

E-Cigarettes

Canadian Medical Association Submission to the House
of Commons Study on E-Cigarettes

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The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to help physicians care for patients.

On behalf of its more than 82,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 51 national medical organizations.



The Canadian Medical Association (CMA) is pleased to provide this submission to the House of Commons Health Committee for its study on e-cigarettes.

Electronic cigarettes, or e-cigarettes, which replicate the act and taste of smoking, but do not contain tobacco, are growing rapidly in popularity. The tube of an e-cigarette contains heat-producing batteries and a chamber holding liquid, mainly propylene glycol. When heated, the liquid is turned into vapour which is drawn into the lungs. Ingredients vary by brand but many contain nicotine. Flavourings are also added with the intention of boosting their appeal to young people. Issues have been identified with labelling of e-cigarettes, where upon inspection, there have been contaminants, and nicotine has been detected in products labeled without nicotine.¹ Users are generally able to modify the contents of e-cigarettes, with the addition of other substances, including marijuana.

Originally most e-cigarette manufacturers were small entrepreneurial companies; now, however, all major transnational tobacco companies are also producing e-cigarettes and competing for a share in the market.

There are little data on Canadian use. In the U.S., one in five adult smokers has tried them, according to the Centers for Disease Control and Prevention².

Current Regulatory Status

Health Canada issued a warning in 2009³ about the potential dangers and the fact that e-cigarettes had not been fully evaluated for safety, quality and efficacy. The sale of e-cigarettes containing nicotine is currently illegal in Canada under the Food and Drugs Act regulations⁴ though they can still be purchased in the US or over the Internet. However, those that do not make any health claim and do not contain nicotine may legally be sold in Canada under the same regulation. Health Canada is considering additional regulatory measures but none have yet been introduced. Some municipal jurisdictions are also considering regulation changes.

Internationally, regulation of e-cigarettes is just beginning, and approaches vary. A few countries – such as Brazil, Norway and Singapore – have banned them outright. France plans to regulate e-cigarettes in the same way as tobacco products, and the US Food and Drug Administration is considering a similar approach. On the other hand, Britain will regulate e-cigarettes as non-prescription drugs starting in 2016.⁵

Health Implications

Current evidence is insufficient to estimate the health effects of e-cigarettes. There are both defenders and opponents, though their arguments are based largely on opinion since e-cigarettes are only beginning to undergo rigorous clinical testing.⁶

Proponents, including some health officials and groups, say they are safer than tobacco cigarettes since they do not contain the tar and other toxic ingredients that are the cause of tobacco related disease.⁷ Some believe they serve a useful purpose as a harm reduction tool

or cessation aid, although marketing them as such is not permitted since that claim has never been approved by Health Canada.

Opponents are concerned that the nicotine delivered via e-cigarettes is addictive and that the e-cigarettes may contain other toxic ingredients such as nitrosamines, a carcinogen. Also, they worry that acceptance of e-cigarettes will undermine efforts to de-normalize smoking, and that they may be a gateway to use of tobacco by people who might otherwise have remained smoke-free.⁸ The use of flavouring agents and attractive packaging could entice children and youth, and survey data in some countries has shown that teens are increasingly experimenting with e-cigarettes.

There has also been a dramatic increase in cases of nicotine overdose by ingestion or through dermal contact, particularly in children.⁹ The number of these incidents seems to be rising in countries that monitor poisonings.

The World Health Organization recently released a report on the health impacts of electronic nicotine delivery systems (ENDS) use which incorporates the 2013 deliberations and scientific recommendations by the WHO Study Group on Tobacco Product Regulation. It concludes that “ENDS use poses serious threats to adolescents and fetuses. In addition, it increases exposure of non-smokers and bystanders to nicotine and a number of toxicants.” The report says that it is possibly less toxic for the smoker than conventional cigarettes but it is unknown by how much.¹⁰ This report suggests that governments should have the following regulatory objectives:

- impede the promotion and uptake of e-cigarettes with nicotine by non-smokers, pregnant women and youth;
- minimize potential health risks to e-cigarette users and non-users;
- prohibit unproven health claims from being made about e-cigarettes; and
- protect existing tobacco-control efforts from commercial and other vested interests of the tobacco industry.¹¹

Given the absence of solid evidence of harms or benefits, CMA recommends that:

1. E-cigarettes containing nicotine should not be authorized for sale in Canada.
2. The sale of all e-cigarettes should be prohibited to Canadians younger than the minimum age for tobacco consumption in their province or territory.
3. Smoke-free policies should be expanded to include a ban on the use of e-cigarettes in areas where smoking is prohibited.
4. Research on the potential harms and benefits of electronic cigarette use should be supported.

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- ¹ Institut national de santé publique du Québec (INSPQ). (Mai 2013). *La cigarette électronique: état de situation*. Available : http://www.inspq.qc.ca/pdf/publications/1691_CigarElectro_EtatSituation.pdf
- ² Centers for Disease Control and Prevention. *About one in five U.S. adult cigarette smokers have tried an electronic cigarette*. Centers for Disease Control and Prevention Press Release. February 28, 2013 Available: http://www.cdc.gov/media/releases/2013/p0228_electronic_cigarettes.html (accessed October 31, 2014)
- ³ Health Canada. *Health Canada Advises Canadians Not to Use Electronic Cigarettes* (archived). Available: <http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2009/13373a-eng.php> (accessed October 31, 2014)
- ⁴ Health Canada. *Notice - To All Persons Interested in Importing, Advertising or Selling Electronic Smoking Products in Canada*. Available: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/pol/notice_avis_e-cig-eng.php (accessed October 31, 2014)
- ⁵ Kelland, K. & Hirschler, B. *Insight - No smoke, plenty of fire fuels e-cigarettes*. Reuters. June 13, 2013. <http://uk.reuters.com/article/2013/06/13/uk-ecigarettes-insight-idUKBRE95C0F720130613> (accessed October 31, 2014)
- ⁶ Non-Smokers Rights Association. *Product Regulation: The Buzz on E-Cigarettes*. Available: <http://www.nsrq-adnf.ca/cms/page1385.cfm> (accessed October 31, 2014)
- ⁷ Weeks, C. *Could e-cigarettes save smokers' lives? Some health advocates think so*. *The Globe and Mail* April 29, 2013. Retrieved from <http://www.theglobeandmail.com/life/health-and-fitness/health/could-e-cigarettes-save-smokers-lives-some-health-advocates-think-so/article11583353/?cmpid=rss1>
- ⁸ Toronto Public Health. *E-cigarettes in Toronto*. Staff report to the Toronto Board of Health. August 1, 2014. Available: <http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-72510.pdf> (accessed October 31, 2014).
- ⁹ Centers for Disease Control and Prevention. *Notes from the Field: Calls to Poison Centers for Exposures to Electronic Cigarettes — United States, September 2010–February 2014*. *Morbidity and Mortality Weekly Report*, 63(13): 292-293. April 4, 2014. Available: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm?s_cid=mm6313a4_w (accessed October 31, 2014).
- ¹⁰ World Health Organization. *Electronic nicotine delivery systems*. Conference of the Parties to the WHO Framework Convention on Tobacco Control. Sixth session Moscow, Russian Federation, 13–18 October 2014. Provisional agenda item 4.4.2. Available: http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10-en.pdf?ua=1
- ¹¹ Ibid.