



SUBMISSION
TO
THE GOVERNMENT OF THE
NORTHWEST TERRITORIES

DEPARTMENT OF HEALTH
AND SOCIAL SERVICES

PROPOSED NEW VAPING REGULATIONS

SUBMITTED BY
RIGHTS4VAPERS
DECEMBER 2020

Thank you for the opportunity to address the issue of whether to ban flavoured nicotine vaping products in the Northwest Territories.

Rights4Vapers has collected extensive data on the consumer preferences and habits of Canadians who vape and as such we believe that we are ideally situated to offer advice on this file. We have, to date, collected the responses from over 5,000 Canadian consumers. Our analysis and comments are attached.

We have also endeavoured to address the key concerns highlighted in the government discussion paper. We are particularly concerned that lung injuries and deaths are being misattributed to nicotine vaping. The CDC has long since concluded its investigation into EVALI (e-cigarette or vaping product use-associated lung injury) and determined the primary culprit to be a cutting agent associated with THC cartridges, predominantly found on the black market. Without a clear understanding of the issue and the differences between nicotine and THC vaping, it is our fear that the government may unintentionally bolster the very problem that it seeks to prevent. We address this in detail on page (xx) of our submission.

Should you or your team have any questions related to our submission, please do not hesitate to contact us. We welcome the opportunity to act as a resource and to provide any further information required as related to this file. It is our hope that with a clearer understanding of the technology and the relative risks, we can work together to prevent youth uptake and to meet the national goal of reducing smoking to five percent by 2035.

Best Regards,

Dr. Chris Lalonde
Academic Advisor
Rights4Vapers

TABLE OF CONTENTS

RIGHTS4VAPERS: INTRODUCTION	4
FLAVOUR SURVEY RESULTS AND DEMOGRAPHIC DATA	5
THE ROLE OF FLAVOURS IN VAPING	7
E-CIGARETTE OR VAPING PRODUCT USE-ASSOCIATED LUNG INJURY (EVALI)	8
CONCLUSION	10

RIGHTS4VAPERS: INTRODUCTION

Who We Are

Rights4Vapers is Canada's largest vapour consumer advocacy group. We represent the voices of the vape consumer, 98% of whom are former smokers. We have collected the largest survey data set of Canadians who vape, with over 5,000 adult respondents. We are dedicated to the advancement of Canadian-based research on vaping. Rights4Vapers is a volunteer collective of committed tobacco harm reduction advocates. Our work is guided by unpaid academic advisors.

About

The data summary and conclusions provided within the following pages are in response to the NWT's Department of Health and Social Services consultation on flavoured vapour products in the Northwest Territories. This submission also addresses the issue of "vaping-related illnesses" cited frequently in the NWT discussion paper as a cause for banning or restricting the availability of flavoured vaping products. Finally, we address the issue of unintended consequences.

FLAVOUR SURVEY RESULTS AND DEMOGRAPHIC DATA

Sample

This submission is based on the results of an on-line survey conducted between April 26th and March 3rd, 2020. Responses were provided by a convenience sample of 5,279 Canadian adult vapers. Links to the survey were shared in online vaping forums and email list services dedicated to the subject of vaping. Responses were received from all provinces and one territory (see Figure 1). Respondents ranged in age from 19-55+ years (see Figure 2).

Figure 1: Respondents by Geographic Location

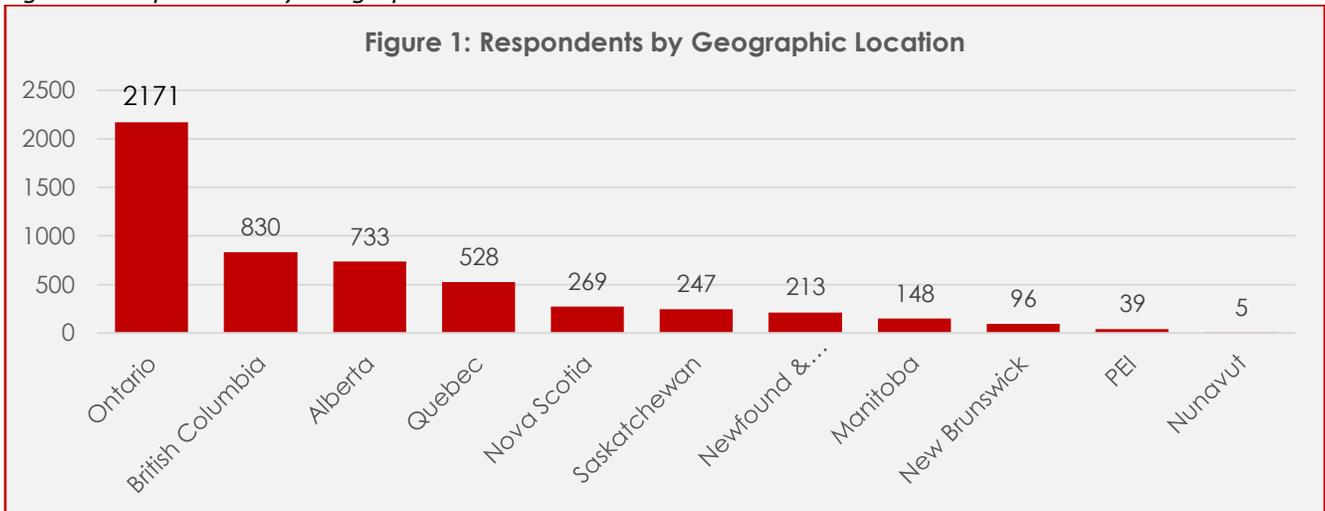


Figure 2: Respondents by Age Group

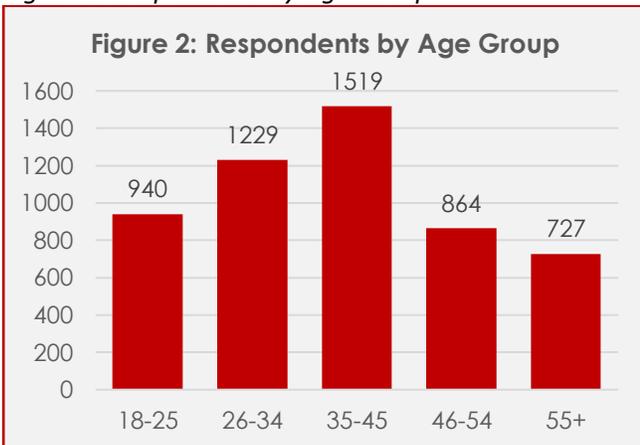
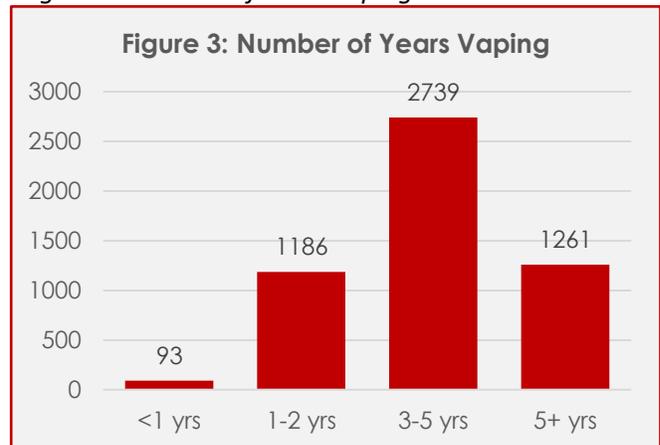


Figure 3: Number of Years Vaping



Respondents provided information on the number of years they have been vaping (see Figure 3), whether or not they had quit smoking because of vaping (see Figure 4) and whether they smoke less because of vaping (see Figure 5).

Figure 4: Quit Smoking

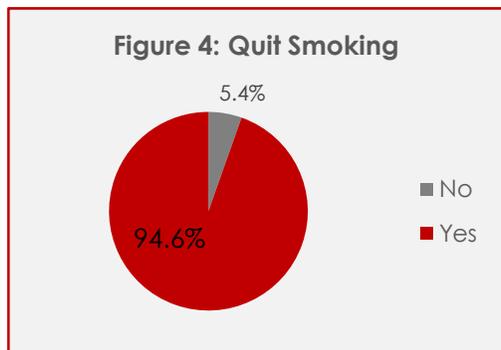
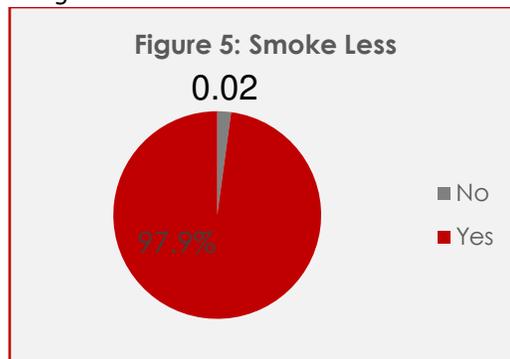


Figure 5: Smoke Less



Respondents were also asked about the flavours they used when they began vaping (see Figure 6), as well as the flavours they currently use (see Figure 7). It should be noted that 57.9% reported using only one flavour when they began vaping, while just 20.9% currently use a single flavour.

Figure 6: Initial Flavours

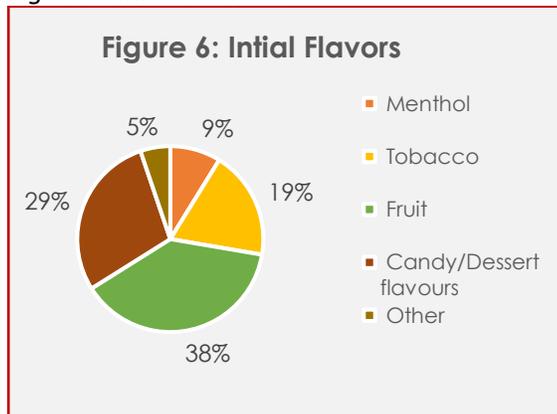
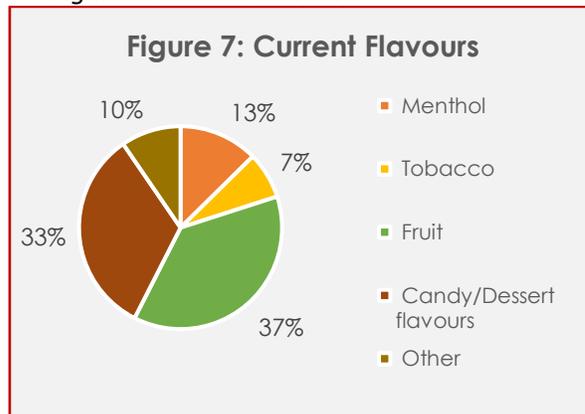


Figure 6: Current Flavours



In terms of initial flavour choice, just 19.1% of respondents who had quit smoking because of vaping used tobacco flavour when they started vaping, and just 8.7% reported using menthol.

Based on a sample of over 5,279 adults, these data support the following conclusions:

1. Adults are using vaping to quit smoking. The vast majority (97.9%) of respondents reported quitting smoking because of vaping. Among the few respondents (286) who did not fully quit, 246 or 86.0% reported they were smoking less because of vaping.
2. Adult vapers need and enjoy flavours. Vapers begin using a single flavour that is almost never tobacco or menthol. As time passes, they increase the number and variety of flavours they use to remain smoke-free. As with any flavoured products, variety is key to reaching as many smokers and former smokers as possible.

THE ROLE OF FLAVOURS IN VAPING

OUR POSITION: Flavours are an important component to the vaping experience for adult smokers. Flavours help smokers migrate from traditional cigarettes to vapour products.

The role of flavours in vaping products has been extensively studied. As a representative for the consumer voice, we feel compelled to start with this: *people, all people, like flavours*. Adults who vape are no different than anyone else for enjoying a variety of flavours. The stigma that has long been applied to smokers has since been extended to people who vape. The myth that people who vape do not need or want flavours serves to further separate a segment of the population who are, by their own accounts, already marginalized and simply trying to improve their health.

Our research indicates that flavours are an important driver in the decision to quit smoking and the ability to remain smoke-free. Smokers who make the important decision to move to vaping do not want to taste tobacco – a flavour they associate with smoking. It makes sense when you think about it. Vapers don't want to be reminded of the burning taste of tobacco.

A recent study, Associations of Flavored e-Cigarette Uptake With Subsequent Smoking Initiation and Cessation, confirms that, "Relative to vaping tobacco flavors, vaping non tobacco-flavored e-cigarettes was not associated with increased youth smoking initiation but was associated with an increase in the odds of adult smoking cessation."¹ The five year study surveyed 17,929 respondents between the ages of 12 and 54 years old.

A separate survey of 20,836 respondents concludes that, "Adult frequent e-cigarette users in the USA who have completely switched from smoking cigarettes to using e-cigarettes are increasingly likely to have initiated e-cigarette use with non-tobacco flavors and to have transitioned from tobacco to non-tobacco flavors over time. Restricting access to non-tobacco e-cigarette flavors may discourage smokers from attempting to switch to e-cigarettes."² Rights 4 Vapers' own data echo these findings in Canada.

While it is early into Nova Scotia's flavour ban, we have seen some disturbing trends: "A recent survey shows more people may be going back to regular, combustible cigarettes. The poll by Abacus Data shows about 29 percent of the vaping population in Nova Scotia is at risk of switching to cigarettes."¹ Nova Scotia's vapers have two choices, they can either find the flavours they want on the black market or they can go back to smoking. The regulations in Nova Scotia went too far and have turned vapers back to smokers.

Other jurisdictions that have banned flavours have seen similar results. The Consumer Choice Center observes that "investigations in the states of New York, New Jersey, and Massachusetts have already shown that a booming black market has emerged in response to flavor bans." They also observe that there has been a consumer shift to purchasing from legal jurisdictions, cross border, as we can expect is happening in Canada now. "New Hampshire's flavored product sales jumped as high as 150%,"

¹ <https://www.halifaxtoday.ca/local-news/cigarette-sales-in-nova-scotia-increasing-atlantic-convenience-stores-association-2792516>

² <https://doi.org/10.1186/s12954-018-0238-6>

generating an additional \$9 million more in tax revenue when compared to the previous year (before the Massachusetts ban). Rhode Island's flavored product sales jumped as high as 157% generating \$5.7 million in additional tax revenue." They conclude that, "Given the importance of flavor availability, we estimate that flavor bans will ultimately drive consumers to other legal jurisdictions, push them towards the black market, or back to traditional cigarettes. Given that forecast, we urge legislators against the implementation of vaping flavor bans."³

In a 2020 report, Public Health England states that, "A ban on flavoured liquids could have adverse effects and unintended consequences for smokers using vaping products to quit. It should only be considered with caution."⁴ They note that vaping has not undermined smoking quit rates, but they are concerned that, "Increasingly incorrect perceptions among the public about the harms of vaping could prevent some smokers using vaping products to quit smoking."

The Canadian Constitution Foundation recently weighed in with its own report on vaping and government restrictions. They had this to say about flavour bans: "These bans disincentivize smokers and non-smokers alike from taking up vaping, but from the smokers' perspective, they remove what could otherwise be an attractive "carrot" that would encourage them to take up vaping, in combination with the "stick" of smoking's ill effects on their health."

E-CIGARETTE OR VAPING PRODUCT USE-ASSOCIATED LUNG INJURY (EVALI)

The NWT discussion paper, Banning the Sale of Flavoured Vapour Products in the Northwest Territories, specifically mentions concerns about "vaping related illnesses documented in the United States and Canada" and "severe acute lung injury." The spate of lung injuries across the United States in 2019 was, and remains, of great concern. Fortunately, it has nothing to do with nicotine vaping. The CDC clarified this after an extensive probe. Unfortunately, this message has not been as quick to reach the public.

Initially coined VAPI (vaping associated pulmonary injury) but also known as EVALI (e-cigarette or vaping product use-associated lung injury), some of the confusion in the media and public must be attributed to the name itself. In the early days of the CDC's medical investigation, vaping was implicated but its exact role was still in question.

As early as October 2019 the principal deputy director of the CDC, Dr. Anne Schuchat, cautioned against using THC products, especially ones "obtained off the streets." Dr. Dana Meaney-Delman, head of the outbreak team, had this to say in an interview, "We've narrowed this clearly to THC-containing products that are associated with most patients who are experiencing lung injury. The specific substance or substances we have not identified yet, but even when we do that's not necessarily going to help with public messaging." By December 2019, Dr. Schuchat indicated a single culprit, vitamin E acetate, an additive found in some illicit cannabis-containing vapes.

³ <https://consumerchoicecenter.org/why-vape-flavors-matter/>

⁴ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

In February 2020, the CDC reported the following: “National and state data from patient reports and product sample testing show tetrahydrocannabinol (THC)-containing e-cigarette, or vaping, products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak. Vitamin E acetate is strongly linked to the EVALI outbreak. Vitamin E acetate has been found in product samples tested by FDA and state laboratories and in patient lung fluid samples tested by CDC from geographically diverse states. Vitamin E acetate has not been found in the lung fluid of people that do not have EVALI.”⁵
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

In the same month, Vitamin E Acetate in Bronchoalveolar-Lavage Fluid Associated with EVALI, was published in the New England Journal of Medicine. They reported their results as: “State and local health departments assigned EVALI case status as confirmed for 25 patients and as probable for 26 patients. Vitamin E acetate was identified in BAL fluid obtained from 48 of 51 case patients (94%) in 16 states but not in such fluid obtained from the healthy comparator group. No other priority toxicants were found in BAL fluid from the case patients or the comparator group, except for coconut oil and limonene, which were found in 1 patient each. Among the case patients for whom laboratory or epidemiologic data were available, 47 of 50 (94%) had detectable tetrahydrocannabinol (THC) or its metabolites in BAL fluid or had reported vaping THC products in the 90 days before the onset of illness. Nicotine or its metabolites were detected in 30 of 47 of the case patients (64%).”⁶ They conclude that: “Vitamin E acetate was associated with EVALI in a convenience sample of 51 patients in 16 states across the United States.”

The EVALI crisis was a tragic reminder of the importance of understanding the technology and the products under investigation. *Leafly*, the largest cannabis website in the world, was reporting that the lung injuries appeared to be related to black market THC cartridges, and specifically the additive Vitamin E acetate, as far back as August 2019. Vape pen lung disease has insiders eyeing misuse of new additives, David Downs.⁷ They warned their readership of the dangers of illicit cartridges, they discussed the purpose and constitution of additives in depth, and they discussed the differences between nicotine and THC vaporizers. (As an oil, vitamin E acetate, for example, does not mix with the propylene glycol and vegetable glycerin. Oils aren’t used in nicotine e-liquids.)

This is important to note. There was a serious lag in the time between when the additive was suspected and when the public was clearly informed. The media, who had latched onto the story when it seemed to implicate e-cigarettes, did very little to investigate the matter and even less to clarify the results once they were known. This put the public at extreme risk as they were not properly informed of what products to avoid. Many people continued to purchase and use THC cartridges and then fall ill because the proper health advisory was not issued. Others still returned to smoking, believing that nicotine e-cigarettes were to blame.

A new study (June 2020) from Yale School of Public Health discovered, “A negative relationship between EVALI prevalence and rates of pre-outbreak vaping and marijuana use suggests that well-established markets may have crowded-out use of riskier, informally sourced e-liquids.” In other words, jurisdictions that prohibit the legal use of THC products were more likely to have cases of

⁵ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁶ <https://www.nejm.org/doi/pdf/10.1056/NEJMoa1916433>

⁷ <https://www.leafly.ca/news/health/vape-pen-lung-disease-thc-oil-additive-investigation>⁷

EVALI. The study's author notes, "The EVALI outbreak has motivated a variety of state and federal legislation to restrict sales of nicotine e-cigarettes, including a temporary ban on all e-cigarette sales in Massachusetts in late-2019 and bans on flavored e-cigarette sales in several states and localities. However, if the goal was to reduce EVALI risks, the study suggests that those policies may have targeted the wrong behavior."⁸

The confusion created around the EVALI crisis is a serious failure on the part of public health officials. That it continues to be cited in matters of regulating nicotine vaping is just one indicator of this failure. It also highlights the importance of including the voices of people familiar with the category and the technology, which is why Rights 4 Vapers is happy to participate in this consultation.

CONCLUSION

Vaping is an important part of Canada's tobacco harm reduction agenda. Health Canada has stated that ["if you are a smoker, vaping is a less harmful option than smoking."](#)⁹

Flavours and nicotine are not the problem when it comes to vaping. The true issues are accessibility, product standards and communications.

As we stated earlier, we believe that children should not vape. The problem is that kids are getting access to vaping products from friends and family. We need **effective education and enforcement programs not barriers that limit the choice of vaping products to adult smokers.**

Vapers need to be confident that the product they are using complies with the **highest product standards.** The proliferation of black-market devices that can be tampered with is a growing concern. Just like with any other consumer good, e-cigarettes should adhere to safety and quality standards.

Finally, adult consumers need **to know the facts about vaping.** They need to know that vaping is less harmful than smoking. They need to know the science behind it. They need to know their options and how to use them.

We would welcome the opportunity to publicly present our positions. We trust that any changes to the Northwest Territories' vaping regulations take into consideration the thousands of adult smokers who have chosen vaping as a way to quit smoking and reduce their risk of the particular health problems smoking will cause.

⁸ <https://publichealth.yale.edu/news-article/26879/>

⁹ <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/smokers.html>

References

1. Associations of Flavored E-Cigarette Uptake with Subsequent Smoking Initiation and Cessation. Abigail S. Friedman, SiQing Xu. JAMA Netw Open. 2020 Jun; 3(6): e203826. Published online 2020 Jun5.doi: 10.1001/jamanetworkopen.2020.3826 PMID: PMC7275248
2. Russell, C., McKeganey, N., Dickson, T. et al. Changing patterns of first e-cigarette flavor used and current flavors used by 20,836 adult frequent e-cigarette users in the USA. Harm Reduct J 15, 33 (2018). <https://doi.org/10.1186/s12954-018-0238-6>
3. 3. Why Vape Flavors Matter. (2020, September 28). Retrieved December 15, 2020, from <https://consumerchoicecenter.org/why-vape-flavors-matter/>
4. 4. About Electronic Cigarettes (E-Cigarettes). (2020, November 16). Retrieved December 15, 2020, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
5. 5. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. (2020, November 27). Retrieved December 15, 2020, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
6. 6. Blount BC, Karwowski MP, Shields PG, et al. Vitamin E acetate in bronchoalveolar-lavage fluid associated with EVALI. N Engl J Med 2020;382:697-705.
7. 7. Downs, D. (2020, July 28). Vape pen lung disease focuses attention on THC oil additives. Retrieved December 15, 2020, from <https://www.leafly.ca/news/health/vape-pen-lung-disease-thc-oil-additive-investigation>
8. 8. Rates of E-cigarette and Marijuana Use Not Associated with Larger Outbreaks of Vaping-Related Lung Injuries, YSPH Study Finds. (2020, August 25). Retrieved December 15, 2020, from <https://publichealth.yale.edu/news-article/26879/>
9. 9. Canada, H. (2020, June 12). Government of Canada. Retrieved December 15, 2020, from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/smokers.html>