazard of relapse was greater for NRT gum users, and less for Patch users.

Hazard of relapse while using a quit aid divided by hazard of those not using the quit aid. Relative hazard rates less than 1 suggest that the intervention effectively reduces the hazard of relapse



Source : Real World Effectiveness of Varenicline and Other Smoking Cessation Medications. OTRU. October 2014

Post-market surveillance in Ontario

A recent study by the Ontario Tobacco Research Unit adds to a growing understanding of how stop-smoking medications work in real-world settings.

Their review of data collected on Ontario smokers found that using NRT gum increased the odds of relapsing.

The products shown in their study to be effective at reducing relapse were Verenicline and the nicotine patch—although the effectiveness of the patch diminished over time.

Advertised 1.5 billion times a year

Quitlines: Accessed by 1 in 200 smokers

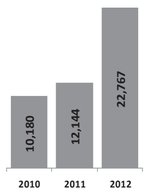
Since the spring of 2012, all Canadian cigarette packages have displayed the phone number for a "Smoker's Quitline". The number is included as part of the health warning, and takes up about 10% of the display space on every cigarette package.

This is an inexpensive way to promote these services on a regular basis to virtually every smoker. But does this information motivate smokers to access these services?

Information on Quitline use in Canada is made available through the North American Quitline Consortium, which reports that in the financial year following the printing of the Quitline number, the number of callers to Quitlines almost doubled.

But the actual reach of this service is still very small: only 22,767 smokers accessed the service in that year (on average they called twice).

Quitlines are managed under provincial authorities, and there is a wide variety in the services they offer, or the ways in which they are connected with other available supports.



Calls to Quitlines doubled after the phone number appeared on cigarette packages in the spring of 2012 — but the number of users is still very small.

Information on Canadian Quitline use as provided by the North American Quitline Consortium

	BC	AB	SK	MB	ON	QUE	NB	NS	PEI	NF	Canada
# Smokers	513,480	541,836	158,175	197,437	1,749,608	1,143,477	109,336	124,176	18,392	84,710	4,732,200
Cost	$1,786,910	n/a	$6,327	$31,590	$1,417,182	$1,074,868	$27,334	$63,330	n/a	$196,527	$4,604,069
# calls	8,500	6,248	552	614	12,614	14,142	706	n/a	n/a	1,324	44,700
$/call	$210	n/a	$11.46	$51.45	$112.35	$76.01	$39	n/a	n/a	$148	$103

2014

The year in review

February

Federal government increases tobacco taxes by $4.03 per carton.

March

Newfoundland and Labrador increases tobacco taxes by $3.00 per carton.

April

Manitoba introduces provincial legislation to strengthen prohibitions on the sale of flavoured tobacco. (Bill 52 was passed in June).

British Columbia increases tobacco taxes by $3.20 per carton.

May

On **World No Tobacco Day**, the federal Health Minister is silent — but Canada's largest tobacco company (Imperial Tobacco) issues a statement urging the government to adopt a harm-reduction approach.

Ontario increases cigarette taxes by $3.25 per carton

June

Victoria rejects proposal from MOH Dr. Richard Stanwick to ban e-cigarettes on playgrounds, parks and public squares.

Quebec raises taxes on cigarettes by $4 per carton.

July

New Brunswick adds smoking cessation therapies to its drug plan, allowing one course of treatment per year.

August

The **Canadian Medical Association** takes a position against smoking any plant substance.

September

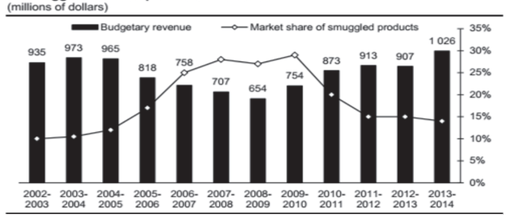
Results of the **Youth Smoking Survey** indicate that 1 in 10 Canadian youth are using flavoured tobacco products.

A demonstration is held during the **Toronto Film Festival** to draw attention to the need for an "R" rating for movies depicting smoking.

Final arguments begin in the **Quebec tobacco class action** suits.

Provincial and territorial governments ask for federal action on e-cigarettes. Health Minister **Rona Ambrose** asks the Commons Health Committee to review the issue.

Change in revenue from the specific tax and change in market share of smuggled tobacco products in Québec
(millions of dollars)



Source: Quebec Budget Plan 2014-2015

This spring five Canadian governments increased the taxes on cigarettes: the federal government, Newfoundland and Labrador, Quebec, Ontario, and British Columbia.

The Quebec government was the only one to connect this tax increase with the contraband issue. In its budget papers it provided the first official government estimate of the size of the contraband market. (See above).

B.C.'s Capital Regional District (Greater Victoria) adopts bylaw to extend smoking ban across parks, playgrounds, playing fields, and other outdoor psaces. A 7 metre buffer zone outside doors, windows and air intakes is set.

October

Vancouver council extends smoking bans to e-cigarettes.

The 6th Conference of the Parties to the **Framework Convention on Tobacco Control** is held in Russia. The Canadian government boycotts the meeting to signal its concerns with Russian aggression in the Ukraine.

Federal government publishes proposed changes to its regulations on flavoured tobacco products.

London Drugs and other B.C. pharmacy owners threaten legal action if the College of Pharmacists of B.C. prohibits tobacco sales.

Nova Scotia introduces legislation to regulate the sale and use of electronic cigarettes.

November

Alberta proclaims legislation to ban smoking in cars to and ban flavours in tobacco products. Menthol is exempted.

Ontario changes regulations under the Smoke-Free Ontario Act to ban smoking on patios, children's playgrounds and public sports fields. Tobacco sales will be banned on university and college campuses.

Ontario introduces legislation to ban all flavoured tobacco products—including menthol, and to ban the use of electronic cigarettes in places where smoking is prohibited by law.

December

In Montreal, the landmark class action trial against the three large Canadian tobacco companies comes to an end. The combined claims of the *Blais* (lung cancer and other specific tobacco-related diseases) and *Létourneau* (addiction) exceed $20 billion.

For more information, contact:

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Physicians *for a* Smoke-Free Canada

REPORT TO MEMBERS – WINTER 2014-2015

Federal government plays "wait and see" with electronic cigarettes

On March 27, 2009, Health Canada issued a consumer advisory against the use of nicotine-based electronic cigarettes. It cautioned the public that these products may pose health risks, and that they had not been evaluated for safety.

In the same press release, it directed that the sale of these products end. *"Persons importing, advertising or selling electronic cigarette products must stop doing so immediately." (1)*

Five years later, the government has yet to admit to any safety evaluation of any products. Despite the illegality of the trade, the sale of nicotine-based e-cigarettes is open and widespread and "vaping" is increasingly commonplace.

Prodded by her colleagues at the annual meeting of health ministers, the federal Minister of Health, Rona Ambrose, took the department's first public policy step in this area by requesting the House of Commons health committee to review the issue and recommend future steps.

The committee's review began in October with testimony from Health Canada officials who gave little indication of whether the department had a policy for or against the sale of e-cigarettes.

They explained that the "lack of evidence" about the risks or benefits of these products made it difficult for them to conduct the risk/benefit analysis necessary for product approval.

At the same time, they implied that it was because their enforcement priorities were based on complaints and an assessment of risks, that they did not crack down on the sale of these products.

Provincial governments are stepping into this legislative limbo. Late this year, the Ontario government introduced measures to ban the use of e-cigarettes in places where smoking is not allowed, and to impose constraints on marketing activities where tobacco is sold. The Quebec government has said that it intends to introduce legislation on e-cigarettes next spring. (It has not said what those measures will be).

Currently, neither major retailers nor the big three tobacco companies are exploiting the federal government's willingness to tolerate the sale of nicotine-bearing e-cigarettes. (E-cigarettes that do not contain nicotine are permitted for sale and are available in most convenience stores).

But these big companies are posed to do so. Each of the multinationals has what they chillingly term "next generation products" on the market—and there are more in development.

The tragic lesson from tobacco is the harm that results when health regulators are slow to react. That's why our message to the parliamentary committee was that these products are another reason for a more responsive and ambitious tobacco control system.

1. Health Canada Press Release, March 27, 2009. Health Canada advises Canadians not to use electronic cigarettes.

Meeting the challenge of e-cigarettes

In its submission to the parliamentary committee review of e-cigarettes, PSC encouraged reliance on two public health principles: Policies should be based on (unbiased, non-commercial) research, and Canadians should be protected from exposure until there is clear evidence of net benefit.

Follow the advice of science-based health authorities like the World Health Organization

World-wide, only a few countries (notably the United Kingdom and the United States) have allowed the widespread advertising and marketing of electronic cigarettes.

Most countries and other OECD countries, have taken a more precautionary approach, consistent with the recent report of the World Health Organization. The WHO-recommended measures aim to balance the potential benefits of a less harmful form of nicotine delivery against the risks of increased or prolonged nicotine use and tobacco smoking. They provide a sound basis for policy decisions in Canada.

The recent EU directive reflects the concerns of the WHO and others. The EU has agreed that its countries will adopt more stringent regulatory controls on the manufacture and licensing for sale of e-cigarettes. (The EU directive does not specify the conditions under which these products can be marketed, but encourages controls.)

Approaches consistent with that of the WHO are also echoed in the recommendations of prominent health organizations like the International Union Against Tuberculosis and Lung Disease, the Heart and Stroke Foundation of Canada, and other tobacco control organizations.

Despite the illegal nature of the sales, retail outlets for nicotine-based electronic cigarettes are operating openly across Canada.

It would be very risky to expand e-cigarette sales until the federal government is better able to respond when things go wrong.

Tobacco companies have shown themselves adept at adapting to public health laws in order to subvert their effect.

Health Canada has still not been provided with the power to move quickly when manufacturers increase the risks to public health from smoking or nicotine use.

Given the rapid expansion of retail outlets openly selling nicotine-based e-cigarettes in defiance of the law, it is hard to have confidence that the government will respond in a timely way if the sale of e-cigarettes harms public health in ways that do not involve a threat of immediate disease or death.

Similarly, the unwillingness to amend their own ban on flavoured tobacco after it became ineffective suggests that the department is not able to respond quickly when needed.

The e-cigarette market should be controlled as part of a renewed, expanded and modernized federal tobacco control strategy

The weaknesses in the current federal strategies towards tobacco and nicotine mean that the risks posed by electronic nicotine delivery systems are higher than they should be, and the benefits they **might** offer to convert smokers to less harmful forms of nicotine are diminished.

Tobacco companies are reinventing themselves into manufacturers of conventional combustible tobacco and electronic nicotine systems. Canada needs to respond to this new reality.

There are other reasons for overhauling Canada's aging tobacco control programs. The federal tobacco control strategy (FTCS) was launched at the beginning of this century, and now has almost nothing left to offer. Most of its regulatory elements are in place and much of its programming has been wound down.

A co-regulatory approach to e-cigarettes and conventional tobacco products.

There is much that remains to be known about whether or how electronic nicotine delivery systems (ENDS) can support smokers to achieve their health goals of quitting smoking or shifting to less harmful forms of nicotine delivery.

One promising idea is to require the reduction of nicotine in conventional cigarettes so that those who are addicted to nicotine are better served by less harmful forms of use.

This and other ideas need further research.

While Health Canada is not, as far as we know, supporting work in this area, there is significant research in the United States. The Tobacco Centers of Regulatory Science program of U.S. National Institutes of Health has a comprehensive research program underway to inform policy on tobacco and nicotine regulations.

Canada should follow this work closely, and be in a position to adopt the new approaches validated through this work.

Should research prove electronic cigarettes to have some public health benefit, consideration could be given to appropriately integrating their use into an end game for tobacco.

Key elements of a regulatory system on Electronic Nicotine Delivery Systems (ENDS)

1. Changes to legal structures and policies

The regulation of electronic cigarettes should be embedded in a modernized tobacco control strategy.

2. Regulatory controls on nicotine and non-nicotine electronic smoking devices

Access and use

Prohibit use of in public spaces and workplaces where smoking is banned by law or by administrative policy.

Prohibit sales to minors.

Prohibit sales in locations where tobacco sales are banned under federal law (eg, vending machines).

Advertising

Prohibit health claims, including as smoking cessation aids, until and unless these claims are approved by Health Canada.

Apply same advertising restrictions as are currently applied to tobacco products.

Warnings

Establish regulatory requirements for appropriate health warning messages, commensurate with risks.

Product approval

Approve e-cigarette nicotine product designs or products on a case-by-case basis, and/or set performance requirements.

Prohibit flavours

Require that e-cigarettes be visually distinct from regular cigarettes.

Establish safety regulations to achieve minimal toxic emissions, to standardize nicotine delivery, to impede alteration for use with other drugs.

The targeting of young users for ENDs is reminiscent of cigarette marketing.

3. Monitoring, surveillance and enforcement measures

Enforcement

Actively enforce the existing ban on e-cigarettes with nicotine to prevent illegal/non-approved nicotine based e-cigarette products from being available in Canada.

Research and Monitoring

Strengthen surveillance and monitoring systems to assess developments in use of nicotine products.

Dedicate research funding towards understanding the potential benefits and risks of ENDS.

Protection from industry interference

The provisions of the Framework Convention on Tobacco Control respecting industry interference (Article 5.3) should be applied to policy on ENDS.

Reporting

Require manufacturers to provide information on their products and marketing activities.

Make these reports available to the public.

4. Access to financial and other resources

Apply the polluter-pay principle

Tobacco companies have found ways to avoid the 50% surtax on tobacco industry profits that was imposed in 1994.

Closing the loopholes in this law, applying it also to profits on e-cigarette sales, and restoring it to its previous levels would provide sufficient funds for regulating e-cigarettes.

Packaging regulations move forward — but not in Canada

In 2000, Canada became the first country to require full-colour graphic health warning messages on cigarette packages.

Today, 40% of the world's nations have followed suit. Picture warnings are required on cigarettes sold in 77 countries.

This rapid progress is a testament to the power of the FCTC to accelerate the uptake of regulatory innovations. But it is also a reminder that other countries seem to be able to move faster — and farther—than Canada.

Other countries—including Thailand, India, Australia and Uruguay—require larger warnings.

Warnings work better when they do not have to compete with attractive packaging.

Australia was the first country to implement plain packaging (in 2012). Since then, legislative steps towards plain packaging have been taken in Ireland (2014), the United Kingdom (2014), and New Zealand (2014). France has also said it will require generic tobacco packages.

Twenty years ago, this was a subject actively discussed in Canada. For several weeks in the spring of 1994, the House of Commons Standing Committee on Health conducted hearings on plain packaging. With some reservations,. The committee recommended that the government adopt this approach.

Since then, not one of the 9 federal health ministers who have been responsible for the tobacco portfolio has expressed any support for the idea of generic packaging of cigarettes.

Cigarettes packages in Australia have larger warnings and have fewer promotional elements (only the brand name is allowed).

Trade disputes: a barrier to progress?

The threat of trade action is almost certainly hindering the adoption of plain packaging and larger health warnings.

Trade action can take place under the rules of bilateral or multilateral trade agreements. Plain packaging has been challenged in both.

The 80% warnings implemented in Uruguay and Australia's plain packaging have both been targeted through bilateral investment treaties.

The World Trade Organization has also been the locus of increasing expression of concern about tobacco control issues. Australia is facing no fewer than 5 dispute settlement panels related to plain packaging. Other tobacco control measures — like Canada's and Brazil's bans on additives and flavourings — have also been the subject of repeated concerns in WTO committees.

It is highly probable that tobacco companies are mobilizing this opposition at the WTO.

In previous decades, trade challenges to tobacco were spearheaded by the United States. More recently, they have been launched by smaller nations, like the Dominican Republic, Honduras and the Ukraine. These are countries which normally have very low profile at the WTO and which are considered by Transparency International to rank among the most corrupt governments.

Cigarette litter:

Deposit-return systems better than public ashtrays

Cigarette butts are a leading source of litter. In its 2012 litter audit, the City of Toronto found that cigarette butts made up almost one-third of smaller items discarded on the street.

Cigarette buts are unsightly, non-biodegradable and toxic to the environment. No wonder that cities are increasingly looking for ways to manage this environmental concern.

Public ashtrays are one solution which has been gaining acceptance. Vancouver has had a pilot project in place for over a year, and Toronto is actively considering one as well.

Terracycle is one company encouraging cities to adopt this approach. Its program is already in place in Vancouver, the Montreal Casino, and parts of Victoria.

It is not only Imperial Tobacco's sponsorship of this program which should trigger public health concerns. Smoking stations on public streets runs counter to effective health practice.

A better option would be a province-wide deposit-return program.

Deposit-return programs can support public health objectives by cues to smoke and by providing financial disincentives.

- Tobacco litter serves as free, albeit perverse, advertising for the tobacco industry.
- Tobacco litter serves as withdrawal triggers/reminders to all smokers, and especially those trying to quit.
- Tobacco litter in places where smoking is prohibited (eg: building entrances, park benches) is used as an excuse by the next potential smoker to break the bylaw as well, knowing that so many others have previously ignored it.
- The increased up-front cost of purchasing a pack, as well of the inconvenience of needing to return it to a depot, will likely dissuade some smokers/potential smokers from the purchase.

Public health concerns with ashtray programs

1 By nature, these programs counter a principal public health tenet - the denormalization of tobacco use. Government programs should aim to lessen the visibility and acceptability of the tobacco industry and smoking. The widespread presence of ashtrays (Vancouver's ultimate plan was for 2000 of them) imply tacit government consent, acceptance and even approval of widespread smoking in public. They strengthen the impression that smoking is common, and create smoking zones in public places. Such re-normalization of smoking is directly aligned with the strongest interests of the tobacco industry.

2 Many of these ashtrays are placed within no-smoking buffer zones around doorways etc.. This ridicules and encourages violations of, hard-fought for, City Health Bylaws.

3 These programs often involve partnering with the tobacco industry (as initially was the case in Vancouver, albeit indirectly). This is inappropriate and runs counter to government obligations under Canada's participation in the WHO Framework Convention on Tobacco Control.