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## **Standing Committee on Health**

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**EVIDENCE**

**Monday, February 26, 2018**

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**Chair**

**Mr. Bill Casey**



## Standing Committee on Health

Monday, February 26, 2018

• (1535)

[English]

**The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)):** I call our meeting to order.

Welcome to meeting number 93 of the Standing Committee on Health. We're continuing our study on Bill S-5. I want to welcome all our guests.

Dr. Strang and Dr. Selby, we have seats here for you with signs on them, but we can see you and we thank you for working with us on this study.

We'll start with Dr. Robert Strang, chief medical officer of health with the Nova Scotia Department of Health and Wellness. Thank you for attending.

From the Consumers' Association of Canada, we have Mr. Bruce Cran, president. Thank you.

As an individual, we have Dr. Selby, professor, from the Centre for Addiction and Mental Health, University of Toronto, by teleconference.

From the coalition québécoise pour le contrôle du tabac, we have Flory Doucas, co-director and spokesperson.

Thank you all for coming.

Before we start, I will mention that we're going to have committee business at the end of our round of questions. I was asked to tell you that members can get a technical briefing on this bill from the department officials if you want one. If you want a technical briefing on the bill, they'll give you the details and technical aspects of it.

Again, we're going to have committee business after we finish our questions.

Dr. Strang, if you'd like to make a 10-minute opening statement, we'll start off with you. Each speaker will have 10 minutes for an opening statement, and then we'll go to questions.

Dr. Strang, the floor is yours.

**Dr. Robert Strang (Chief Medical Officer of Health, Nova Scotia Department of Health and Wellness):** Thank you very much.

Good afternoon. Thank you for the opportunity to speak to the committee today. I'm appearing on behalf of provincial and territorial chief medical officers of health and am providing a collective public

health perspective, not individual provincial-territorial jurisdictional positions.

To start, I would like to acknowledge the ongoing work of the federal government to continue to advance tobacco control in Canada. Bill S-5 is an important next step in that work. I would also like to thank all the federal political parties for their support at the second reading of Bill S-5.

Tremendous gains have been made in tobacco control in Canada, but the use of tobacco products remains our number one cause of preventable death. There is much more that needs to be done. As you heard from Minister Petitpas Taylor on February 14, the federal government is committed to the goal of reducing tobacco use rates to 5% by 2035. Reaching that goal will require a collective focus on two areas: preventing youth and young adults from starting to use tobacco products, and supporting current users to quit. Bill S-5 will make important advances in both areas, and is supported by the provincial-territorial chief medical officers of health. However, we would like to offer suggestions to strengthen the bill and maximize its impact.

I will start with plain packaging. Restricting the advertising and promotion of tobacco products has been a critical part of the success to date in tobacco control in Canada. Requiring plain and standardized packaging, as per Bill S-5, will remove one of the few remaining ways for tobacco products to be marketed to Canadians. It will prevent initiation and will support long-term cessation. If you look at the full body of evidence on the impact of plain and standardized packaging in other countries, as has been previously provided to the committee by the Canadian Cancer Society, it clearly shows the potential contribution that plain and standardized packaging could make in continuing to decrease the use of tobacco products in Canada. It has also clearly been established that claims by the tobacco industry that plain and standardized packaging increases the use of contraband tobacco products are inaccurate and exaggerated.

Two areas where Bill S-5 could be improved regarding plain and standardized packaging are, one, amend the bill to provide regulatory authority to allow health warnings directly on tobacco products in addition to packages, as the bill does for vaping products; and, two, amend the bill to provide regulatory authority to allow provisions of the act to apply to herbal smoking products, including herbal water pipes, in the future.

I'll now move to electronic nicotine delivery systems, ENDS, or as they're more commonly known, e-cigarettes.

Eight provinces have ENDS legislation covering areas such as legal age of sale, public use, retail sale, and point-of-sale advertising. Provincial and territorial chief medical officers of health are pleased that the federal government is moving forward with their legislation on these products, but we share concerns regarding the advertising and promotion already provided to this committee by other tobacco control organizations. The evidence to date on ENDS is that while they may help some individuals to be successful in cessation, ENDS may also inhibit cessation by facilitating the alternating use of ENDS and tobacco products. In short, the evidence on ENDS as a cessation product is at best equivocal. There is also growing evidence that, likely because of ultrafine particulate in inhaled vapour, the risk of cardiovascular disease from the use of ENDS is similar to that from smoking tobacco products. Furthermore, evidence from Canada and the U.S. shows that youth who use ENDS are at increased risk of starting to use tobacco products.

The regulatory approach to ENDS, including advertising and promotion, needs to find an appropriate balance based on existing evidence between any potential net benefit as a tobacco cessation product and potential risk to increasing youth initiation with tobacco products and inhibiting tobacco use cessation. In our opinion, as currently written, Bill S-5 does not provide that balance and is inconsistent with existing and proposed approaches to advertising and promotion for tobacco and cannabis respectively.

As it is currently written, Bill S-5 would allow widespread marketing and promotion of ENDS comparable to the 1960s tobacco industry voluntary code. We recommend that Bill S-5 be substantially strengthened by, one, requiring that ENDS advertising may only be information or brand advertising. This is the approach for tobacco in the Tobacco Act and the proposed approach for cannabis in the cannabis act. Our second recommendation is to remove provisions that allow lifestyle advertising in bars and in publications sent to adults. Third, restrict the provision of incentive promotions—for example, price discounts—to specialty ENDS retail stores. Fourth, place the same restrictions on the locations of ENDS advertising as are currently in the Tobacco Act and in the proposed cannabis act.

These amendments would create a much better balance between allowing those who currently use tobacco products to be informed about ENDS as a potential cessation support and protecting youth and young adult non-smokers.

I will end by noting that detailed language on these recommended regulatory changes has been supplied to this committee previously by the Canadian Cancer Society.

Thank you again for the opportunity to provide this information to you today.

• (1540)

**The Chair:** Thank you as well for providing it. Do you speak just on behalf of Nova Scotia, or other provinces as well?

**Dr. Robert Strang:** No, as I said, I'm representing the provincial and territorial chief medical officers of health from the 13 provincial and territorial jurisdictions.

**The Chair:** Thanks very much.

Now we go to the Consumers' Association of Canada and Mr. Cran.

**Mr. Bruce Cran (President, Consumers' Association of Canada):** Good afternoon, and thank you for having me here today. I appreciate it. My name is Bruce Cran, and I'm the president of the Consumers' Association of Canada.

The CAC has been advocating for consumers for the last 70 years, having been founded in 1947. We are Canada's oldest and most established consumer organization, and we're entirely governed by volunteers. We actually have no employees of any type. For the past 40 years, I have served Canadians as a consumer rep, and for the last 20 years as president of the association.

We oppose plain packaging of any product for five main reasons. First, it makes it difficult, if not impossible, for consumers to identify their preferred brands. Second, it increases the risk that consumers will be given the wrong product. Third, it greatly increases the risk that consumers will be provided with counterfeit products that have undergone no product or safety checks. Fourth, it is insulting to consumers, suggesting we cannot make decisions without being swayed by package design. Finally, it sets a very dangerous precedent for the packaging of all consumer goods.

We believe that consumers have a right to easily identify their preferred brand of a product, whether it be tobacco, alcohol, soft drinks, chips, or whatever. With that in mind, CAC polled consumers on plain packaging as soon as we saw it in the minister's mandate letter. Please let me share some of the results with you.

About 50% of consumers say it's important for them to be able to identify their preferred brand when purchasing, versus 22% who say it is not important. About 58% feel plain packaging will mean they are unable to distinguish their preferred brand from other brands. Some 71% feel that it will be more difficult to identify their preferred brand of a product with plain packaging. About 54% are concerned they will buy the wrong product by mistake, and 69% are concerned the product they are buying could be counterfeit.

Branding is the very basis of the consumer economy. It is what helps consumers make their purchasing decisions, recognize the product they want to buy, and know that the products are legitimate. If you take away branding, you're kneecapping consumers.

When all products must look exactly the same, the counterfeiting process becomes easier. The government itself seems to recognize this, as all the new designs and formats of our currency, for example, are increasingly sophisticated in an effort to fight counterfeiting. If we need more sophisticated designs of our currency to prevent counterfeiting, how does the government dismiss the fact that a less sophisticated design for a multi-million-dollar product will be leading to a counterfeiting explosion? There is no other logical conclusion.

However, we also polled consumers on whether plain packaging would be effective in reducing the products with negative health impacts and found the following: 34% of Canadians feel mandatory plain packaging will be effective in reducing the use of such products. Even fewer, 25%, feel packaging will be effective in reducing their own preference in brands. About 55% view taxation as a useful tool, 89% support warning messages to ensure consumers are aware of the health risks, and 90% support improving consumer education about these products and their health risks.

• (1545)

The CAC must take a principled stand against plain packaging, not because we have any particular affinity for smoking but because introducing these packages will probably create a precedent for many other products. We don't want to see plain packaging on our wine bottles or anything else that we buy and have become used to seeing labels on.

Finally, implicit in Bill S-5 is the notion that consumers are simpletons who consume unhealthy products because of the packaging, when in fact humans have been engaged in unhealthy behaviours of various kinds for as long as man has walked the earth. Therefore, it is incredibly simplistic to suggest that plain packaging is the solution. In reality, the solution is some combination of education, counselling, direct support, and outreach targeted at the most at-risk populations. However, that takes time and effort, whereas something like plain packaging offers government a feel-good solution without doing any actual work.

The CAC recognizes that taking a stand against plain packaging will lead to attacks from some in the public health community; however, those advocates long ago lost touch with consumers. Our polling clearly indicates that measures that are taken in a simplistic belief...

Sorry. I'm having dreadful trouble reading this without glasses, but that's my case.

I'd like to thank you for having me here today. Next time I'll see if I can get a proper pair of glasses.

**The Chair:** Thanks very much for your contribution. I'm sure we'll be asking you lots of good questions.

Now we'll go to Dr. Selby. The floor is yours for 10 minutes.

**Dr. Peter Selby (Professor, University of Toronto, Director of Medical Education, Centre for Addiction and Mental Health, As an Individual):** Respected chair, members of the House of Commons Standing Committee on Health, thank you for inviting me to speak about Bill S-5. I am Dr. Peter Selby. I'm a medical doctor and professor at the University of Toronto, specializing in addiction medicine with a strong focus on tobacco addiction treatment as a

clinician, researcher, and educator. I am the deputy physician-in-chief of education at the Centre for Addiction and Mental Health, where I also hold a post as a clinician scientist. As some of you may know, CAMH is the largest hospital of its kind in Canada.

I can tell you that I witness first-hand the devastation of addiction to tobacco and the difficulty my patients experience in quitting, even with the best help available. I also have programs running in over 300 sites in Ontario. I can tell you that the patients who are coming through those sites across the province are struggling. At best, only one in three will respond to the treatment available. When we have a goal to get to 5% by 2035, we need to get current smokers to stop now. It's indisputable that in addition to prevention, the most effective thing we can do now to save lives is to get current smokers to stop. However, we are stuck in tobacco control, in part because we haven't done enough of what works, of what we know works. There is a "know-do" gap. For example, we know that price, availability, and attractiveness of the product, especially to young people, are big promoters of why people will access these products, use these products, continue to use these products, and, might I say, relapse back to these products after they make an attempt to quit.

As a society, we need to be detoxified from the advertising that has made all of us collectively believe that smoking cigarettes—which, if you think about it, delivers 7,000 chemicals and 60 known cancer-causing agents and is the number one cause of house fires and premature deaths—is cool and a personal choice. Addiction is not a free personal choice, because when nicotine is delivered through combustion, it actually robs people of a choice to varying degrees. If you don't believe me, go outside any hospital in the middle of winter and tell me how many people you see out there puffing away at a cigarette while they have an IV going into their arm. No person who exercises free choice would choose to do that willingly when they're in a hospital because of a condition often caused by that addiction.

We should note that although nicotine is the addictive substance in the cigarette, the overall harm is caused by the combustion of the tobacco and the paper that is holding that tobacco, and the fact that it forces people, once they become addicted, to have that reloading almost every 90 minutes. It means that on average, Canadians who smoke are smoking 13 cigarettes a day, almost one per waking hour. In other words, it's a design flaw in how people are forced to get their nicotine if they want or need it.

We need to catch up to other countries that have introduced plain packaging, with the associated enhancements of warnings on the cigarette itself, and crack down on contraband tobacco manufacture and sales. We need to undo this attack on the choice of the addicted smoker by making the cigarette less attractive, with associated information on the package to prompt people to quit and to help them seek help if they are unable to stop on their own. Anything less is allowing commercial entities to prey on people with addictions, who more and more are the most vulnerable people in society.

Therefore, plain paper packaging needs to be supported. There is good evidence for it, scientific evidence. There's good evidence that as part of comprehensive tobacco control, it is an important strategy. People can look at it as if it's the only thing, but I don't think the Canadian tobacco control strategy is in its infancy; it requires enhancements to make sure it's more robust. I would not look at plain packaging as the magic solution, but as one more way in which we can advance the goals of a healthier society and a healthier next generation.

Having said that, I'll turn my attention to electronic devices that deliver nicotine. They are very promising innovations that we need to figure out and support in their development. The current products on the market have suffered from a lack of regulation, and I think this bill will allow for that innovation to occur and will also allow for that to potentially make cigarettes obsolete.

• (1550)

The regulations that have been proposed make sense and will allow researchers such as myself to study these devices. If we want to make a health claim for cessation, then we can go through this process and obtain evidence-based scientific proof that electronic devices, like other nicotine replacement products, can help people to quit tobacco. On the other hand, if a claim can't be made but we see a substitute that can reduce, by an order of magnitude, the exposure to many of those products of combustion, then we need to study it. The legislation and the regulations should allow for ongoing surveillance and study so that we can make sure there are standards in place for what exposure should be and for the maximum exposure allowed. Included in this should be the way the product is manufactured, the electronic juices put into it, the flavourings allowed or not allowed, and where and how it should be consumed. All these things need to be put in so that we can find the balance whereby people who are unable or unwilling to stop the use of cigarettes can choose to do something that will mitigate the harm to them.

That fits in with how Canada's drug policies have evolved, whether it's supervised injection facilities or cannabis legalization. We need to understand that legalization doesn't mean no rules. Rather, it means strong regulations to reduce the attractiveness and uptake by youth, which would include the advertising restrictions suggested in the submissions from the Canadian Cancer Society and my esteemed colleague Dr. Strang. We need to make sure this is put in place so that youth don't find it attractive because it has flavourings and labelling that make it seem like a cool thing to do. At the same time, these products and the facts about them should be made available to people who are addicted, in such a way as to help them switch from the combustible form and start breaking away from their addiction.

I will stop my comments there. Thank you.

• (1555)

**The Chair:** Thank you very much.

Now we go to Ms. Doucas.

**Ms. Flory Doucas (Co-Director and Spokesperson, Coalition québécoise pour le contrôle du tabac):** Thank you.

I'll make a few remarks in French, and then I'll switch to English.

[*Translation*]

Good afternoon.

My name is Flory Doucas and I am the co-director and spokesperson for the Coalition québécoise pour le contrôle du tabac.

We appreciate your invitation to testify today in the context of your work on bill S-5.

[*English*]

With regard to Bill S-5, the coalition is fully supportive of the implementation of plain and standardized packaging in Canada, a measure supported by an impressive list of organizations across the country, including some 200 from Quebec, ranging from the association of pulmonary specialists to the City of Montreal.

Before we began, I showed you some packs to consider—a pack from Australia and one for the very same brand by the same manufacturer, sold here in Canada. Clearly, one of them is less appealing and attractive than the other. Clearly, the warning on one of them stands out more and is more persuasive. We encourage the Minister of Health and all parliamentarians to work together to implement plain and standardized packaging as quickly as possible.

That said, the Quebec coalition has serious concerns with Bill S-5's provisions regarding the promotion of nicotine vaping products.

First, allow me to provide some context. Dr. Selby actually pointed to some of it.

Manufacturers of nicotine vaping products can and always have been able to get their devices licensed as medicines or therapies to quit smoking. As for other medicines, manufacturers must provide proof and evidence regarding the claims associated with the therapeutic benefits of their products and show that when used as directed, the benefits outweigh the risks and the medicines alleviate a condition. They don't have to prove that their products are harmless, and many medicines actually have important side effects.

Getting a product licensed as a cessation therapy has its advantages. The Food and Drugs Act allows medicines to be advertised on TV and on the radio, with provisions as to how that can be done. Furthermore, as medicines, these products are reimbursed by many private and public sector plans.

To date, no manufacturer for these products has proceeded to get their nicotine vaping product licensed in Canada or anywhere else in the world.

Thanks to many public sector research dollars from all over the world, we now know enough to say that these products are less harmful than conventional cigarettes, at least in the short term. Also, as all other health groups that previously testified have said, the coalition supports the regulation of these products and believes that smokers should have access to them. The issue here is not access, but rather how these products should be promoted and to whom.

We acknowledge and welcome the amendment voiced by the health minister a week and a half ago. Before this committee, the Honourable Ginette Petitpas Taylor said:

Protecting youth from the dangers of nicotine addiction is a top priority of mine. I share some of the concerns expressed by the Quebec Coalition for Tobacco Control and others, especially regarding lifestyle promotion.

We do not allow lifestyle promotion of tobacco products, and we do not intend to allow it for cannabis products. To protect youth

—and the emphasis on “youth” is mine—

and non-smoking Canadians, I intend to support an amendment that would prohibit all lifestyle promotion of vaping products.

While that is a very beneficial improvement to this bill and will indeed better protect non-smoking adults, especially young adults who would have likely seen ads for these products in bars, such an amendment does nothing to better protect youth. Bill S-5 would permit lifestyle advertising in adult-only venues.

● (1600)

However, we do agree with the minister that youth deserve to be better protected from the promotion of addictive nicotine products, and we recommend that amendments be adopted to achieve this. This can only be achieved by further limiting locations where advertising can occur so as to ensure that kids do not see the ads.

Let me explain. We believe that the language in Bill S-5 has falsely reassured many in terms of what advertising would not be allowed. The language regarding content—not location, but content—of permitted advertising in Bill S-5 is essentially the same as what is currently allowed for tobacco products. The huge difference is with respect to the channel or location where permitted ads can be seen.

Proposed section 30.1 of Bill S-5 bans advertising for vaping products if there are reasonable grounds to believe that the advertising could be appealing to young people. Well, guess what? Subsection 22(3) of the current federal Tobacco Act bans lifestyle advertising as well as advertising that could be construed on reasonable grounds to be appealing to young people for tobacco products.

However, as you know, the legalization of nicotine vaping products will open the market to larger players than those currently operating in it now: the tobacco industry. Restrictions on location or channels where advertising is allowed would go a long way in protecting youth. If tobacco ads were allowed in more locations, the restrictions on content would not mean much, since, based on what we saw when tobacco ads were still allowed in newspapers and magazines, industry still has the capacity to indirectly associate its products to lifestyles and to make their products attractive to young people. This is despite the restrictions on content.

Thankfully, the impact of such ads was limited because they were only allowed in very limited settings. Let me provide some examples of ads published in free weekly papers and magazines before the fall of 2009, when the Harper government banned tobacco advertising in such channels.

I point to the ad for super-slim menthol products. This ad, showing a sleek and pretty product, was not considered to be appealing to young people. The next ad is for smokeless tobacco. Keep in mind that Quebec is the only province to require prominent health warnings on tobacco ads. In other provinces, the same ads would have appeared with no warning or a small, unpersuasive one put there voluntarily by the manufacturer. However, as you can see, the wooden panelling in the background creates the impression of a rustic atmosphere conveying a more natural way of life. With colours, textures, and overall feel, the manufacturer is able to send a positive message regarding this brand of smokeless tobacco.

Here's the next example, with the three smokeless packs. Do you see the mesh background? Does this remind you of a hockey net being hit by three pucks, or maybe more like a batting cage? Keep in mind that for a long time, two tobacco products were used and highly associated with baseball players and other sport professionals.

The geniuses in the tobacco industry's marketing departments regularly use sophisticated graphics to convey indirect messaging and confer a specific aura to different brands. They have shown that they do not need to use real images or depictions of people, cartoons, or animals to evoke lifestyle, to capture a sensation, or to make their products attractive to kids.

The tobacco industry has a history of paying the highest dollars to get top marketing professionals to push the limits of whatever is allowed in terms of promotion. When issues arose with the interpretation of the advertising provisions in the Tobacco Act, Health Canada did not rein in problematic ads swiftly. They were published and republished across the country.

● (1605)

Corrections did not come from the courts either, which is undoubtedly also a long process. Corrections only came later, when the Tobacco Act was amended to ban advertising through the promotional channels that had the problematic ads that kids were seeing.

We ask you to consider the history of tobacco control and the lessons learned from the past, and to act now to avoid similar issues with vaping products. Why risk exposing all our teenagers to ubiquitous promotion for highly addictive nicotine products? Ideally, permitted advertising would be seen by adult smokers. Minimally, advertising should be seen by adults or through channels that are primarily viewed by adults.

All health groups who have testified, including Dr. Gaston Ostiguy, a staunch promoter of e-cigarettes, and the Canadian Vaping Association, have all said that they would either recommend or support stronger dispositions to rein in advertising for these products. Do we really want our kids to see these kinds of ads on billboards in our streets and neighbourhoods? We believe that most Canadian parents would say no.

Thank you.

**The Chair:** Thank you very much.

Now we'll go to our first round of questions, which will be a seven-minute round. Some of the questions, I suspect, will be in French, and some will be in English. If you need translation, I think it's provided.

We'll start our questions with Mr. Ayoub.

You have seven minutes.

[Translation]

**Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.):** Thank you, Mr. Chair.

First I want to thank the witnesses for being here and for sharing their expertise and thoughts on this very important topic.

We have heard all kinds of testimony, as well as statements from industry representatives such as Rothmans, Bensons & Hedges. They told us that their enterprise wants to leave the cigarette market. I will let you assess that for yourself.

I would like to point to something, and give you my thoughts on e-cigarettes.

On the one hand, smokers have access to this medication or means to help them quit smoking. On the other hand, we want to protect non-smokers and prevent young people from taking up smoking. There is, however, a very fine line between promoting a medication and promoting e-cigarettes as a lifestyle, as Ms. Doucas mentioned.

I asked Mr. Gaston Ostiguy, a Montreal respirologist, what he thought of the sale of electronic cigarettes in pharmacies. It always astounds me to see that vaping products are promoted in specialty shops, although the e-cigarette is considered to be a smoking cessation tool.

Dr Selby, could you share your thoughts on that inconsistency? Why can we buy these products in other stores, but not in drugstores? In my opinion, these products should be sold in drugstores. Why are large tobacco businesses promoting them?

●(1610)

[English]

**Dr. Peter Selby:** Thank you for that very insightful question. It is something that I have been thinking about for a long time when it comes to addictive substances.

One thing we need to look at is that a substance can be addictive but not harmful, and substances can be harmful but not addictive. There are two things we are trying to balance here. The worst is when things are addictive and harmful at the same time, and a good example is cigarettes. As society has evolved and as innovations have occurred, we've come upon this disruptive innovation—this electronic device—with which we say we can take away most of those products of combustion, and if people will give up cigarettes completely and switch to this, they will get nicotine without the same level of exposure to those toxins.

We need Bill S-5, because right now, when people are selling it in this way, it's not regulated. People are making the liquids without any regulation, and we don't know what the concentrations are. If this comes out and it does become a product for cessation such that somebody says they want to give up smoking and this is part of a program in which they commit to not smoking anymore and they completely switch over and use it for eight to 10 weeks, then yes, a pharmacist's role in that situation would be very strong.

On the other hand, if you have people who still want to have the nicotine and they're making no commitment to stopping and they want to switch away from the most dangerous way of getting this to a less dangerous way to get it, then they should be able to access it without necessarily having to commit to completely quitting that product for good. We have seen in some addictions that this is the best this person is able to achieve for maybe one, two, or three years. As we are seeing harm reduction come out, that sometimes transitions into quitting over time.

I think whether it should be in pharmacies or whether it should be in stores depends on what the intent and purpose are. Now with pharmacies having sections in which medication as well as consumer products are for sale, there will be some ways to try to work out what has which claims, and we have to make sure that people don't get confused in what they're choosing and how they're choosing it. One way to do this would be that the consumer products might not be covered by an insurance plan, whereas products that are for a cessation program might be.

[Translation]

**Mr. Ramez Ayoub:** Thank you.

Ms. Doucas, you spoke about neutral packaging and preventing the promotion of these products. In the documents you submitted, you even talk about music. Could you explain your perspective in more detail, and the recommendations you would like to make to the committee to prevent the pure and simple advertisement of such products?



**Ms. Flory Doucas:** Publicity promoting vaping products has not been prohibited on television, radio or the Internet. This opens the door to all sorts of clever ways of having these advertisements present another type of image, among others lifestyle images, as shown in these advertisements. As you know, sound and music and songs are very dynamic. You have to ask yourself who decides which melodies are associated with this lifestyle.

The point is not to say that there should be no publicity for these products. However, we feel that the publicity should target smokers. If they want to broaden the target audience, they should at least stick with adults and not address their message to young people.

• (1615)

**Mr. Ramez Ayoub:** In your opinion, this type of restriction would protect young people in particular, but would allow adults to have access to an alternative smoking cessation tool.

**Ms. Flory Doucas:** Yes.

An amendment was made to Bill S-5 regarding relative risk. People thought it was important that Health Canada make a statement concerning relative risk, that there be a statement with regard to the level of harmfulness of a product, or a graduated ranking of the harmfulness of products. I believe we must inform smokers in that regard.

For the moment, information is printed on cigarette packages to help people to stop smoking. Nothing prevents us from pointing to relative risk to encourage smokers to turn to less noxious products.

**Mr. Ramez Ayoub:** Thank you.

[English]

**The Chair:** Now we'll go to Ms. Finley.

**Hon. Diane Finley (Haldimand—Norfolk, CPC):** Dr. Strang, I'm going to ask you a question first. Do you think it's okay for a witness before this committee to try to undermine the credibility of a subsequent witness prior to that second person's appearance here?

**Dr. Robert Strang:** I'm not sure what you're referring to. I think we all bring a perspective.

**Hon. Diane Finley:** It's just on principle, that's all.

**Dr. Robert Strang:** Well, I think we all bring our opinions to the table to be heard by the committee, and sometimes those opinions may be in conflict with other people's opinions and interpretation of evidence.

**Hon. Diane Finley:** We did have a witness who made some allegations against some subsequent witnesses, and the allegations were later proven to be false. I'm concerned that many of the members at this table here had a first book that they read, and that's the story they're sticking to.

Some of that extends to some things to which you made reference: track records in other jurisdictions. Australia was one of the two places—the second one being England—where there has been plain packaging in place for a period of time, and it has been shown that it has had no impact on reduction of smoking.

Do you disagree with that?

**Dr. Robert Strang:** I think it's a selective use of evidence. As I said, when you look at anything, you have to look at the totality of

all the evidence available, and when you look at the totality of all the evidence on plain packaging, it is very clear that plain and standardized packaging has an important impact on decreasing the use of tobacco products.

**Hon. Diane Finley:** Dr. Selby indicated that price and availability were two of the big things that determine whether somebody smokes. Let's look at the decision to smoke and which brand to smoke as two separate things. If price and availability are key factors, then that—

**Dr. Robert Strang:** So also is advertising.

**Hon. Diane Finley:** —makes contraband much more attractive, especially when it can be a tenth of the price.

You indicated that those reports were exaggerated. A number of years ago, I had a briefing from Public Safety and related departments, and if anything, their evidence, and what I learned subsequent to that in great detail, indicated that Public Safety's estimate of contraband, which is in the neighbourhood of 30% market share in this country right now, is not an exaggeration but an understatement.

If we're trying to reduce harm, why would we eliminate the opportunity for law enforcement and consumers to not be able to distinguish what product they're buying by going to plain packaging and plain cigarettes?

**Dr. Robert Strang:** Well, again, if you look at the totality of the evidence.... My understanding from people who have looked at this in detail is that the evidence does not support that plain packaging creates a significant increase in the use of contraband products, especially when you have plain packaging as part of a comprehensive tobacco control strategy, part of which is policing and criminal justice efforts that are enhanced to deal with contraband.

• (1620)

**Hon. Diane Finley:** But if law enforcement can't identify what's legitimate and what's not because of the plain packaging and tubes and the proposal in this bill that they would be identical, then those two don't mix.

**Dr. Robert Strang:** My understanding is that the plain and standardized packaging still requires tax stamps and other identification that will allow a distinction to be made between legal tobacco products and contraband tobacco products.

**Hon. Diane Finley:** I've seen evidence that those are easily counterfeited. Besides that, contraband is significantly worse in terms of harm than regular cigarettes. It could be as little as 25% tobacco. There could be animal parts and all sorts of other nasty things in there.

What this bill would do would be a gift to the contraband industry.

**Dr. Robert Strang:** Every time any successful steps have been made in tobacco control in the last couple of decades—whether it's smoke-free places, restricting point-of-sale advertising, increasing pricing—the same argument is always brought out: that it will increase contraband.

I've had direct conversations with my provincial counterparts in Nova Scotia who deal with contraband tobacco. They clearly say that the information given to them by front groups, such as convenience store associations, is exaggerated and doesn't match up with their data on contraband tobacco.

I think we have to be very careful to keep contraband in the right context. It's always been thrown out as a way to delay and distract progress in tobacco control, and when those tobacco control measures have been implemented, we have not seen an increase in contraband—except in the nineties, when that contraband was being directly driven by big tobacco.

**Hon. Diane Finley:** This bill would call for standard tubes, standard filters, standard formulae. If a manufacturer were to come up with a harm reduction filter, it would not be allowed on this under this bill. Would you support that?

**Dr. Robert Strang:** I don't think you can actually do harm reduction on tobacco products themselves. We need to look at other alternatives for how we help people move to other forms of delivery of nicotine. We have patches. We have gums. We have the potential for vaping products. That's where we should be focusing, and not on tobacco products. We've had a long history with the tobacco industry pretending that its cigarette products can somehow be made safer, and they have not been.

**Hon. Diane Finley:** Thank you.

Dr. Selby, you indicated that smokers need a lot of help and support in quitting. However, this bill would not allow advertising, even to doctors and specialists like yourself, of the mere existence of many harm reduction products, such as non-combustibles. I'm not just talking about the classic e-cigarette, but some of the newer ones that are out there that are achieving significant success in other countries where they're being recognized for harm reduction. Their use is not contemplated in this bill, and if this bill were to pass as is, you wouldn't be able to know about those products and you'd have fewer tools to help consumers who are trying to kick the habit.

Do you have any comment on that?

**Dr. Peter Selby:** Yes, I have a couple of comments. Going back to some of the work around plain packaging, as well as the products and how people who are addicted will view them, I will say that colleagues of ours have done some studies with brain scans in the U. K. Very interestingly, the package warning labels are not seen by smokers when they come with the brand, but on plain packaging they are seen, and that has been proven in brain scan studies now.

That said, we do understand that there needs to be a way in which we look at this.

In terms of not advertising or not promoting to physicians, and if you're speaking about heat-not-burn products, if that is true, then is there a reason that the tobacco industry has...? They are manufacturing those. Why don't they stop manufacturing combustible cigarettes altogether and just simply have the heat-not-burn products?

That's one question. Right now this is confusing everybody, because these are actually tobacco products that are being heated. They don't necessarily have the same level of reduction that is

possible through vaping products, so is that really a harm reduction product? Is that really a product for doing that?

**The Chair:** I'm sorry, but time's up.

**Dr. Peter Selby:** I would think that any kind of marketing of a cessation aid needs to follow the pathway of a cessation aid. If it's coming with a claim of harm reduction, then it needs to show that it is a harm reduction product. Again, you're right. We need factual information.

As Flory pointed out, if Health Canada tells us about the risk continuum and smokers have an idea of the risk continuum, I would trust Health Canada rather than a manufacturer that wants to have a competitive advantage and has already fooled us before—for example, with the filters in the past—that these products are somehow safer.

I'd rather trust a Health Canada statement in which scientists are putting that risk continuum out than trust somebody advertising to me that these are harm reduction products.

● (1625)

**The Chair:** Thanks very much.

Go ahead, Mr. Davies.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Thank you.

Dr. Selby, do you know if Bill S-5 applies to the vaping of cannabis products?

**Dr. Peter Selby:** I'm not 100% sure if it does or not, but it certainly should consider it, because at least some of the devices on the market right now can be easily modified to vape the oils, resins, or wax that can be extracted from cannabis. Potentially, other than the combustion they're getting from joints, it could apply, but I'm not completely sure if this bill will apply to that or not.

**Mr. Don Davies:** Dr. Strang, do you know if Bill S-5 will regulate vaping? This is what I'm trying to drive at: is it specific to nicotine or tobacco vaping, or is it the vaping of substances generally, including cannabis? Do you know?

**Dr. Robert Strang:** My understanding is that it's vaping products as they pertain to the delivery of nicotine.

**Mr. Don Davies:** I'll tell you why I ask.

I was in a dispensary in Vancouver last week—our break week—and this particular dispensary had a wide variety of concentrates. What I learned there was that for health reasons, well over 50% of the customers who come into that store prefer to vape or deliver the cannabis by a vaping tool, as opposed to smoking the raw flower.

Do you have any comment on the relative harm or preference? I know that concentrates won't be legal under Bill C-45, the cannabis act, for a year after the normal legislation passes, but does either of you, Dr. Strang or Dr. Selby, have any comment in terms of whether or not we should be trying to drive people to ingest their cannabis products through vaping as a healthier alternative to smoking?

**Dr. Robert Strang:** We certainly, in low-risk cannabis, use guidelines. One key point there is to have a non-smoked or non-vaped form of cannabis, because there's growing evidence that even vaping produces ultrafine particulates, which are then inhaled, and which, as I said in my remarks, are the likely cause of the growing evidence that there's a substantive cardiovascular risk from vaping. Ideally we would, for both cannabis and the delivery of nicotine, have non-smoked or non-vaped methods as the preferred way of delivery.

**Mr. Don Davies:** Dr. Selby, I want to talk about nicotine itself. It seems to me that the totality of the evidence we've heard so far is that cigarettes are terrible for our health for a million reasons, and that using ENDS, electronic nicotine delivery systems, is by far preferable for those who are dependent on nicotine. I'd like to isolate just what the health impacts of nicotine itself are.

First, how addictive is pure nicotine? If a person were starting to use a vaping machine to ingest nicotine, would it have the same addictive properties as smoking cigarettes?

**Dr. Peter Selby:** I'll take that question in two parts.

First of all, nicotine is extremely addictive if it comes in a high concentration and is combusted and delivered in the way that cigarettes deliver it. That's our known way in which it becomes addictive, and people have great difficulty stopping. The second, obviously, is chewing tobacco, which again has very high rates of nicotine absorption.

With vaping devices, if they aren't regulated the way we would regulate them, then people could find themselves getting addicted because we haven't regulated the strength of the liquids. We haven't regulated how it's manufactured. We haven't regulated how the device delivers nicotine or where it's used. We haven't created that control in the way that we have regulated alcohol as to where and how it can be consumed and what the concentrations are. We have to get to that, and we'll have to do the same thing with cannabis.

Yes, there will be a risk of people getting addicted, but as I had mentioned earlier, from a harm perspective the absolute harm from nicotine is, as Flory talked about, a relative risk.

Let's say cigarette harm is at a certain level. If a smoker moved completely to vaping and nothing else, they would bring their harm down to a lower level. If they quit completely, they would bring it down lower, to here. For a non-smoker, their harm is here. If they take up nicotine, they've just bumped their harm up to here.

• (1630)

**Mr. Don Davies:** If I can interject and ask you a quick question, Dr. Selby, would you agree from a policy perspective that we don't want to encourage people who don't smoke to take up vaping nicotine, do we?

**Dr. Peter Selby:** That's right. We don't want to encourage people who otherwise would never have smoked, and who otherwise would not use it, to use it in such a way that then.... We know people experiment with lots of things, but we don't want that experimentation to turn to addiction. It doesn't appear to be the case, at least from what we can tell with the totality of the data, that currently people are experimenting with vaping and becoming lifelong vaping users. We

have seen that with cigarettes; we are not seeing it with vaping devices.

**Mr. Don Davies:** I want to turn to Dr. Strang.

Dr. Strang, in 2016 you told CBC that the real problem behind e-cigarettes is that they re-normalize the smoking habit. I think I heard in your testimony your concern that there may be an increase in the use of tobacco among youth who start with vaping products. Can you elaborate on that concern?

[*Technical difficulty—Editor*]

Dr. Strang, I don't know if you can hear us. We can't hear you.

**The Chair:** Dr. Strang, we can't hear you. Can you hear us? Just nod if you can.

Perfect.

No, we can't hear you yet. We're working on it.

**Mr. Don Davies:** Have you inadvertently pressed "mute" on your microphone?

**The Chair:** Have you touched your microphone by any chance, Dr. Strang? That's a no.

Dr. Strang, we're going to put you on hold for a few minutes because we can't seem to nail down the problem.

Mr. Davies, if you would, please go on to another question.

**Mr. Don Davies:** Mr. Cran, if I heard you correctly, I think you said consumers are not swayed by package design. Really? On this product, it says "a thin and slender format". It's called "Superslims". This is clearly packaged for young girls. You don't think that has an impact on young girls?

**Mr. Bruce Cran:** Well, it comes from polling. We polled on it, and that's what we were told.

**Mr. Don Davies:** I've a quick question. We looked on your website. I can't seem to get your annual budget. Polling costs money. Where does your group get your funding, Mr. Cran?

**Mr. Bruce Cran:** We have donors, and [*Technical difficulty—Editor*]

**Mr. Don Davies:** I'm just wondering if you receive any money at all, indirectly or directly, from the tobacco industry.

**Mr. Bruce Cran:** Not one cent. No.

**Mr. Don Davies:** Okay. That's good.

So where do you get your money? You said donors?

**Mr. Bruce Cran:** We have donors. [*Inaudible—Editor*] ...with a budget.

**Mr. Don Davies:** How's my time?

**The Chair:** Your time's up.

Now we're going to Mr. McKinnon.

**Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.):** Thank you, Chair.

Ms. Doucas, thank you for your excellent brief. It was very well done.

I noticed that you focused in this brief mostly with vaping, particularly nicotine vaping. [*Inaudible—Editor*]

•(1635)

**The Chair:** We have a technical issue. Everybody has to operate their own mikes because the remote system isn't working. If you're speaking, please turn on your mike; if you're not speaking, please turn it off, as I will.

**Mr. Ron McKinnon:** Thank you.

Again, thank you for your presentation and your brief. You were speaking on nicotine vaping in particular, but the amendments deal with vaping more generally.

I'm wondering if these regulations or this legislation should deal more specifically with nicotine vaping, nicotine, and perhaps THC situations, or do you feel that allowing vaping advertising and promotion and so forth in general is a gateway into using other products, such as nicotine products?

**Ms. Flory Doucas:** The Quebec Coalition for Tobacco Control doesn't have a position on cannabis. We're part of the Quebec Public Health Association, and there is a project and spokespersons for cannabis. That being said, our understanding currently is that the nicotine vaping devices are illegal and the ones that don't contain nicotine were legal, but in practice, we saw all kinds of things happening.

We believe that the comprehensive approach to regulating these products would be to cover both, whether they contain nicotine or not. Please consider the fact that Bill S-5 applies the same provisions to the device as to the liquid, for example.

I think you're alluding to the fact that we are looking to eventually move people away from smoking cannabis to perhaps consuming it in different forms....

**Mr. Ron McKinnon:** What I'm trying to drive at is whether this legislation should control and regulate vaping in a broad way, or should it be focused on things we know are harmful, such as nicotine delivery approaches? I guess vaping—

**Ms. Flory Doucas:** I think we should be concentrating on nicotine vaping devices, because nicotine is the basis of an epidemic that's killing 45,000 Canadians. That said, the legislation, Bill S-5 as it is written currently, covers the e-liquids or the accessories regardless of whether they have nicotine or not.

**Mr. Ron McKinnon:** Okay, I understand that. I guess I'm wondering if they should. Should they be broad, or should they be focused on nicotine?

**Ms. Flory Doucas:** I don't think it would be very helpful, for example, if we had regulations or provisions that allowed for advertising of e-cigarettes to be promoted—lifestyle advertising, or whatever—just because they didn't have nicotine. Clearly that would signal something, and that would evoke the parallel product that would essentially be assimilated to that product.

**Mr. Ron McKinnon:** Okay. Thank you.

I'll move to Mr. Cran. You seemed to rely in your testimony a lot on opinion polls you've done among your membership. For example, your position is that plain packaging will increase the number of

counterfeit products out there. Do you have any evidence to support that, or is it just polling?

**Mr. Bruce Cran:** Look at what's happened in Australia and France. We feel that polling is talking to the consumer directly, and that's what we've done. If you want copies of those polls, I'd be happy to send them to you.

**Mr. Ron McKinnon:** I guess polling is not evidence about what actually works and what doesn't. Polling is people's opinions about what they've heard—

**Mr. Bruce Cran:** Probably what's happened in Australia and France is, though, is it not?

**Mr. Ron McKinnon:** We heard much testimony to the effect that plain packaging actually works. We have heard somewhat selective representations, as I think Dr. Strang mentioned, that seem to be oriented in one direction or another. The broad base of evidence seems to be that plain packaging does have an effect.

I guess what you're telling me is that you don't actually have evidence yourself upon which you base this testimony.

•(1640)

**Mr. Bruce Cran:** No, we looked at other evidence, and the polling. The polling I think is very direct and very useful, but no, as far as what you're talking about is concerned, we'd be looking at what we see, our view of what's happening in France and Australia.

**Mr. Ron McKinnon:** If I were one of your members and you asked me whether I thought counterfeiting was going to be a problem, I might say yes. I don't know, and I haven't necessarily examined all the evidence or looked at the studies.

It seems to me the validity of your process is in question. I'm wondering why you think in particular that plain packaging will lead to more counterfeiting, given that legal products will have a difficult-to-counterfeit tax stamp?

**Mr. Bruce Cran:** I think it's just a matter of common sense. I think there are a lot of potential counterfeiters out there, not only with the product of tobacco, but with other things like handbags. You name it; these days, it's out there.

I think it's a matter of how you view the evidence, I suppose. Obviously, you and I disagree on that.

**Mr. Ron McKinnon:** Your point about handbags is well taken. In fact, it suggests to me that handbags, for example, and many other products are counterfeited despite the fact that they're not simple and they're not very easy to counterfeit. To produce a package that looks like an existing colourful, official package is really not a big deal for an accomplished counterfeiter, so I would suggest to you that the main focus here on controlling counterfeiting is not whether the packaging is plain or not, but whether or not it has a valid excise stamp. Would you like to comment on that?

**Mr. Bruce Cran:** I think valid excise stamps are pretty easy to copy, aren't they? I've seen quite a few.

**Mr. Ron McKinnon:** They're designed to be hard to copy, but I guess if you can—

**The Chair:** Time's up, Mr. McKinnon, so make it a really quick question.

**Mr. Ron McKinnon:** I guess I'm done. Thank you.

**The Chair:** Okay.

That completes our seven-minute rounds. We have a problem with our telecommunications, so we are going to try to hook up by telephone. We will not have the video, but we're going to try to hook up the telephone if we can.

**The Clerk of the Committee (Ms. Marie-Hélène Sauv ):** Perhaps just to specify, we'll have Dr. Selby by video conference and Dr. Strang by phone.

**The Chair:** Okay. Can they hear us now?

**Dr. Peter Selby:** Can you hear me?

**The Chair:** Yes. Who's that?

**Dr. Peter Selby:** It's Dr. Selby. I can hear everything. I guess you can hear me.

**The Chair:** All right, we're going to get you back on video conference. I apologize for this technical problem. We're going to have Dr. Strang just by phone, but it will take a few more minutes.

In the meantime, we're going to continue on now with five-minute questions, starting with Ms. Gladu.

**Mr. Don Davies:** Mr. Chair, may I have a point of order?

When Mr. Strang does come back, I would like to get him to finish his answer to the question I asked in my time, if I could.

**The Chair:** For sure.

Go ahead, Ms. Gladu.

**Ms. Marilyn Gladu (Sarnia—Lambton, CPC):** Thank you, Chair, and thank you to the witnesses for being here today.

I want to talk a little bit about the question of whether or not you should be able to advertise reduced harm or not. We feel that some of the vaping products and some of the heated nicotine products apparently are further along the risk continuum, and so they really do less harm.

Should we be able to advertise reduced harm in order to get people off existing smoking and onto those products? If so, who should be able to advertise? Should it be Health Canada? I would be interested to hear from Ms. Doucas and Mr. Cran on this point.

**Ms. Flory Doucas:** Thank you for that question.

Absolutely, I think it should be Health Canada. We have a history in tobacco products of false promises regarding reduced harms for certain products that just didn't pan out, to a huge cost to smokers, first and foremost, and to society. I think information needs to come from a credible authority.

Certainly manufacturers can influence through their studies and so on, but I think that we do need to have third party validation and that the information should be coming from Health Canada.

•(1645)

**Ms. Marilyn Gladu:** Good.

Mr. Cran, would you comment?

**Mr. Bruce Cran:** My organization regularly advertises on various set-ups, and I think that we would definitely like to have our say, if

we had a say, and be able to freely advertise on whatever we saw fit. I think that's very important for choice and for consumer input.

**Ms. Marilyn Gladu:** Very good.

Dr. Selby, I want to talk about teens trying vaping and then getting converted to smoking cigarettes.

We heard some statistics in earlier testimony that almost a third of teens had tried vaping and that quite a number of them who tried vaping converted to cigarette smoking.

Do you have any data on that?

**Dr. Peter Selby:** I don't have personal data that I've collected, but those are association studies at large population levels that look at people at baseline one, and then look at people at baseline two, at a follow-up time period.

There is this association, but what those studies cannot tell us is whether this is something along the way, such that somebody was basically experimenting with a lot of things and would have experimented with it no matter what. You cannot say that it's causing them to then go on to the next drug.

There has been a big debate in the field, whether it's tobacco or cannabis, about this idea of gateway drugs. Essentially, yes, I think we do see the association that occurs, but given the way the data is collected, we cannot yet say that because people tried it, it caused them to go on to become tobacco users.

I think that in general it has to do with availability, so if there were no cigarettes on the market, then maybe they would remain with vaping. We've seen that in many cases people who have used it then go on to stop and don't go back.

I think the data is not 100% clear. We can see an association, but is there causation? I'd be very cautious if anybody says that being exposed to vaping products causes youth to become smokers.

**Ms. Marilyn Gladu:** Thank you.

Dr. Strang, you had said that there were substantive respiratory harms that come from vaping, and I know that in Europe, they've banned diacetyl.

**The Chair:** We don't have Dr. Strang yet.

**Ms. Marilyn Gladu:** We don't have him yet? Oh, darn.

I'll go with a different question, then, and I'll ask this one to Ms. Doucas and Mr. Cran.

Should the vaped nicotine products be covered under the vaping part of the regulation or the tobacco part of the regulation?

**Mr. Bruce Cran:** Both, I would say.

**Ms. Flory Doucas:** I think that as a general principle, people don't walk around wondering how something is regulated. They want to know that it's regulated and that there are provisions, but they don't really care so much about how it's really done.

I think that it certainly does make sense that it would fall under the Tobacco Act. There's such a close association with the products. We're not talking about a gateway, perhaps, but we're certainly talking about addiction to nicotine, and that is the basis of the tobacco epidemic. In our minds, it would make sense that they be done within the same act.

That said, it doesn't mean that all the provisions need to apply equally to all products.

**Ms. Marilyn Gladu:** Thank you.

**The Chair:** Dr. Eyolfson is next, for five minutes.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Thank you, Mr. Chair.

I was going to address this to both Dr. Selby and Dr. Strang. I guess we don't have Dr. Strang yet.

Dr. Selby, there was a question whether a product with decreased harm should be advertised. There was a reference made to heated tobacco. Are you aware of any peer-reviewed scientific evidence that the heated tobacco product is less harmful than regular tobacco?

**Dr. Peter Selby:** No. We have to be careful when we make claims of reduced harm. We don't actually have that evidence. We have evidence of reduced exposure, which is not necessarily the same thing as reduced harm. Anybody making a claim could make the claim with a clear conscience that there is reduced exposure, but not harm, and I'm not aware of any data that has conclusively shown that heat-not-burn gives a much lower reduction in exposure. I'm not aware of any published results that show that to be the case. Definitely not enough time has passed to show that they're reduced harm products, and then there's questionable data about whether they actually provide reduced exposure.

• (1650)

**Mr. Doug Eyolfson:** This next issue has come up before, and I've talked to several different witnesses about it.

Mr. Cran, you were talking about counterfeit tobacco and contraband tobacco and its effects on Australia. I've been looking for any evidence of the claim that it actually does increase. The only evidence I've been able to find is that put forward by studies commissioned by the tobacco industry or their lobby groups. I have never found a peer-reviewed scientific study that said that contraband tobacco increased. Where do you think this information that contraband tobacco increases with plain packaging is coming from?

**Mr. Bruce Cran:** I'll have to have a look at that. I'd be happy to send you what I've got. I have nothing in mind straight off.

**Mr. Doug Eyolfson:** Yes, I would be interested to see, because I've actually looked for it myself. I have nothing invested in this either way. If you told me plain packaging would not work in decreasing smoking and that it increased contraband, I'd be the first to ask why we would do this.

The review by the department of public health in Australia, which used a lot of scientific literature, said that although a number of variables decreased smoking rates, a significant portion of that could be attributed to plain packaging. Are you aware of that research?

**Mr. Bruce Cran:** I glanced at it. I looked at it the same as you probably did. I didn't read it word for word. I went through it. It was

a pretty large document. I'd be happy to send you what we have over the next days if I get your email address. I'll undertake to do that for you.

**Mr. Doug Eyolfson:** With regard to marketing—and this isn't a scientific observation, but it's a question that needs asking—not just tobacco companies, but every company that makes a product spends large amounts of money on advertising and on packaging. Every company that makes packaging uses their packaging as a form of advertising.

Why would the tobacco companies be investing in all these different kinds of packaging if they did not have any effect on the consumption of their products?

**Mr. Bruce Cran:** Are you asking me that question?

**Mr. Doug Eyolfson:** I'm asking you this question, yes.

**Mr. Bruce Cran:** Well, I'm not a marketing expert, but common sense would tell you to make your packaging unique and attractive. Otherwise, you'd just be wasting your money. In fact, I was just reading some articles a couple of weeks ago going back to the days of the Romans, who used to do the same type of thing.

**Mr. Doug Eyolfson:** I know, yes, but is that not in conflict with the principle of saying that this is insulting to consumers because they can't decide for themselves? Again, why would tobacco companies be spending all this money on advertising if it didn't make people more likely to smoke their product?

**Mr. Bruce Cran:** I don't think I made that argument. If you're a marketer, that's exactly what you would do to make it attractive. That goes with what we're saying. We're dealing with consumer choice.

**Mr. Doug Eyolfson:** I understand. It's just that some of the things you were saying earlier seemed to indicate that this wouldn't have an effect on what the consumer would do.

**Mr. Bruce Cran:** Wouldn't? I think it probably would. It's the same as a motor car—Ford, GM, or whatever—or anything else that has a brand name—

**Mr. Doug Eyolfson:** Do you still contend that a plain package won't make it less likely that someone is going to buy a product?

**Mr. Bruce Cran:** I haven't seen any evidence to that effect myself, but....

**Mr. Doug Eyolfson:** There's a great deal of evidence to that effect, sir.

I think my time is up.

**Mr. Bruce Cran:** I'm just saying that I haven't seen it, so that's my view of it.

**The Chair:** The time's up, so now we're going to Mr. Lobb.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you very much, Chair.

**The Chair:** You're welcome.

**Mr. Ben Lobb:** There has been a lot of discussion today on plain packaging. I understand that Health Canada has always felt that it has a role in that, and certainly the provinces and local health units support them, but until the politicians and the people in power want to go after those who are creating these contraband cigarettes, and go after them with force, we're going to have plain packaging debates for the next 50 years.

The reality of this situation is that Mr. Davies and I have been here for 10 years, Mr. Casey has been here for 20 years, and Ms. Finley has been here for 15 years, and I'm sure you were talking about plain packaging in the nineties and all the way through. Until the powers that be at Public Safety and others want to get at it, we'll still be talking about plain packaging for many years.

I was going to ask Dr. Selby a question. If Dr. Strang were around, I would ask him the same question. Is there any medical evidence out there in regard to vaping—whether it's tobacco, cannabis, or what have you—and what is called “popcorn lung”? I guess that's a colloquial term. Is there any medical evidence out there to indicate that people who have vaped for a period of time could develop a case of popcorn lung?

• (1655)

**Dr. Peter Selby:** It's primarily been because of the contaminant diacetyl, which is the cause of popcorn lung per se.

Some studies out of Italy suggest that people who have chronic lung disease or asthma and are unable or unwilling to stop smoking may experience an improvement when they switch to vaping devices, but given the short duration of exposure that we are seeing, we're not having reports of harm from the general population if they vape, other than anecdotal case reports.

Again, as I said, the concerns are not so much with associations with the lung disease but with regard to the cardiovascular effects of these products. Again, what we really need to focus on is the relative risk for people who are tobacco-addicted or smoking-addicted to these products. From a lung perspective, other than the diacetyl, it's not clear that you could end up with popcorn lung, and diacetyl is a flavouring.

**Mr. Ben Lobb:** I have another question for you, Doctor. For the regulations, do you have a number that you would like to see as the percentage of nicotine found in a capsule to be used in an e-cigarette?

**Dr. Peter Selby:** There is emerging evidence, because it's not just.... The total amount of nicotine concentration needs to be considered and balanced, not so much with how much there is for the person who is going to vape it, but also with the risk to bystanders, children, or others who might get poisoned by it because they're not tolerant to nicotine. These are really the concentration effects. They are determined on that.

What we do know is that the more concentrated the nicotine is per millilitre in the e-juice, the less people vape and the less deeply they vape, but of course that is also modified by the voltage setting, which can be adjusted on the device.

I think the overall discussion will have to take a look at safety to others more than safety to the person vaping, because of the potential

toxicity of nicotine to people who are not tolerant to it, especially children.

**Mr. Ben Lobb:** I have one last quick question for you, Ms. Doucas. On Twitter, Facebook, Snapchat, and Instagram, should there be a ban on any of the products that are related to tobacco, vaping, or what have you? You don't have to look very hard to find them there. What do you think about that?

**Ms. Flory Doucas:** I definitely think we should intervene there as much as we can. Certainly the fact that it was a Far West kind of situation and the fact that these products were completely illegal didn't make it easy for anyone to intervene, but I certainly don't think there should be any possibility of corporations using social media to promote their products this way. As a matter of fact, I know that there's strong language in the cannabis bill to prevent that.

**The Chair:** Time's up.

Now we will go to Mr. Oliver.

• (1700)

**Mr. John Oliver (Oakville, Lib.):** Thank you very much.

Thank you for your testimony here today and for coming to Ottawa discuss Bill S-5 with us. It's very much appreciated.

It seems to me that there's a bit of tension in the bill. One objective of the bill is to encourage people who are smoking to give up using cigarettes to get their nicotine dosage and to move to vaping. The second intent, which I think is the more important one, is to move the next generation of Canadians away from using nicotine and to stop the addiction cycle. I'm personally really excited that we're reaching a point where we may be able to begin to significantly reduce the rates of nicotine addiction in Canada.

The numbers I've heard are that somewhere between 85% and 95% of people who take nicotine will become addicted to it, so it is a very addictive substance. Because the health impacts of smoking are so dire, I don't think we really understand the impact of chronic nicotine usage over a period of time, because people really do struggle with the health impact of smoking, which is so much more dramatic.

Ms. Doucas, you mentioned concerns. We heard the same thing from the Cancer Society. They wanted to make sure that lifestyle advertising was not permitted with vaping, and the minister was quite clear that she would support an amendment to that effect, so we're dealing now with brand promotion only.

The second issue that you raised was location, and the Cancer Society likewise raised location. I came across an August 2017 Health Canada consultation document, a proposal for the regulation of vaping products, which advises that they intend to use regulations to limit advertising for vaping products in or near locations that are attended predominantly by youth, such as schools, parks, and recreational and sporting facilities. There would also be restrictions placed on advertising in certain media, as well as a prohibition on advertisements on television and radio during certain times of day, and that kind of thing.

With the amendment the minister said she'd endorse and if the regulations deal with location, do you feel that we're doing enough to protect our youth from being drawn to vaping products and to nicotine through vaping?

**Ms. Flory Doucas:** No, I don't. I don't think this should be left to regulations.

There's likely going to be a gap between the time the bill gets royal assent and those eventual regulations. Why don't we use the precautionary principle? Ban it now, and allow it as permitted by regulations. I think that's a far safer approach.

It will also require regulatory impact analysis. There is a balance to be met here. Why don't we get the actual numbers? Who's drawing the line?

**Mr. John Oliver:** If a Department of Health person were here, they'd probably say we need some brand promotion because we need to get smokers paying attention to vaping as a healthier way than smoking to get their nicotine dosage .

Do you have an observation on that?

**Ms. Flory Doucas:** Yes. I think one of the compromises that could be reached is to focus on, or open up the door to, channels that are primarily used or seen by adults but not by kids. That would definitely close the door to TV, radio, and the Internet. Perhaps printed newspapers, printed magazines, publications, and those kinds of media might be better tailored for that.

Certainly the bill would allow for manufacturers to send information to identified adults. Anybody going to a vape shop, giving their names, putting their names down—they would have to be adults to go into the vape shop—and asking for more information could receive more information. To my mind, this is targeted advertising, and that's just far more appropriate.

**Mr. John Oliver:** I don't disagree with you on that point.

I have a question for Dr. Selby, and you as well. There is a proposal from the Cancer Society that, besides packaging, each individual nicotine product have a health warning on it. Do you think it would be a worthwhile amendment to this act to have greater or more specific health warnings on the products themselves, on each cigarette or each vape tube?

**Ms. Flory Doucas:** It's a good idea to allow for distinguishing between illegal products and legal products. We're looking for markings. It would certainly help on that front. Also, given that we've seen packaging that can be thrown out, especially for some of the other products, having an actual label and warning on the specific product that a consumer manipulates for a long period of time makes sense.

• (1705)

**Mr. John Oliver:** Dr. Selby, do you have any comments? Oh, sorry; I'm out of time.

Thank you.

**The Chair:** Now we'll go to Mr. Davies.

**Mr. Don Davies:** Thank you. Do we have Dr. Selby or Dr. Strang with us?

**The Chair:** My understanding is Dr. Strang can see us and hear us, but we've lost the connection, for which I apologize to Dr. Strang on behalf of the committee.

**Mr. Don Davies:** Okay.

Madame Doucas, what public health purpose is served by lifestyle advertising of nicotine products in any form?

**Ms. Flory Doucas:** I don't know. I don't think there is any in our minds and in the minds of all the health groups. Dr. Ostiguy, whom you heard a few weeks ago, who is a promoter of e-cigarettes and believes that smokers need to have access and to be told about these products, himself doesn't believe we should be promoting these products in such ways, especially not through lifestyle advertising.

**Mr. Don Davies:** At my age, my definition of youth has changed somewhat.

There are three provinces in this country where the legal drinking age is 18: Alberta, Manitoba, and Quebec. That means there are 18-year-olds, 19-year-olds, and 20-year-olds in bars. To me, those are youth. They are young people. If I understand correctly, this bill would permit lifestyle advertising of vaping products—not harm cessation information, but lifestyle promotion of nicotine through vaping products targeted through contests, giveaways, and lifestyle advertising. Of course, that will be targeted to people in those bars who don't smoke, as well as smokers.

In your view, is that a wise smoking policy?

**Ms. Flory Doucas:** No, not at all. The idea that we would want to confer an aura of sophistication, of glamour, of sport or whatever, on this highly addictive drug, comparable to heroin on many accounts in terms of its addictiveness.... Wanting to associate it with a lifestyle is just completely inadequate.

**Mr. Don Davies:** Dr. Selby, to the same kind of question, you've already said that nicotine is not desirable, and we certainly aren't trying to see more Canadians take up nicotine in any form. In your opinion, insofar as this bill would allow lifestyle advertising for nicotine, albeit in places frequented by so-called adults, is there any public health purpose served in terms of lifestyle advertising of nicotine products in any forum, including in bars?

**Dr. Peter Selby:** In general, of course, no, because there is no overall benefit for the population that uses nicotine to be taking it in the way they've been taking it. Promoting it as a lifestyle for large populations is not appropriate.

The balance is that for those people who are addicted to tobacco, who are unable or unwilling to quit, who are at risk of potential harm or already have harm, it provides a safer alternative when other mechanisms have not worked.

**The Chair:** Thanks very much, everybody, for your contribution to our learning experience here. I really apologize to Dr. Strang and Dr. Selby for our technical difficulties. Actually, the system does usually work.



Dr. Strang, I hope you can hear me. On behalf of the committee and all the members, we are sorry for this interruption, but if you have any thoughts or ideas you'd like to send to us right away, we have until Wednesday to consider them. If you want to send us something in writing, under the circumstances we'll distribute it to all the members of the committee and we'll add it into our deliberations on Wednesday.

With that, thanks again to all our witnesses for their contributions.

I'm going to suspend the meeting for a few minutes. Then we're going to go into committee business, but we won't be too long.

● (1710) \_\_\_\_\_ (Pause) \_\_\_\_\_

● (1710)

**The Chair:** There are just a couple of things on the calendar.

Clause-by-clause study for Bill S-5 is on Wednesday, and we need amendments by 2 p.m. Wednesday. It was originally 12 p.m., but we moved that to 2 p.m., so you get two extra hours.

**The Clerk:** I haven't had a chance to speak with the legislative clerk about this. I don't know if that will have an impact on the amendments package being ready at the same time as we had originally....

**Ms. Marilyn Gladu:** Did you mean Wednesday, or did you mean tomorrow, Tuesday, at 2 p.m.?

**The Chair:** Yes, it's now Tuesday at 2 p.m. It was Tuesday at noon.

Then we go to Thursday, March 1. That's the deadline for witnesses for Bill C-326. On Friday, we intend to report Bill S-5 to the House. On the 19th we intend to have supplementary estimates with the department. On the 21st, we have the adoption of the pharmacare report, and Mr. Oliver was just showing me that the Minister of Health from Ontario has resigned so he can study a national pharmacare program.

**Ms. Marilyn Gladu:** What a coincidence.

**The Chair:** The deadline for witnesses for Bill S-228 is the 22nd. Bill C-326 is Monday, March 26, and that's the first day we have on that. On the 28th, we have Bill C-326 again. That's what I have at the moment.

Going into April, we have clause-by-clause study, the antimicrobial report, and so on. Right now, for the short term, Wednesday is clause-by-clause study, and that's really the most important thing right now.

Are there any questions on the witness lists or anything?

Go ahead, Ms. Gladu.

**Ms. Marilyn Gladu:** Thank you, Chair. I have a question for the clerk.

Ms. Finley asked for two things to be sent out on Bill S-5 that she had sent in. One went out, but the Davidson report didn't go out. If you can circulate it, that would be good.

**The Clerk:** Sure. The volume of documents we've received on Bill S-5 has been something else. You mean Sinclair Davidson's brief, correct?

**Ms. Marilyn Gladu:** No. Diane Finley sent two, and it wasn't the same as the Sinclair Davidson one. She sent it at the same time as the public health one from England, which we received.

If you have any questions, you can work with Emily.

● (1715)

**The Chair:** Okay.

Go ahead, Mr. Oliver.

**Mr. John Oliver:** Thank you.

That's my concern. Is it two o'clock tomorrow that the amendments for Bill S-5 are due?

**The Chair:** That's the deadline for amendments.

**Mr. John Oliver:** Okay.

Second, at our last meeting there was a proposal to invite the Minister of Health to come to present for supplementary estimates. I'm just looking back through the schedule again. We've just had her in for Bill S-5. The budget's coming down tomorrow. We'll be having her here shortly after that for main estimates. We can certainly cover off any questions we had for the supplementary estimates at that time. We have a ton on anyway. We have pharmacare to finish, Bill C-326, AMR, Bill S-228, and resumption of the food guide and whatever we're going to do with that. We have a really packed agenda.

I would like to move that we rescind our invitation to the minister and instead invite her to attend the main estimates when those are scheduled.

**The Chair:** We have a motion on the floor. Is there any debate?

Go ahead, Mr. Lobb.

**Mr. Ben Lobb:** Can you just clarify what you're stating there?

**Mr. John Oliver:** Yes. It's to rescind our motion to the minister to appear before us for the supplementary estimates and to extend an invitation to her to appear before us for the main estimates when they are scheduled to be presented to us.

**The Chair:** Is that okay?

Go ahead, Mr. Davies.

**Mr. Don Davies:** Do we have any idea when that would be?

**The Chair:** I don't.

**Mr. John Oliver:** The budget is tomorrow. I would assume it's fairly soon.

**Mr. Don Davies:** My preference would be to have the minister attend any time she can. The budget is coming tomorrow. That's the 27th. As she has been invited and is scheduled to appear March 19, it would be an ideal time for the minister to come to answer questions about the budget—what's in it and what's not in it. There was some pretty big news today from the government on pharmacare. Why not have her come for the interim estimates and the main estimates?

**The Chair:** Go ahead, Mr. Lobb.

**Mr. Ben Lobb:** I agree. As well, do you know when the minister is to appear on supplementary estimates? What was that date again?

**Mr. Don Davies:** Was it March 19?

**Mr. Ben Lobb:** The main estimates would be in May? When are they proposed to be?

**The Clerk:** Last year it was in April.

**Mr. Ben Lobb:** I have to agree with Mr. Davies. At the end of the day, she can decide what she is going to do. The supplementary estimates won't address pharmacare, but the main estimates may give us some indication. It could be that it serves a purpose for her to appear twice.

**The Chair:** When was she here last?

**Mr. John Oliver:** It was two weeks ago.

**The Chair:** Okay.

**Mr. Ben Lobb:** It could be a good exercise for her to appear here twice. I don't think she'd be wasting her time.

**The Chair:** Go ahead, Ms. Gladu.

**Ms. Marilyn Gladu:** Thank you, Chair.

When she was here on Bill S-5, my colleagues and I had some questions about health care spending and related things, but we restricted our questions to Bill S-5. I would prefer to have a chance to ask her more questions. Some of the questions we have are more general, on spending for health initiatives. We could ask them in regard to the supplementary estimates, so I'd prefer to keep that date.

**The Chair:** We don't have a consensus. Should we have a vote?

**Ms. Marilyn Gladu:** Excellent.

**The Chair:** Are there any other comments?

(Motion agreed to [See *Minutes of Proceedings*])

**The Chair:** Is there any other business we have to deal with right now?

Go ahead, Mr. Davies.

**Mr. Don Davies:** Thank you.

Given that March 19 is now freed up, I'm going to move my motion. I served notice of it today. I would normally have given 48 hours' notice, but we are now in committee business, and I'll just read it. I move:

That, pursuant to standing order 108(2), this Committee convene a meeting as soon as possible to hear from representatives of the more than forty previously funded community-based HIV organizations across Canada that will be forced to close or reduce services when their funding is eliminated by the Public Health Agency of Canada effective April 1, 2018.

I think many people in this room may have been contacted by these groups. They're across the country. I would propose that we have one meeting on March 19 to hear from them. I think it's timely because it's before April 1. This would be a chance to influence the

government on this issue before these groups have to close their doors. One of them is the Canadian AIDS Society. I met with executive director Gary Lacasse, who told me they're closing their doors April 1 if they don't get this.

• (1720)

**The Chair:** Go ahead, Ms. Gladu.

**Ms. Marilyn Gladu:** I have to agree very strongly with Mr. Davies. I also received a visit, and as I understand it, the government has cut all of the care and support in order to focus on the prevention side of things. The funding is not a lot of money, just \$6 million for some of these that have to close up April 1. There are 15,000 people across Canada with HIV, and this would leave them without a network of care and support. I think it is worth an urgent debate.

**The Chair:** Are there any other thoughts on this?

**Mr. John Oliver:** Could we have a five-minute huddle?

**The Chair:** Okay, you have five minutes to have a huddle. I'll time it.

• (1720)

\_\_\_\_\_ (Pause) \_\_\_\_\_

• (1720)

**The Chair:** Congratulations. You took three minutes and 29 seconds.

Is there any comment on the motion of Mr. Davies?

**Mr. Doug Eyolfson:** I agree with this in principle. We've just acknowledged, however, that we have a packed schedule, and we've just rescinded an invitation to the minister because we are so busy. We have more than enough on our plate, and for that reason I don't think I could support this motion. We have too much going on right now.

• (1725)

**The Chair:** We've agreed to have two more meetings on the food guide. We were just talking about when we would do the food guide and we don't have a hole for it yet, so we're not even going to talk about it today.

Are there any other comments on that?

**The Clerk:** Are we going to vote on Mr. Davies' motion?

**The Chair:** We're going to vote on it now.

Mr. Davies.

**Mr. Don Davies:** Could I have a recorded vote, Mr. Chair?

**The Chair:** Sure.

(Motion negated: nays 5; yeas 4 [See *Minutes of Proceedings*])

**The Chair:** I declare the motion defeated, and the meeting is adjourned.







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