

Vaping and E-Cigarettes

A POLICY PAPER FOR MUNICIPAL GOVERNMENTS
CONSIDERING ACTIONS IN RESPONSE TO PUBLIC CONCERNS



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Introduction

Use of e-cigarettes (aka “Vaping”) is rapidly emerging as an issue of public health concern after an outbreak of vaping associated lung illness in the United States and Canada in 2019. As of December 3rd 2019 there have been 2,291 hospitalized cases of EVALI (E-cigarette or Vaping Product Use-Associated Lung Injury) or Vaping Associated Lung Illness (VALI) reported in all 50 U.S. States, the District of Columbia and two U.S. Territories (Puerto Rico and U.S. Virgin Islands) with 45 deaths in 25 states and the District of Columbia.

Among cases of hospitalized EVALI patients reported to the CDC with available data 67% are male. The age of these patients ranges from 13-77 years, with 78% of users being under the age of 35. 80% of all patients reported using THC containing products with 35% using exclusively TCH containing products. 54% of patients reported using nicotine containing products with 13% reporting exclusive use of nicotine containing products. 12% of patients reported using cannabidiol (CBD) products. 40% of patients reported using both nicotine and THC containing products and 5% of patients reported using products that contained no TCH, CBD or Nicotine. Among patients who used THC containing products the product brand Dank Vapes was reported used by 56% followed by TKO (15%), Smart Cart (13%) and Rove (12%) brand products.[1]

While cases appear to have peaked in mid-September 2019 and are in decline, the CDC states that new cases and deaths have continued to be reported in multiple states. Evidence suggests the additive Vitamin E-Acetate used in products is associated with EVALI but due to the wide range of substances comprising the ingredients of vaping products other sources are still being investigated. Beyond the immediate concerns of severe lung injury there is also a longer-term concern about youth addiction to nicotine via e-cigarettes and vaping products undoing decades of work to successfully reduce usage of tobacco products among teenagers and young adults.

Availability of nicotine containing vaping products in flavours and devices that are appealing to youth has led to their increased use. In the US, increases in adolescent vaping from 2017 to 2018 were the largest ever recorded in the past 43 years for any adolescent substance use outcome.[2] Nicotine is particularly harmful to the developing brain and is only one harmful substance in a cocktail of chemicals that non-vaping bystanders are also increasingly exposed to, of which the full range of harms is currently unclear. [3] What is clear is that similar to the U.S., significant increases in youth vaping have been reported in BC and across Canada, with evidence emerging that use of vaping products may be leading to resurgent youth smoking rates.[4] The recent cases of Severe Pulmonary Disease associated with vaping (AKA) EVALI (AKA) Vaping Associated Lung Illness, have only heightened the sense of urgency for governments to respond in the face of growing concerns.

[1] See Centres for Disease Control for up to date data on vaping related lung illness or EVALI in the United States at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.htm

[2] Miech et al., Trends in Adolescent Vaping 2017-2019, 2019, New England Journal of Medicine, - accessed at <https://www.nejm.org/doi/full/10.1056/NEJMc1910739>

[3] Health Canada Fact Sheet: Risks of Vaping, <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html> Accessed 17 Oct 2019

[4] Hammond et al., Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study, Canadian Medical Association Journal, Oct 30th 2017 accessed Nov 21st at <https://www.cmaj.ca/content/189/43/E1328/tab-e-letters>

The situation in Canada as of the start of 2020

In Canada there are eighteen confirmed cases of vaping related lung illness as of February 18th 2020. Four of these have been confirmed in British Columbia. Similar to cases reported in the U.S. a diverse range of vaping products have been associated with hospitalizations. Out of these eighteen cases reported nationally, ten of them reported using nicotine containing products only, while four reported using THC containing products only, one reported using a product containing neither nicotine nor THC, and three cases reported using nicotine and THC as well as other products.[5] Provinces and local governments alike have responded with a range of measures to restrict youth access and to otherwise regulate the industry. Some of these are featured at a glance in this report including British Columbia's new Ten Point Plan which is examined in more detail. The Provincial Government of B.C. has an updated page on Vaping which can be accessed at <https://www2.gov.bc.ca/gov/content/vaping>

Purpose of this paper

This policy discussion paper was prepared by Vancouver Coastal Health's Office of the Chief Medical Health Officer with support from the Union of BC Municipalities as local governments consider responses to public concerns about vaping. It shares Vancouver Coastal Health's current level of understanding about the population health concerns relating to vaping, provides some policy context regarding the regulatory powers of the different levels of government as they relate to vaping, and examines different responses local governments might consider exploring based on past responses to substances that cause health concerns in communities (i.e. tobacco, cannabis, liquor, opioids).

[5] Health Canada <https://www.canada.ca/en/public-health/services/diseases/vaping-pulmonary-illness.html> Accessed December 9th 2019

Prevalence of youth vaping, Canada and British Columbia



As noted in the introduction, uptake of vaping products and e-cigarettes by youth in the United States has been the single most rapid increase in substance use by adolescents recorded in nearly a half century. Canadian data shows similar growth in use among youth.

According to a recent study, vaping (ever use) in Canadian adolescents aged 16-19 years old was 29.3% in 2017 rising to 37.0% in 2018. This same age group's past 30-day use (recent) was 8.4% in 2017 and 14.6% in 2018, a 74% increase in a single year.[6] This same study reported a 45% increase in previous-30 day smoking rate among youth, the first ever increase documented in decades.

The Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) indicates young people in grades 7-12 who had used e-cigarettes in the past 30 days in Canada was 6.5% in 2014/2015 and 10.0% in 2016/2017. In BC, the use of e-cigarettes in the past 30 days for the same age group was 8.0% in 2014/2015 and 12.5% in 2016/2017.[7]

Locally, the McCreary Centre Society's BC Adolescent Health Survey (2018) reports the prevalence of e-cigarette use in youth aged 12-19 years in BC as 21% with nicotine and 19% without nicotine.

A further breakdown for the same age group in the Vancouver Coastal Health region shows that the last 30 days use is 18% with nicotine and 15% without nicotine.[8]

In the past, Health Authorities have tested various products that were advertised as nicotine-free and found them to contain nicotine. There is concern that nicotine free vaping products may pose similar risks.

Behavioural challenges of vaping: Juuling Stealth Vaping and Zero Vaping

There are a broad range of vaping and e-cigarette products and ‘practices’ that make combatting vaping and e-cigarettes among youth different in some ways and potentially more complex than cigarettes. Juul is one of the most popular products with youth and is noted for having youthful, stylish marketing and advertising.[9] Often described as “looking like a USB stick” or “Thumb drive” it can be inconspicuous and hard to recognize for parents or others concerned with youth vaping. In addition to being easy to conceal Juul doesn’t produce as much vapour/aerosol as other e-cigarettes, allowing it to be used discreetly, but still contains the same chemicals as other e-cigarettes.

Youth using Juul or products that produce more vapour than Juul are being instructed by online videos and social media influencers on how to avoid being detected vaping through such things as “stealth vaping” and “zero vaping”. These enable users to vape in places and situations where they would otherwise not be permitted to. Zero vaping is even described on one website as “turning your vape device into a nicotine inhaler!” [10] These vaping ‘practices’ have resulted in youth behaviour that differs from traditional smoking and in new challenges to teachers, parents, employers and others concerned with youth vaping. Although vaping is not allowed on school property it is well known that schools across North America including those in British Columbia are struggling with this issue. Many youth in schools are using this product in washrooms and even in classrooms, during class.[11]

Regulators and health advocates in the United States have become increasingly aware of just how much exposure to vaping and e-cigarette marketing young people experience via social media, with peer “influencers” promoting products and vaping as a lifestyle product.[12] The uptake of Juul use alone by youth in America has been so rapid and widespread that in July of 2019 the CEO of Juul, Kevin Burns, publicly apologized to parents of children who vape and took actions to limit the product’s appeal to young people as cases of EVALI continued to be reported.[13] Shortly after his apology, in September of 2019, Burns resigned as CEO of the company.[14]

[6] Hammond et al., Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys, 2019, BMJ, accessed at <https://www.bmj.com/content/365/bmj.j2219>
 [7] Provincial Patterns in E-Cigarette Use from the 2016/17 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/sites/ca.canadian-student-tobacco-alcohol-drugs-survey/files/uploads/files/k118_ecig_factsheet_bc_final.pdf
 [8] McCreary Centre Society; Results of the 2018 BC Adolescent Health Survey https://www.mcs.bc.ca/pdf/balance_and_connection.pdf
 [9] <https://www.tobaccofreekids.org/assets/factsheets/0394.pdf>
 [10] <https://vaping360.com/learn/stealth-vaping/>
 [11] American Cancer Society, <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/e-cigarettes.html>
 [12] For an examination of youth exposure to vaping promotion via social media see CNBC News “Vaporized: America’s e-cigarette addiction” accessed at <https://www.youtube.com/watch?v=LN4UFuXB8qI>
 [13] Juul CEO apologizes to parents of children who vape, ABC News, July 14th 2019 accessed at <https://abcnews.com/health/juul-ceo-apologizes-to-parents-of-children-who-vape/5397336/>
 [14] Juul CEO is out, and it shows all advertisement as vaping crisis escalates, CNN Business September 25th 2019, accessed at <https://www.cnn.com/2019/09/25/business/juul-ceo-resigns/index.html>

Factors that influence use of substances

Despite some clear differences in behavioural trends and demographics cigarette smoking is the closest comparison policymakers and regulators have to vaping, with more data available on smoking through decades of research and monitoring than that for e-cigarettes and vaping.

Statistics show that most Canadian smokers begin in their teen years with the prevalence of smoking in Canadian households varying by income; the lowest income quintile seeing 1 in 5 people smoking compared to 1 in 10 for those Canadian households in the highest income quintile.[15] Similarly, data shows that most e-cigarette users also start vaping in their teens, with the highest rates of Canadians overall trying vaping for the first time found among youth 15-19.[16]

Lower socioeconomic status is often a determinant of substance use and research in the United States has shown that the availability of tobacco products is more prevalent in lower-income neighbourhoods. [17] However, emerging data on vaping trends suggests that Caucasian and higher income earners are more likely to switch from cigarettes to vaping products or use both, while communities of colour and lower-income earners were less likely to be making the change to e-cigarettes and vaping products.[18] Whether the trend is similar in Canada has yet to be determined.

One trend is clear. Similar to cigarettes, most e-cigarette smokers begin using vaping products in their teens, with teenagers comprising the fastest growing segment of the population taking up use of vaping products. Therefore, responses that help mitigate access to vaping products and curtail promotion to youth and young adults should be prioritized.

Why do youth vape?

Studies by Health Canada show that young people indicate friends and social influences or flavours to be the reasons why they vape. In 2018 the top reasons cited for vaping initiation among Canadians aged 13-19 were:

Friends (58%), Flavours (37%), "Vaping looking fun and exciting" (22%), and being offered a vape (21%). [19]

[15] Health Fact Sheets. Smoking, 2017, Statistics Canada, accessed at <https://www150.statcan.gc.ca/n1/pub/82-625-x/2018001/article/54974-eng.htm>

[16] Vaping in Canada: what we know, Health Canada, accessed at <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/canada.html>

[17] Yu D, Peterson NA, Sheffer MA, Reid RJ, Schneider JE. Tobacco Outlet Density and Demographics: Analysing the Relationships with a Spatial Regression Approach. *Public Health*, 2010;124(7):412-6

[18] Alyssa F Harlow, Andrew Stokes, Daniel R Brooks. Socioeconomic and Racial/Ethnic Differences in E-Cigarette Uptake Among Cigarette Smokers: Longitudinal Analysis of the Population Assessment of Tobacco and Health (PATH) Study. *Nicotine & Tobacco Research*, Volume 21, Issue 10, October 2019, Pages 1385-1393, <https://doi.org/10.1093/ntr/nty141>

[19] Health Canada. Reducing Youth Access and Appeal of Vaping Products: Potential Regulatory Measures. April 2019. <https://www.canada.ca/en/health-canada/programs/consultation-reducing-youth-access-appeal-vaping-products-potential-regulatory-measures/document.html#r24>

The McCreary Centre Society's Clearing the Air report notes the top reasons for youth trying vaping were curiosity (54%), appealing flavours (44%), and peer influences (32%). The report also indicates a perception by youth that vaping is less harmful than smoking, tastes better and can be done less conspicuously. McCreary's report also suggests a potential relationship between things like stress, poor sleep and vaping.[20]

Marketing efforts to promote vaping have been predicated on their unsubstantiated health benefits as an alternative to smoking cigarettes. In some ways this is not dissimilar from how cigarette makers advertised cigarettes in the mid-twentieth century, touting health benefits with such claims like "More doctors smoke Camels than any other cigarette". Though vaping and e-cigarette products may be promoted and perceived as less harmful than tobacco, data are emerging that vaping may be a link to subsequent tobacco use by youth, undoing decades of work to successfully decrease smoking and nicotine addiction among youth. The Hammond et al. (2019) report Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study suggests attention should be paid to whether or not vaping may be undermining efforts to reduce smoking among young people as a reversal of smoking decline in youth is happening alongside a continued increase in vaping.

The amount of nicotine can vary from product to product with the new generation vapes containing levels much higher than those allowed in other jurisdictions. Youth who have a nicotine addiction can find it very difficult to quit vaping. BC's new 10-Point Plan introduced maximum levels of nicotine in vaping e-juice at 20 milligrams per millilitre bringing it in line with other jurisdictions which have limited nicotine content like the E.U.

Which youth are less likely to vape?

The McCreary report also found that Youth who have supportive adults in their lives, who can access mental health services to cope in healthy ways with stress and anxiety, and who feel connected to their communities are less likely to vape. This reiterates the health value of free opportunities like youth drop-in centres or existing youth prevention and early intervention programs. One example of such a program is the Vancouver School Board's Supporting And Connecting Youth program (SACY), [21] helping youth connect with others in support of improving the Social Determinants of Health (SDOH). The Social Determinants of Health includes such things as social support networks; education; social environments; physical environments; personal health practices and coping skills; and healthy child development.[22]

Improving the Social Determinants of Health in communities is a key priority of health authorities as it leads to healthier populations and improved quality of life. This in turn reduces strain on government finances and reduces the number of families dealing with complications and impacts to wellbeing caused by chronic and life-threatening preventable diseases.

[20] McCreary, Clearing the Air - https://mcs.bc.ca/pdf/yys_clearing_the_air.pdf
 [21] https://www.vsb.bc.ca/Student_Support/Safe_Caring/SACY_Substance_Use_Health_Promotion/Pages/default.aspx
 [22] <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/>

Vaping and the powers of different orders of government

Though local governments are not without tools to act, the Federal Government and Provinces hold most of the regulatory powers over the vaping and e-cigarette industry. For an extensive overview of Federal and Provincial legislative powers regarding tobacco products and e-cigarettes across Canada see the Canadian Cancer Society's Overview Summary of Federal/Provincial/Territorial Tobacco Control Legislation in Canada, published October, 2017.[23] The section regarding policy and regulatory responses to vaping and e-cigarettes is found on pages 61-64. Some examples from this comprehensive study are included in the graphic below to capture the various powers each level of government currently exercises, has exercised in the past, or in theory is able to exercise given the respective constitutionally recognized powers and responsibilities of the different orders of government. Some powers may be similar such as powers of taxation or restrictions on advertising, while some local governments may also have different powers than others (Eg. Charter Cities like Vancouver or Mountain Resort Municipalities like Whistler).

Examples of Government of Canada Legislation and Powers:

The Tobacco and Vaping Products Act	Canada Health Act
Food and drug approvals	Additives and flavouring
Labeling and Warnings including marketing "misleading descriptors"	Trade, Exporting and Importing

Examples of Government of British Columbia Legislation and Powers

The Public Health Act	Tobacco and Vapour Products Control Act
Minimum age to purchase	No Smoking in cars with minors
Point of sale and visible display	Education and public awareness

Recent and emerging provincial responses at a glance

A number of Canadian Provinces have recently taken action or are exploring a range of policy and regulatory actions in response to concerns raised by cases of EVALI in Canada in 2019.[24]

These vary in scope and approach. Some examples include:

December 2019 Nova Scotia announced that it will be banning all flavoured e-cigarettes beginning April 1st 2020 [25] while the Provincial Budget released in February 2020 introduces a new Vaping Tax.[26]

Prince Edward Island is in the process of exploring more stringent laws that will include banning certain flavours and raising the legal age to purchase from 19 to 21 and introduce restrictions to where vaping and e-cigarette products can be sold. [27]

November 2019 Saskatchewan introduced legislation establishing a legal minimum age for purchases of vaping and e-cigarette products (18 years) and introduced bans on where vaping and e-cigarette products could be advertised, displayed and sold. [28]

In Ontario beginning in January 2020 vapour products will no longer be sold in convenience stores and gas stations and will be limited to specialty vaping and cannabis retail stores.

Responses in neighbouring U.S. states at a glance

Similar to Canadian provinces the responses in U.S. states have differed from state to state. Some have enacted, or attempted to enact legislation, or are indicating a desire to enact legislation. At a glance U.S. States bordering British Columbia have done or have attempted to do the following:

In 2019 **Washington State** enacted a temporary full ban on the sale of flavoured vaping products that lasted 120 days. Governor Jay Inslee and state officials have committed to further legislation that will set maximum nicotine levels and permanently ban flavoured vaping products as well as eliminate bulk sales of vaping products.[29]

[24] The CBC offers a national scan of provincial vaping and e-cigarette legislation (established or in various reading stages, awaiting ascent, or to be implemented) available at <https://www.cbc.ca/news/canada/vaping-regulations-1.3812180>

[25] <https://novascotia.ca/news/release?id=20191205001>

[26] Nova Scotia Budget 2020-2021 available at <https://beta.novascotia.ca/sites/default/files/documents/6-2046/ftb-bfi-041-en-budget-2020-2021.pdf>

[27] <https://www.cbc.ca/news/canada/prince-edward-island/pei-vaping-regulations-industry-consultation-1.5373643>

[28] <https://www.cbc.ca/news/canada/saskatchewan/sask-rules-vaping-1.5348292>

[29] <https://www.seattletimes.com/seattle-news/education/after-120-day-ban-on-flavored-vaping-products-washington-will-aim-for-permanent-ban-tougher-regulations/>

A similar attempt to ban flavoured vaping products in Oregon State was stayed by an Oregon appeals court just two days after coming into effect.[30] Executive Order No. 19-09 also included measures to invest in statewide prevention and education and introduce more stringent monitoring and reporting. [31]

In **Idaho** the proposed 2019 State Bill Tobacco 21 sought to raise the minimum age to buy tobacco and vaping products to 21 from 18.[32] It was defeated in the State Senate. [33]

Alaska has not introduced new legislation or bans but did set minimum age to purchase at 19 years old and has introduced restrictions on where products can be sold and merchandised and introduced a retail license.[34]

[30] <https://www.oregonlive.com/business/2019/10/oregon-appeals-court-halts-governors-flavored-vaping-ban.html>
[31] Executive Order No. 19-09 accessed at https://drive.google.com/file/d/1U_EFAy1MUyGKWuU_sl0XF7SP1f1yjiH/view
[32] <https://tobacco21.idaho.org/>
[33] <https://www.boisestatepublicradio.org/post/daho-panel-kills-bill-raise-smoking-age-21#stream/0>
[34] <https://www.publichealthlawcenter.org/resources/us-e-cigarette-regulations-50-state-review/ak>

The Province of British Columbia's 10-Point Plan to Protect Youth from the Health Risks of Vaping

Of all the Provinces to take action regarding concerns about vaping and e-cigarettes the Government of British Columbia's response is the most comprehensive to date. On Thursday November 14th 2019 the Province of BC introduced a Ten Point Plan to protect youth from the health risks of vaping.[35] More specifics are expected in terms of how this plan will be implemented and monitored but the directions of the 10-Point Plan include:

Regulate nicotine content in vapour products. Part of this includes naming nicotine as a health hazard under the Public Health Act. This may entail new types of licenses or permits. Regulating the amount of nicotine in products could then be placed within the Tobacco and Vapour Products Control Act, so that British Columbia could set maximum levels of nicotine in vapour products similar to other jurisdictions, like the European Union where 20mg/ml is the maximum level.

Restrict the sale of flavoured vapour products. Non-age restricted stores will be limited to selling tobacco flavoured vaping products only. The exclusion includes menthol and mint. Age-restricted stores will be able to sell certain flavours but the list of approved flavours and the mechanisms to monitor and enforce are yet to be determined .

Implement new labelling requirements to include plain packaging and health warnings. Similar to the emergence of health warnings and plain packaging for cigarettes, vapour products in BC will now be required to adhere to similar limitations in marketing and clear warnings regarding health impacts.

Strengthen restrictions on public advertising throughout the Province of BC.

Enhance compliance and enforcement of provincial laws and regulations controlling vapour products. This will include a 40% increase in enforcement resources.

Increase the provincial sales tax on vapour products and accessories to 20%.

Create a provincial youth advisory committee to support and advise on youth vaping, education, social awareness and other initiatives. This is to help improve communication and engagement with youth in order to leverage the strength of peer networks to support health promotion and vaping prevention messaging.

Distribute the BC Lung Association Vaping Prevention Toolkit provincially to schools for students, parents and educators.

Launch a youth social awareness and marketing campaign aimed at preventing youth from vaping.

Enhance Quit Now resources for youth wanting to quit vaping

[35] <https://news.gov.bc.ca/releases/2019HLTH0118-002192>

Frequently asked questions

Banning vs limiting vaping products

Those concerned with youth vaping will want to monitor closely the different approaches being taken across Canada as legislation in response to vaping concerns differs from province to province. One question you may encounter is the benefits and risks of banning versus limiting flavouring in vaping and e-cigarette products. Currently there is still some debate as to the efficacy of vaping as a cessation device for those wanting to quit smoking, with evidence yet unclear that this claim can be broadly substantiated. Flavours are often cited by vaping advocates as an important part of cessation programs for those wanting to quit smoking; however flavours are also widely known to be a key factor in attracting youth to vaping as earlier sources cited in this paper emphasize. What is clear is that there is no health benefit to vaping, only risks both known and unknown, for those who do not already smoke.

Some researchers have expressed concern that in an effort to mitigate youth uptake of vaping that banning all flavours or banning vaping and e-cigarettes outright may drive users to unregulated black markets.[37] If this became the case, they raise concern that even less regulation and oversight of ingredients may elevate health risks from unsafe products.[38] As different jurisdictions limit or ban flavours only monitoring and reporting over time will tell policymakers which is more effective in limiting youth vaping, but it is important to note that these specific actions are not disconnected from other policies, laws and programmatic responses which may also factor into future trends. In BC and other jurisdictions bans are expected on specific types of flavour with a small selection of approved and regulated flavours available to consumers. It is hoped this approach proves successful in both limiting youth uptake and in mitigating the development of an underground e-juice market.

Youth access to vapour products online

Local governments have power over land use and have a range of bylaws and policies at their disposal but none of them are designed to regulate purchasing items over the internet. This is an area of policy concern where the Federal Government has the most leverage. China recently pressured the e-cigarette industry to shut down websites despite there being no law prohibiting online sales or websites promoting e-cigarettes and vapour products.[38] Online retailers have already begun selling vaping products to Canadian consumers.

[36] E-cigarette ban would create a vaping black market: Public health expert, CBC News, September 8th 2019 accessed at <https://www.cbc.ca/radio/checkup/e-cigarette-ban-would-create-a-vaping-black-market-public-health-expert-1.5274794>
 [37] Vaping bans are supposed to help. But could they become a 'public health disaster'? LA Times, October 3rd 2019 accessed at <https://www.latimes.com/california/story/2019-10-03/vaping-deaths-cdc-ban-thc-nicotine-cigarette-tobacco-nicotine-marijuana>
 [38] China Effectively Bans Online Sales of E-Cigarettes, New York Times, November 1st 2019 <https://www.nytimes.com/2019/11/01/business/china-vaping-electronic-cigarettes.html>

Potential local government interventions for consideration

As noted earlier, senior governments hold most of the regulatory power over the vaping industry and actions are being committed to across the country, but local governments can also show leadership in response to public concerns. Local governments in BC have taken actions in the past that are instructive in terms of dealing with public concerns about legally purchased substances in communities and as they explore specific action regarding vaping there are a few proven approaches worth examining.

1) Limit sale of vaping products from store locations in proximity to youth and children.

In the case of tobacco, which can conceivably be applied to vaping products, evidence indicates that by restricting young people's access to commercial sources of tobacco in urban areas, rates of experimental smoking declines.[39] This suggests governments should similarly consider vaping and e-cigarettes in the context of the impact of tobacco retailer density on youth smoking behaviour, and be cautious when granting licenses for establishments to sell tobacco and vaping products alike. This approach has also been taken in some jurisdictions to reduce youth access to alcohol or cannabis.[40]

For example, in 2017 the City of Vancouver developed regulatory guidelines for locations of Cannabis Retailers in proximity to schools and other sites enabled by amendments to zoning and development bylaws to designate a new Cannabis Store business license. In addition, Cannabis Stores are required to have a municipal permit and a provincial license. These actions curtailed the proliferation of un-licensed vendors and empowered the City with geocoded data about vendor locations.[41] The City of Victoria ensures similar proximity measures directly through its zoning and land use regulations through a Storefront Cannabis Retailer Rezoning Information and Application form.[42] These measures ensure better data gathering regarding where cannabis products are sold, and in proximity to places of particular concern.

These mechanisms for cannabis, addressing proximity and density of outlets in communities or near sites of interest through zoning and bylaws may be worth considering in the context of vaping if communities are concerned about the impacts of availability of vaping products in proximity to schools and other sites.

2) Restrictions on marketing and advertising of vaping products

Most vaping products are flavoured and contain nicotine. As data in this brief has shown flavours are a key factor in influencing youth experimentation and use. Studies looking at advertising effects on youth found that youth exposed to e-cigarette advertisements are more likely to try e-cigarettes, particularly

[39] American Journal of Public Health, Density of Tobacco Retailers Near Schools: Effect on Tobacco Use Among Students accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759807/>

[40] Tobacco Induced Diseases, 2011, Tobacco retailer density surrounding schools and youth smoking behaviour: a multi-level analysis, accessed at <http://www.tobaccoinduceddiseases.org/Tobacco-retailer-density-surrounding-schools-and-youth-smoking-behaviour-a-multi-66050.0.2.html>

[41] <https://vancouver.ca/doing-business/cannabis-retail-dealer-business-licence.aspx>

[42] https://www.victoria.ca/assets/Departments/Planning-Development/Development-Services/Applications/Storefront%20Cannabis%20Retailer%20Rezoning_2016-09-23_FINAL-revised.pdf

when flavours are available. The Province of British Columbia's new Ten Point Plan includes new restrictions on advertising vaping products but local governments may want to consider any additional ways in which they can curtail promotion of vaping products by individuals, agencies, and private businesses overall, or at a minimum near youth friendly locations (near schools, transit shelters, youth centres, community centres, etc). [43] In October of 2019 Richmond City Council voted unanimously to ban the advertising of vaping products in public spaces including in transit shelters and on street furniture specifically to limit exposure to young people in the city.[44] While this action was in advance of the Province introducing its new laws, local governments may still want to consider exploring opportunities to limit exposure to vaping in special events licensing and permitting or any other opportunities where healthy public policies can be created and included in the conditions of contracts, permits and licenses.

3) Identify and address possible gaps in bylaws and enforcement

If not already accomplished, consider updating bylaws to include the following:

- Explicitly include E-cigarettes and vaping devices in the definition of "smoking"
- Expand protection to individuals who don't vape by increasing smoke and vape free spaces to include patios, parks, beaches, outdoor markets and events where members of the public may be present
- Introduce controls or bans on sampling of products indoors
- Increase resources for monitoring and enforcement of health related smoking and vaping bylaws

4) Invest in youth programs supporting social connection, mental health and well-being

The McCreary Centre Society's Clearing the Air report found links between youth who felt social connection and access to support networks and reduced prevalence of vaping (McCreary Centre Society, p5). This suggests that a potential programmatic response could be targeted youth programming focused on the Social Determinants of Health and healthy lifestyle promotion. Creating a revenue generating special license or permit could potentially fund programming of this nature. Several communities and school districts have attempted to provide elements of this service. The Vancouver School Board's SACY program is an example of a robust and well-funded program.[4] These programs benefit youth in numerous ways, including reducing risk taking and substance use behaviour. Stable funding for these programs should be explored between local governments, school boards, and the three ministries committed to action on Vaping as resources towards creating similar robust programs in other communities is a critical need.

[43] E-cigarettes in Canada Position Paper, Heart and Stroke Foundation Canada, 2018, accessed at <https://www.heartandstroke.ca/-/media/pdf-files/position-statements/ecigarettesincanada.aspx>

[44] As Richmond bans vaping ads, province urged to take action amid illnesses, Sean Boynton, Global

News, October 17th 2019 <https://globalnews.ca/news/6047372/bc-vaping-actions/>

[45] For example see the City of Vancouver's bylaw <https://vancouver.ca/files/cov/park-smoking-regulation-bylaw.pdf>

[46] https://www.vsb.bc.ca/Student_Support/Safe_Caring/SACY_Substance_Use_Health_Promotion/Pages/default.aspx

5) Local governments and Health Authorities coordinate and communicate more closely on enforcement and monitoring

Local governments and Health Authorities can coordinate and communicate more closely regarding enforcement actions or warnings given to retailers or other businesses found to be selling vaping products to minors or otherwise not abiding by provincial or local laws, bylaws and regulations. For example, the City of Vancouver Licensing Department and Vancouver Coastal Health have committed to Cc each other when sending an enforcement letter or warning to businesses. This is intended to enhance the warning as the recipient sees that both regulators are aware of the infringement and in direct contact.

6) Join the Healthy Communities Movement

Since the 1980s, beginning with the World Health Organization's Healthy Cities Project, local governments around the world have committed to building capacity in communities in the interest of improving population health outcomes with a focus on the social determinants that shape them. In British Columbia there is a strong and active Healthy Cities Network working closely with Health Authorities and other organizations.[47] Some communities have created ambitious and comprehensive population health strategies like the City of Vancouver's award winning Healthy City for All Strategy.[48] In 2018 the City of North Vancouver committed to becoming the healthiest small city in the world as part of its 2018-2022 Council Strategic Plan.[49] Health Authorities applaud these efforts and are committed partners able to bring data, specialized knowledge, and other resources to bear in support of them, whether to confront a crisis like youth vaping or tackling the prevalence of chronic and preventable disease in Canadian communities.

The report Policy on Health Communities Planning from the Canadian Institute of Planners is a useful resource for local governments interested in embedding a health lens in planning.[50]

[47] For more information see <http://bchealthcommunities.ca/healthycommunities>

[48] <https://vancouver.ca/people-programs/healthy-city-strategy.aspx>

[49] <https://www.cnv.org/your-government/mayor-and-council/council-strategic-plan>

[50] Policy on Healthy Communities Planning, Canadian Institute of Planners, 2018 available at <http://cip-icu.ca/Files/Policy-2018/policy-healthy-eng-FINAL.aspx>

2019 UBCM resolutions on vaping and e-Cigarettes

In terms of current advocacy efforts to senior governments from other local governments regarding e-cigarettes and vaping, two resolutions were submitted for the 2019 Union of BC Municipalities annual convention. Resolution B59 requests that the province enact strict regulations for marketing and selling e-cigarettes and vaping products to youth. Resolution B173 is more general in nature and calls on senior governments to limit the sale of vaping products while creating new legal enforcements. Resolution B59 passed and was forwarded to the Province for response, as such it becomes the policy position of all 189 local governments, and 8 First Nations UBCM members.

Resolution B173 was not debated at the 2019 conference due to time restrictions, and the UBCM executive will make a decision on the resolution in 2020.

B59 Regulate E-Cigarettes/Vapour Products to Minors (West Kelowna)

Whereas results from the 2018 BC Adolescent Health Survey, Balance and Connection in BC: The Health and Well-being of our Youth (McCreary Centre Society) show that 21 per cent of BC students have used a vaping product with nicotine in the past month and while the long term effect of using e-cigarettes and vapour products are being assessed, the effect of nicotine on youth are known to be detrimental to brain development; And whereas e-cigarettes and vapour products are being specifically marketed to youth through fruit and candy flavours and easily concealed products: Therefore be it resolved that the Province of BC enact strict regulations regarding the marketing and selling of e-cigarettes and vapour products to minors.

B173 Limiting the Access and Appeal of Vape Products to Youth (Coquitlam)

Whereas Health Canada has stated that they share the concerns of parents, educators, youth and public stakeholders regarding the increase of youth vaping in Canada; And whereas Health Canada is currently undergoing a public consultation process to gather comments on additional regulatory measures that would aim to reduce youth use of vaping products; And whereas the local governments have limited powers and jurisdiction to protect youth from access, sale and appeal of vape products, including no resources for enforcement;

Therefore be it resolved that FCM and UBCM be asked to call upon Health Canada and the provincial and territorial governments to move quickly to coordinate additional public policy and regulations to address access, sale and appeal of vape products to youth, and offer additional enforcement resources, to halt the growing usage of vape products among our youth as a matter of concern to local government and their communities

[39] American Journal of Public Health, Density of Tobacco Retailers Near Schools: Effect on Tobacco Use Among Students accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759807/>

[40] Tobacco Induced Diseases, 2011. Tobacco retailer density surrounding schools and youth smoking behaviour: a multi-level analysis, accessed at http://www.tobaccoinduceddiseases.org/Tobacco-retailer-density-surrounding-schools-and-youth-smoking-behaviour-a-multi_66050_0_2.html

[41] <https://vancouver.ca/doing-business/cannabis-retail-dealer-business-licence.aspx>

[42] https://www.victoria.ca/assets/Departments/Planning-Development/Development-Services/Applications/Storefront%20Cannabis%20Retailer%20Rezoning_2016-09-23_FINAL-revised.pdf

Conclusion and further support

"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." - Statement from the Council of Chief Medical Health Officers October 11, 2019, Public Health Agency of Canada [51]

Vaping by youth is a growing public health concern. The purpose of report is to illustrate that there is much to draw from and consider in creating an intersectoral response. BC local governments have a history of taking action on smoking, cannabis, and liquor, which have been focused on restricting access via a range of permitting, licensing and other local government tools, with additional advocacy actions relating to the powers of senior governments.

All governments have an interest in ensuring the strain that cigarettes and other tobacco products have demonstrably put on our public healthcare system are not replicated by the e-cigarette and vaping industry but we need to act now with proactive healthy public policies. We invite local governments to work with their Health Authorities in exploring potential interventions to protect our youth from the negative health effects of e-cigarettes and vaping products building on the directions of the Province's Ten Point Plan.



[51] Statement from the Council of Chief Medical Officers of Health on vaping in Canada, Public Health Agency of Canada accessed at <https://www.canada.ca/en/public-health/news/2019/10/statement-from-the-council-of-chief-medical-officers-of-health-on-vaping-in-canada.html>

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