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Dr Michael Dworkind
Director smoking cessation
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RE: Brief filed as part of special consultations on Bill 44, the Act to strengthen the fight against smoking

Enclosed for your consideration the Cancer Prevention Centre of the Jewish General Hospital would like to share with you our comments concerning Bill 44.

As a Centre whose aim is to reduce the prevalence of cancer, we support tobacco control regulations, including those related to secondhand smoke as smoking is the leading cause of preventable ill health and death. Every effort possible to reduce the use of tobacco should be undertaken...

We therefore support the views and positions enunciated by *Coalition québécoise pour le contrôle du tabac* as well as other organisms whose end goals is to further reduce the use of tobacco products. This revision is highly expected and must be rigorous, firstly given the magnitude of the problem, but given the number of years that have elapsed since the last revision in 2005.

Respectfully submitted,
Dr Michael Dworkind

Director Smoking cessation
Jewish General Hospital

Joseph Erban MA

Smoking cessation counsellor

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Briefly, we support the following measures contained in Bill 44:

• Prohibition of all flavours, including menthol, for all tobacco products;
• Ban smoking in cars when children are present;
• Smoking ban on public terraces (bars and restaurants);
• Smoking ban in public places of more than two units;
• Smoking ban 9 meters of any door of a public institution;
• Elimination of the requirement to harmonize standards on packaging, labeling (warnings) and manufacturing with federal standards - eliminating major regulatory obstacles; and
• Subjection of the electronic cigarette (with or without nicotine) to the Tobacco Act - which will ban its sale to minors, lifestyle advertising and banning their use where smoking is prohibited.

However, we would like the following added to further strengthen the Bill 44.

- **Plain packaging of cigarettes**: recent studies show that "plain packaging can reduce positive perceptions of smoking and dissuade tobacco use." Therefore, we strongly recommend that Bill 44 contain measure to ensure that the tobacco industry no longer is allowed stylized packages to attract and promote their brand. One way to do so is by legislating standardized plain package for cigarettes.
- **Extend the ban on smoking in primary and secondary school grounds:** should apply at all times and not only to the hours during which children are at school and extend the ban to CEGEP grounds as well.
- **Extend the ban on smoking to children's playgrounds** (ideally including a radius around the facility.
- **Extend the ban on smoking to the radius of 9 meters to also apply to any window or vent (not only the doors) of a public institution.** In this regards, we suggests also easy ways to report violations if this were to occur once adopted by the government.
- **Do not allow smoking in youth centers, psychiatric departments or units nor in rehabilitation centers**
- **Clarify the rights of owners** or property managers to ban smoking in building and common areas.
- **Prohibit in any point of sale displays**, other than the ministry, which includes images of tobacco products or tobacco packaging
- **Establish a regulatory authority** to better regulate or prohibit certain promotional activities between manufacturers and retailers, including payments in connection with promotion or the "performance" programs or "loyalty"
- **Eliminate the exemption** from the provisions of Article 24 on advertising for retail magazines (for retailers and their employees) that still allows the industry to associate its products with values and positive images, or advertising type "lifestyle"

These are the very same recommendations that *Coalition québécoise pour le contrôle du tabac* recommends and the Cancer Prevention Centre supports.

We hope that Bill 44 will adopt these measures and thus render it more effect in reducing the level of smoking and reducing Quebec population to the deleterious effects of secondhand smoke.

ANNEXE

Can electronic cigarettes assist patients with smoking cessation?

YES – Alan Kaplan MD CCFP(EM) FCFP NO – Suzanne Levitz MD CM CCFP

YES

Electronic cigarettes (e-cigarettes) can assist patients with smoking cessation, which is all they should be used for!

Mark Twain said, "Giving up smoking is the easiest thing in the world. I know because I've done it thousands of times." Despite the current options, the rate of success in smoking cessation continues to be low.[1-3] Smoking is known to harm nearly every organ in the body[4] and quitting smoking can add years to a patient's life. This article reviews why e-cigarettes can assist our patients in their journey.

Potential concerns

A Chinese company, Ruyan, is credited with the invention of the e-cigarette, released on the Asian market in 2004.[5] "Vaping" (the act of using an e-cigarette) is healthier than smoking because the e-cigarette does not produce smoke or contain the toxic compounds present in a traditional cigarette, nor does it release second-hand smoke. However, there are potential concerns. In 2009, the US Food and Drug Administration conducted an analysis of 2 brands of e-cigarette cartridges. Trace levels of carcinogenic nitrosamines were present in more than half of the samples, and potentially harmful compounds, such as anabasine, myosmine, and β-nicotyrine, were present in most of the tested samples.[6] These compounds are also present in tobacco smoke at concentrations that are 100 to 1000 times higher than in e-cigarettes! Propylene glycol, the main ingredient in most e-cigarette cartridges, has been approved for use in food products in Canada as a food preservative, in asthma inhalers and nebulizers, and in theatrical fog machines. Its effects on health are currently, at most, controversial.

Another concern is that public use of e-cigarettes could re-normalize the use of tobacco products.[7] Flavoured nicotine cartridges appeal to youth, which could potentially serve as a gateway to developing a harmful nicotine addiction. That being said, all population-based studies of adults show the highest rate of e-cigarette use is among current smokers, followed by former smokers, with little use among non-smokers, although e-cigarette trial and use rose in all of these categories.[8] In a sample of e-cigarette users recruited from websites dedicated to e-cigarettes and smoking cessation,[9] most (72%) were former smokers at baseline.

Cet article se trouve aussi en français à la page 502.

In Canada, the only legal e-cigarettes have no nicotine added. We need to ensure that there is specific legislation to prevent smoking e-cigarettes in the same places regular cigarettes are prohibited. They also should not be flavoured or sold to minors.

Choice is needed

People smoke for various reasons and thus need a variety of choices to assist in cessation attempts. Nicotine addiction, habit, stress, and lifestyle are all factors that need to be dealt with. Reasons quoted for smoking include the following: "I light up when someone makes me angry," "I am very aware of not smoking when I don't have a cigarette in my hand," and "I find a cigarette in my mouth and don't remember putting it there."[10] Allowing patients to mimic smoking behaviour with an e-cigarette can be helpful. In the ECLAT (Efficiency and Safety of an Electronic Cigarette) study, 11% of the smokers who received e-cigarettes containing nicotine reported that they had abstained from smoking traditional cigarettes at the last follow-up visit.[11] Polosa et al followed 23 subjects not currently planning to quit who were given e-cigarettes containing nicotine; at the 24-month visit 18 continued to smoke and 11 had reduced cigarette consumption by 50% or more, with a statistically significant reduction from an average of 24 to 4 cigarettes per day (P=.003).[12] Five participants had quit tobacco cigarettes at 24 months.

Conclusion

Do not throw the baby out with the bath water. Electronic cigarettes are a harm-reduction strategy for current smokers. Electronic cigarettes can assist your patients in quitting smoking, which is one of the most important health changes they will ever make!

Dr Kaplan is a family physician practising in Richmond Hill, Ont, a staff physician at Brampton Civic Hospital, and Chair of both the Family Physician Airways Group of Canada and the Respiratory Medicine Program Committee of the College of Family Physicians of Canada.

Competing interests

Dr Kaplan has served on advisory boards for and received honoraria for giving lectures from Pfizer and Johnson and Johnson.

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CLOSING ARGUMENTS — YES

Alan Kaplan MD CCFP(EM) FCFP

- Current smoking cessation aids have limited utility and do not deal with the "habit" component of why people smoke. Electronic cigarettes (e-cigarettes) fill this void, but should not be used for any other purpose.
- Smoking e-cigarettes is healthier than smoking regular cigarettes because e-cigarettes do not produce smoke or second-hand smoke, and do not contain toxic compounds at the same levels as traditional cigarettes.
- Legislation is needed to ensure e-cigarettes are used properly. They should not include flavouring or nicotine, and they should not be sold to minors.

The parties in these debates refute each other's arguments in rebuttals available at **www.cfp.ca**. Join the discussion by clicking on Rapid Responses at **www.cfp.ca.**

NO As physicians, we have an obligation to use evidence-based medicine when prescribing new therapies to our patients. The electronic cigarette (e-cigarette) must be considered a new therapy for smoking cessation; the difference in this instance is that the e-cigarette is not a medication. It has hit the market with a momentum unrelated to medical research, and we must be careful. I argue that e-cigarettes are not only useless in smoking cessation, but their introduction has been detrimental to all aspects of tobacco control.[1]

What we know

What do we know about this new therapy? The e-cigarette is an electronic device that looks like a traditional cigarette. The user draws on a mouthpiece to activate a microelectrical circuit that vaporizes the e-cigarette liquid. The liquid is contained in a removable cartridge that consists of nicotine and flavouring agents dissolved in chemicals such as glycerin and propylene glycol.[2] Nicotine-containing e-cigarettes are not licensed in Canada, but are widely available and wholly unregulated.

The e-cigarette has 3 main components. It is powered by a small battery at the distal end that activates an indicator light that mimics the glow of a cigarette. There is a vaporizing chamber in the mid-part of the device that is triggered by inhalation and heats the liquid from a replaceable cartridge so that it vaporizes. The cartridge is inserted near the tip of the cigarette closest to the mouth of the user. It delivers an odourless, smokeless dose of nicotine to the user.

Safety and benefit

The use of e-cigarettes for smoking cessation is controversial. The principle is that the user can decrease his or her nicotine intake, along with the intake of other chemicals contained in cigarettes, while maintaining the habit of puffing on a cigarette. As nicotine levels fall, they are eventually able to break the habit. To date, there have only been a few randomized trials studying the new device.[3-6] Moreover, there have been no trials that have run longer than 2 years and few with more than 50 participants. In addition, there are no follow-up data available to assess sustainment of smoking cessation. Most of these trials have been sponsored by big tobacco companies and were underpowered to show any sustained benefit.

To complicate matters, the safety of e-cigarettes is also controversial. A 2009 US Food and Drug Administration document found harmful components in the 2 brands studied.[7] Trace levels of carcinogenic nitrosamines were found in more than half the samples. Other harmful chemicals were found, such as anabasine, which is found in tree tobacco and is used as an insecticide; myosmine, an alkaloid closely related to nicotine; and β-nicotyrine. A recent study done at the University of Montreal in Quebec had similar results.[8] There are now hundreds of brands on the market, most of which have not been studied in any systematic way. In addition, there are no mandated quality control standards. Two e-cigarettes manufactured by the same company might contain different amounts of nicotine. Most e-cigarettes are manufactured in China. Some brands are now being produced in the United States, but quality control has not been standardized. The long-term safety has not been established.[9-11]

Marketing

One of the most disturbing issues related to e-cigarettes

is that most brands are owned by big tobacco companies. In 2012, Lorillard bought blu eCigs. Altria (the parent company of Philip Morris), British American Tobacco, Imperial Tobacco, and Reynolds American all own and market e-cigarette brands. The companies use these brands to sponsor displays on race cars, in stores, at bus stops, and on cab tops, and even use them in television ads. Because the market is unregulated, these companies have been able to advertise on television and at sporting events, thereby undermining gains made in tobacco control.[12] To take things even further, the big tobacco companies are marketing directly to children and teens, especially with flavoured nicotine cartridges such as bubble gum and SweeTARTS candy. Electronic cigarettes might be the new gateway to nicotine addiction for the upcoming generation. Celebrities have promoted their coolness factor, and social media such as Facebook, Twitter, and Snapchat have propelled sales and played a huge role in the success of e-cigarettes.

Psychological effects on smoking cessation

Marketing tactics aside, what about the psychological effects of the e-cigarette on smoking cessation? Many smoking cessation experts believe that the e-cigarette might delay breaking the habit of smoking.[4] As e-cigarettes are more expensive than tobacco, people might return to smoking once the novelty has worn off. As well, people might use the e-cigarette longer because they believe it is safe. The e-cigarette might also lure young people into cigarette smoking owing to flavoured additives and easy availability (no age limit to purchase).

Conclusion

Government and health agencies are developing strategies to deal with this new phenomenon. Many institutions have decided to ban the use of e-cigarettes in places where cigarettes are prohibited. Restrictions on sales to minors have also been put in place in many regions. Further regulations regarding advertising and use are in development. Physicians play an essential role in explaining e-cigarettes to our patients and must be informed on all aspects.

The e-cigarette is a new, as-yet unstudied device. Most notably, it differs from other smoking cessation therapies, as it is not a medication and it is unregulated. There are hundreds of devices, mainly produced by big tobacco companies. The short- and long-term effects are not known. Further studies, including good randomized controlled trials, must be completed before we recommend this therapy to our patients.

The Food and Drug Administration recently released a study showing a sharp rise in e-cigarette use among American teenagers (up to 25% of high school students), with a corresponding modest decline in cigarette use (16% in 2011 to 9% in 2014).[13]

The e-cigarette has made it acceptable again to puff on a tobacco product. It remains to be seen if this will be a gateway into nicotine addiction.

Dr Levitz is a family physician at Mount Sinai Hospital in Montreal, Que, and a member of the Respiratory Medicine Program Committee of the College of Family Physicians of Canada.

Competing interests
None declared

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CLOSING ARGUMENTS — NO

Suzanne Levitz MD CM CCFP

- There are hundreds of brands of electronic cigarettes (e-cigarettes) on the market, most of which have not been studied for safety in any systematic way. There are no mandated quality control standards.
- Trials to show that e-cigarettes can be used successfully in smoking cessation were underpowered to show any sustained benefit and were often sponsored by tobacco companies.
- Most e-cigarette brands are owned by big tobacco companies. Because the market is unregulated, these companies have been able to advertise on television and at sporting events, and market directly to children and teens.

The parties in these debates refute each other's arguments in rebuttals available at **www.cfp.ca**. Join the discussion by clicking on Rapid Responses at **www.cfp.ca.**

Les cigarettes électroniques peuvent-elles aider les patients à cesser de fumer?

OUI — Alan Kaplan MD CCFP(EM) FCFP **NON — Suzanne Levitz** MD CM CCFP

OUI

Les cigarettes électroniques (vapoteurs) peuvent aider les patients à cesser de fumer et elles devraient servir exclusivement à cette fin.

Mark Twain disait : « Cesser de fumer est la chose la plus facile au monde. Je le sais, parce que je l'ai fait des milliers de fois ». Malgré les choix actuels d'aides au sevrage tabagique, leur taux de réussite continue d'être faible[1-3]. Il est bien connu que fumer endommage presque tous les organes du corps[4] et arrêter de fumer peut ajouter des années à la vie de votre patient. Le présent article examine pourquoi les cigarettes électroniques peuvent assister nos patients dans leur démarche.

Inquiétudes possibles

On attribue l'invention du vapoteur mis sur le marché asiatique en 2004 à Ruyan, une entreprise chinoise[5]. Le « vapotage » (l'acte d'utiliser une cigarette électronique) est plus sain que fumer parce que le vapoteur ne produit pas de fumée, ne contient pas les composés toxiques présents dans la cigarette traditionnelle et ne dégage pas de fumée secondaire. Il reste toutefois des inquiétudes possibles. En 2009, la Food and Drug Administration des États-Unis a effectué une analyse de 2 marques de cartouches de vapoteurs. Des traces de nitrosamines carcinogènes étaient présentes dans la moitié des échantillons et des composés potentiellement dommageables, comme l'anabasine, la myosmine et la β-nicotyrine, ont été décelés dans la majorité des échantillons analysés[6]. Ces composés sont aussi présents dans la fumée du tabac à des concentrations qui sont de 100 à 1000 fois plus élevées que dans les vapoteurs! L'utilisation du propylène glycol, principal ingrédient dans la plupart des cartouches de vapoteur, est approuvée dans les produits au Canada comme agent de conservation alimentaire, dans les inhalateurs et les nébuliseurs pour l'asthme, ainsi que dans les appareils qui produisent des imitations de fumée au théâtre. Ses effets sur la santé sont, au mieux, controversés.

On peut aussi se préoccuper que l'utilisation en public du vapoteur puisse normaliser à nouveau l'utilisation des produits du tabac[7]. Les cartouches contenant de la nicotine aromatisée plaisent aux jeunes, ce qui pourrait potentiellement servir d'avenue au développement d'une dépendance nocive à la nicotine. Cela dit, toutes les études sur la population adulte démontrent que les taux les plus élevés d'utilisation du vapoteur se retrouvent chez les fumeurs actuels, suivis des anciens fumeurs, et que très peu de non-fumeurs l'utilisent. Toutefois, l'essai du vapoteur et son utilisation ont augmenté dans toutes ces catégories[8]. Dans un échantillon d'utilisateurs du vapoteur recrutés par des sites web voués à la cessation des vapoteurs et du tabagisme[9], la plupart (72 %) étaient d'anciens fumeurs au point de départ.

Au Canada, seuls les vapoteurs sans nicotine sont légaux. Nous devons nous assurer que des lois précises interdisent l'usage des vapoteurs dans les mêmes endroits où les cigarettes normales ne sont pas permises. Ils ne devraient pas être aromatisés ni vendus à des mineurs.

Choix nécessaire

Les gens fument pour diverses raisons et, par conséquent, ont besoin d'une diversité de choix pour les aider dans leurs tentatives d'arrêter de fumer. La dépendance à la nicotine, l'habitude, le stress et le mode de vie sont tous des facteurs à prendre en compte. Parmi les raisons de fumer mentionnées par certains figurent les suivantes : « J'en allume une quand je suis en colère. » « Je suis très conscient de ne pas fumer si je n'ai pas de cigarette à la main. » et « Je me retrouve avec une cigarette à la bouche et je ne me souviens même pas de l'y avoir mise. »[10]. Il peut être utile pour les patients de pouvoir imiter le geste de fumer avec un vapoteur. Dans l'étude ECLAT (Efficiency and Safety of an Electronic Cigarette), 11 % des fumeurs qui avaient reçu des vapoteurs contenant de la nicotine ont signalé à leur dernière visite de suivi s'être abstenus de fumer des cigarettes normales[11]. Polosa et ses collègues ont suivi 23 personnes qui ne planifiaient pas d'arrêter de fumer à qui ils ont fourni des vapoteurs contenant de la nicotine; à la visite après 24 mois, 18 fumaient encore et 11 avaient réduit leur consommation de cigarettes de 50 % ou plus, notamment une réduction statistiquement significative allant d'en moyenne 24 cigarettes par jour à 4 (p =,003)[12]. Après 24 mois, 5 participants avaient cessé de fumer la cigarette.

Conclusion

Il ne faut pas jeter le bébé avec l'eau du bain. Les vapoteurs sont une stratégie de réduction des dommages pour les fumeurs actuels. Les vapoteurs peuvent aider vos patients à arrêter de fumer, ce qui représente le plus important changement qu'ils puissent faire pour leur santé!

Le Dr Kaplan est médecin de famille et pratique à Richmond Hill, en Ontario; médecin membre du personnel au Brampton Civic Hospital; et président du Regroupement canadien des médecins de famille en santé respiratoire et du Comité de programme sur la médecine respiratoire du Collège des médecins de famille du Canada.

This article is also in English on page 499.