

INFORMATION UPDATE

то:	Mayor and Members Board of Health
DATE:	October 24, 2019
SUBJECT:	Tobacco and Vapour Product Action Plan (City Wide)
WARD(S) AFFECTED:	City Wide
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	K

The purpose of this information update is to provide the Mayor and Board of Health information on:

- a) The current status of vaping-related illness in Hamilton, the United States, and Canada;
- b) Current activity to address vaping, particularly in youth.

Vaping prevalence in Hamilton:

There is increasing prevalence of vaping among youth and non-smoker youth. In Hamilton, 7.8% of the population (age 12 years+) report using any alternative tobacco product in the past month (30 days), which is similar to Ontario's estimate. Small cigars/cigarillos and electronic cigarettes (e-cigarettes) were the most common alternative tobacco product used locally. In 2015-2016, an estimated 15,000 individuals, or 3.2% of Hamiltonians (age 12 years+) used an electronic cigarette in the past month. Further analysis shows that males and young adults (age 12-24 years) are twice as likely to report using electronic cigarettes compared to females and adults (age 25-64 years), respectively.

Why vaping is so popular among youth:

Middle and high school students report the reasons for using e-cigarettes are:

a) They are influenced by the use of a friend or family member(s);

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- b) Youth are unaware of the health effects of vaping and have indicated a lack of reliable information regarding health effects of electronic cigarettes; and,
- c) The availability of flavours, such as mint, candy, fruit or chocolate.

It should be noted that most countries that permit e-cigarette sales do not permit the range of advertisements that are currently permitted in Canada. Accordingly, Health Canada is working on regulatory measures to limit where e-cigarette advertisements can be placed at points of sale, including online, public places and broadcast media. Importantly, there is a growing call-to-action from many interested parties and organizations for provincial governments to include e-cigarettes in all the current legislation and regulations that apply to tobacco, such as including health warnings, and to ban the sale of flavoured vaping products with only specialty shops being allowed to sell those flavoured products that are most often used for cessation. This approach would reduce youth exposure to dessert, candy, fruit and pop flavoured vaping products that hold significant appeal to youth.

Vaping related illness in Hamilton, the U.S., and Canada

In Canada, as of October 17, 2019, there are five confirmed or probable cases of severe lung illness related to vaping (two (2) confirmed cases in Quebec; three (3) probable cases in New Brunswick and British Columbia). Hamilton has not confirmed a case of vaping-related lung injury. Comparatively, lung cancer and Chronic Obstructive Pulmonary Disease are among the top three most burdening health outcomes in Hamilton, which has caused 498 preventable deaths in 2012; it is estimated that 416 of these deaths are attributed to tobacco smoke.

As of September 18, 2019, an order from the Minister of Health requires all public hospitals in Ontario, within the meaning of the Public Hospitals Act, to provide the Chief Medical Officer of Health with statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease specified in the Order. This order will help in monitoring and surveillance of vaping-related lung injury.

What is known about acute vaping-related lung injury outbreak in the U.S. is that as of October 15, 2019, 1,479 lung injury cases associated with using e-cigarette have been reported to the Centers for Disease Control and Prevention (CDC) from 49 states and one U.S. territory. Most of these patients are male (70%) and under 35 years old (79%), of which 15% of patients are under 18 years old. Almost all patients with vaping-related lung disease have been hospitalized with approximately half ending-up in the intensive care unit. About 78% of those who experienced vaping related lung injury had used both nicotine products and tetrahydrocannabinol (THC) or cannabidiol (CBD) products. While this investigation is ongoing, CDC recommends that people consider refraining from using e-cigarette, or vaping, products, particularly those containing THC.

No single product or substance has been linked to all lung injury cases. This becomes more complex in the context of a dynamic market for vaping products, which have a mix of ingredients and substances. Many of the products and substances can be modified by

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suppliers or users and can be obtained from stores, online retailers, friends, family members, or on the street.

Despite the fact that the long-term effects of e-cigarettes are not clear, there is evidence to show that the risk for every six (6) non-smokers using e-cigarettes, one (1) of them will begin smoking cigarettes.

The "Statement from the Council of Chief Medical Officers of Health on the increasing rates of youth vaping in Canada" (Appendix "A") advises how collectively parents, youth allies, educators, health professionals and regulators all have a role-to-play in countering youth vaping that will help Canada reverse this trend.

An action plan summary for tobacco and vapour products is part Public Health Services' comprehensive tobacco control action plan, provided in Appendix "B".

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Information Update:	Statement from the Council of Chief Medical Officers of Health on the increasing rates of youth vaping in Canada
Appendix "B" to Information Update:	Tobacco and Vapour Product Action Plan

Statement from the Council of Chief Medical Officers of Health on vaping in Canada

NEWS PROVIDED BY **Public Health Agency of Canada** Oct 11, 2019, 10:16 ET

OTTAWA, Oct. 11, 2019 /CNW/ - We are increasingly concerned by the substantial rise of vaping among Canadian youth. As nicotine in any form is highly addictive, non-smokers who vape products containing nicotine are at risk of going on to use tobacco products such as cigarettes.

As we stated in April 2019, Canada has seen the rates of youth smoking decline significantly in recent years, but youth are now turning to vaping in large numbers. We are very concerned that a new generation of youth addicted to nicotine will lead to a resurgence in smoking—reversing decades of progress and creating new public health problems.

Youth are particularly susceptible to nicotine's negative effects, which can include altering their brain development and affecting their memory and concentration.

While the harms of vaping products are starting to emerge, researchers are still gathering data on their potential effectiveness as a means of helping smokers quit smoking. What we do know is that, regardless of a person's age, vaping can lead to nicotine addiction and can increase exposure to harmful chemicals for people who are non-smokers.

Individuals who use vaping products breathe in a mixture of chemicals, which include harmful and potentially harmful substances such as nicotine, solvents, cancer-causing chemicals (e.g., formaldehyde), heavy metals and flavourings. It is also not clear what underlying risk there may be from inhalation of ultra-fine particles created by the mechanism of vaping technology that permits inhalation deep into the lung.

Some chemicals (e.g., flavourings) in vaping products may be safe to eat but have not necessarily been tested for safety when inhaled. Limited information is available on the health effects of inhaling glycerol (a common vaping diluent) and the majority of flavourings used in vaping liquids.

We cannot stand by and watch a new generation of Canadians become dependent on nicotine or be exposed to products that could have significant negative consequences for their health.

We are also very concerned about the emergence of severe pulmonary illness related to vaping in the United States and now in Canada. We have been working together to monitor the situation closely, to identify potential cases in Canada, and to support the investigation into the cause(s) of the illnesses.

To date, the investigation into severe pulmonary illness in the United States suggests that products containing tetrahydrocannabinol (THC) play a role in the outbreak. The suspected cause is a chemical exposure, but the specific chemical or chemicals remain unknown at this time. No single product or substance has been linked to all cases, and more information is needed to know whether a single product, substance, brand or method of use is responsible for the outbreak.

While the severe pulmonary illnesses related to vaping are under investigation, we recommend to all Canadians that:

- You consider refraining from using e-cigarettes or vaping products, particularly any products that have been purchased illegally, including any products that contain THC. Cannabis use has risks, some of which remain unknown and can have short- and long-term harms to your health, including dependence.
- You see a healthcare provider immediately if you have recently used vaping products and you have symptoms of pulmonary illness (e.g., cough, shortness of breath, chest pain) like those reported in the outbreak.
- You not return to smoking cigarettes if you are using nicotine-containing vaping products as a means of quitting cigarette smoking.

Even in the absence of the severe pulmonary illnesses related to vaping, Canadians should remember that:

- If you don't smoke, don't vape.
- Vaping is not recommended for youth, pregnant women, or adults who do not currently use tobacco products.
- Youth who vape should seek support to quit completely.
- Youth and adults currently vaping nicotine should NOT switch to smoking tobacco products.
- If you use vaping products, do not buy them from illegal or unregulated sources, including products containing THC. Products obtained from the illegal market are not subject to any controls or oversight and may pose additional risks to your health and safety.
- You should never modify vaping products or add any substances to these products that are not intended by the manufacturer.
- You should let your health care provider know about your vaping history, especially if you have respiratory symptoms.

Adults and youth needing support to deal with nicotine addiction, whether they are using tobacco or vaping products, should speak to their health care provider and seek out proven cessation therapies, such as medication, or approved nicotine replacement therapies, such as gums, patches and lozenges. Canadians can also access supports from trained specialists who can help them develop a quit-smoking plan and provide referrals in their community.

We reiterate our call from April: We need to create environments that prevent youth vaping by strengthening regulatory frameworks and policies that restrict the accessibility and availability of vaping products and reduce the appeal of such products to youth. This includes plain packaging, health warnings and regulating the sale and marketing of vaping products and flavourings and putting in place school and community policies that reduce use and encourage positive youth development.

In Canada, we have seen the first cases of pulmonary illness related to vaping and a number of other incidents are under investigation. Together with colleagues in the United States, we are all doing our part to find out what is causing these illnesses. Until more is known, we repeat our call for Canadians to consider refraining from vaping.

Dr. Theresa Tam Chief Public Health Officer of Canada Dr. Bonnie Henry Provincial Health Officer, British Columbia Chair, Council of Chief Medical Officers of Health

Dr. Brendan E. Hanley Chief Medical Officer of Health, Yukon Vice-Chair, Council of Chief Medical Officers of Health

Dr. Janice Fitzgerald I/Chief Medical Officer of Health, Newfoundland and Labrador

Dr. Heather Morrison Chief Public Health Officer, Prince Edward Island

Dr. Robert Strang Chief Medical Officer of Health, Nova Scotia

Dr. Jennifer Russell Chief Medical Officer of Health, New Brunswick

Dr. Horacio Arruda Director of Public Health and Assistant Deputy Minister Ministry of Health and Social Services, Québec

Dr. David Williams Chief Medical Officer of Health, Ontario

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Dr. Saqib Shahab Chief Medical Health Officer, Saskatchewan

Dr. Deena Hinshaw Chief Medical Officer of Health, Alberta

Dr. Michael Patterson Chief Medical Officer of Health, Nunavut

Dr. Kami Kandola Chief Public Health Officer, Northwest Territories

Dr. Evan Adams Chief Medical Officer, First Nations Health Authority, British Columbia

Dr. Tom Wong Chief Medical Officer, Public Health, Indigenous Services Canada

Important Links

https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html

SOURCE Public Health Agency of Canada

Tobacco and Vapour Product Action Plan

GOAL: To eliminate tobacco and vaping-related illness and death by contributing to the prevention of youth initiation and increased use of tobacco and vapour products.

Population Health Indicators:

- Percent of population (age 12+) that are current tobacco smokers
- Percent of youth aged 12-19 that have completely abstained from smoking cigarettes in their lifetime
- Percent of students (grade 7-12) who report E-cigarette use in the past year
- Percent of non-smokers (age 12+) who are regularly exposed to tobacco smoke in public places

Recommended Actions and Next Steps

- 1. Continue using and monitoring population health data and evidence to identify priorities and determine effective interventions to diminish vapour product and tobacco use among youth and young adults
- Continue using population health data and evidence to identify health priorities and determine evidence-based interventions to address vapour product and tobacco use among youth and young adults
- Use more current local vaping estimates for secondary school students when the 2019 OSDUHS oversample data becomes available in 2020.
- Partner with other local PHUs to collect further data on vaping knowledge/attitudes/behaviours among middle school youth (age 11-14) and their caregivers.
- 2. Explore interventions to prevent harms from vaping as a public health issue and identify strategies to reduce use
- Collaborated with OTRU to review evidence/best practices and develop programming recommendations for implementation (OTRU, 2019)
- Effective future inventions will need to address the complex interplay of factors that can encourage vaping such as the school/university environment, peer pressure, family factors, social media, and product marketing. To accomplish this, a coordinated and planned strategy will be vital to this work (OTRU, 2019).
- Hamilton and the CW TCAN continues to communicate and collaborate with all TCANs to minimize overlap with each regional project attempting to target different audiences (middle school youth, high school youth, parents,

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intermediaries/teachers, etc.); as well as to maximize funds available and provide coordination among the 35 PHUs. Campaign assets will be implemented throughout the province on a multi-TCAN level.

- CW TCAN took the lead in the development of a prevention and youth denormalization campaign that aims to increase knowledge and shift attitudes about vaping -Planned Timeline- CW Ad buy planned to start on October 1st- November 15th
- Urge the government to proceed quickly in implementing two key measures: First, ban all marketing of vaping products, with only specialty shops that have age restrictions being exempted. This approach has been adopted in seven other Canadian provinces and will help counter the existing perception that vaping is a "normal product" and safer than tobacco. Secondly, ban the sale of flavoured vaping products with only specialty shops being allowed to sell those flavoured products that are most often used for cessation. This approach would reduce youth exposure to dessert, candy, fruit and pop flavoured vaping products that hold significant appeal while allowing their sale in specialty shops where youth will not be exposed to the marketing of these enticing products.
- 3. Collaborate with school boards to deliver vaping campaign, curriculum and programming
- Collaborated with HWDSB to develop curriculum for grades 5-8
- Development, implementation, and evaluation of a promotional campaign to promote vaping information and messages targeted at secondary school students (grades 9-12) by using social media, print media, digital media and educational resources to market the campaign and In- person events
- To work with City of Hamilton Epidemiology & Evaluation team as well as Culture and Recreation department to conduct formative research in the form of an audience analysis/needs assessment to learn more about vaping in the grade 6-8 middle school audience to help better understand knowledge, attitudes & behaviours
- 4. Increase compliance with laws that govern smoking
- Reducing Youth access to tobacco and vapour products by conducting inspections as per the Tobacco, Vapour and Smoke Protocol, 2019 as an integral part of the SFOA, 2017 comprehensive tobacco control program aimed at preventing children and youth from starting to use tobacco and vapour products

5. Increase access to cessation services for priority populations

 Facilitate access and support for youth who smoke to work with HCPs and youth serving agencies that provide addiction counselling

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 Currently there are no best practice guidelines to support cessation of e cigarettes (of non-smokers) as they are used as a harm reduction method for people who smoke combustible tobacco. CAMH are developing guidelines due in 2020.

Measure of Success

- To reduce vaping initiation amongst youth by shifting perceptions of secondary students and; creating a better understanding of vaping within the middle school audience". To achieve this -it will require multi-year action.
- Percent of tobacco and vapour product retailers in compliance with display, handling and promotion sections of the Smoke-Free Ontario Act, 2017 (SFOA) at time of last inspection
- Percent of tobacco and vapour product vendors in compliance with youth access legislation at the time of last inspection
- Percent of non-smokers (age 12+) who are regularly exposed to tobacco smoke in public places
- Percent of smokers that have attended a Tobacco Cessation Clinic at least once after registering