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**Official Report
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Tuesday 21 April 2015

**Journal
des débats
(Hansard)**

Mardi 21 avril 2015

**Standing Committee on
General Government**

**Making Healthier Choices
Act, 2015**

**Comité permanent des
affaires gouvernementales**

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES
AFFAIRES GOUVERNEMENTALES**

Tuesday 21 April 2015

Mardi 21 avril 2015

The committee met at 0900 in room 151.

**MAKING HEALTHIER CHOICES
ACT, 2015
LOI DE 2015 POUR DES CHOIX
PLUS SAINS**

Consideration of the following bill:

Bill 45, An Act to enhance public health by enacting the Healthy Menu Choices Act, 2015 and the Electronic Cigarettes Act, 2015 and by amending the Smoke-Free Ontario Act / Projet de loi 45, Loi visant à améliorer la santé publique par l'édiction de la Loi de 2015 pour des choix santé dans les menus et de la Loi de 2015 sur les cigarettes électroniques et la modification de la Loi favorisant un Ontario sans fumée.

The Chair (Mr. Grant Crack): Good morning, everyone. I'd like to call the meeting of the Standing Committee on General Government to order. I'd like to welcome all members of the committee, the Clerk and Hansard.

We have a special delegation with us today as observers: the National Assembly of Vietnam law committee. I'd like to extend a welcome this morning, on behalf of all the members of the committee. I hope you enjoy the proceedings here.

At the last meeting, yesterday, we had a motion that was put onto the table by Mr. Walker. Unfortunately, time had expired yesterday. Would you be interested, Mr. Walker, in reading it into the record again?

Mr. Bill Walker: Yes.

The Chair (Mr. Grant Crack): Go ahead, Mr. Walker.

Mr. Bill Walker: I move that the committee amend the method of proceeding on Bill 45, An Act to enhance public health by enacting the Healthy Menu Choices Act, 2014 and the Electronic Cigarettes Act, 2014 and by amending the Smoke-Free Ontario Act, to reflect the following:

(1) That the committee hold public hearings on Bill 45 in Toronto, at Queen's Park, on Monday, April 27, and on Wednesday, April 29, 2015, during its regular meeting times.

(2) That any additional witnesses are to be selected from the prioritized list previously supplied to the Clerk by the subcommittee members.

(3) That groups and individuals be offered five minutes for their presentations, followed by up to nine minutes for questions by committee members.

(4) That the deadline for receipt of written submissions on Bill 45 be 5 p.m. on Wednesday, April 29, 2015.

(5) That amendments to Bill 45 be filed with the Clerk of the committee by 3 p.m. on Thursday, April 30, 2015.

(6) That the committee meet on Monday, May 4, 2015, during its regular meeting time, for clause-by-clause consideration of Bill 45.

The Chair (Mr. Grant Crack): Thank you very much, Mr. Walker. I would just remind all committee members that we do have a tight schedule here, with a number of delegations ready to present, but I will ask for discussion.

Ms. Lisa M. Thompson: If I may, Chair. I think it's important that we seriously consider this motion to extend the hearings. The reality is that we had over 100 organizations that were interested in sharing deputations on Bill 45, and clearly, in the spirit of democracy, we should be giving as many organizations as possible the opportunity to exercise their voice.

I say that because I'm concerned. Yesterday afternoon, we heard a deputation from the Canadian Beverage Association, and in that deputation we heard very distinctly that proper official consultation has not been conducted with stakeholders regarding Bill 45.

Chair, I fear we have a significant trend happening here. We heard this on neonics; we heard this on climate change. They had public consultations, but, for goodness' sake, not one aspect and common thread coming out of those consultations landed in what we hear this government talking about today, with regard to climate change. Then, just yesterday, we heard that stakeholders had not been properly consulted again with regard to Bill 45.

I'm concerned about this trend. It needs to stop. A true democracy allows people an opportunity to share their opinions, so they can have an effective impact on the future of Ontario and the way it's regulated and how products in this province are sold.

I just want to go on record again, stressing that enough is enough. The lack of consultation by this government is disgraceful, and it needs to stop. I think we can all team together here today, lead by example and allow an extension of hearings.

The Chair (Mr. Grant Crack): Thank you. Ms. Gélinas.

M^{me} France G linas: As much as I'm really anxious to see this bill go through—I have been working for seven years to bring some part of this bill to Ontario, and I certainly do want it to go through. This being said, at the same time I know that we have a number of people who have never reached out to the Legislative Assembly before. Those are people who have never come to committee before, they have never been engaged in the political process, they have never spoken to MPPs in their lives. You can see by the testimony they give that this is completely foreign to them.

Finally, we have citizen participation. They asked to talk to us. They come and do their deputations as best they can. Do I agree with everything that is said? It doesn't matter if I agree or don't. I agree that we live in a democracy, that when we put a piece of legislation forward, no matter how long I have waited for that piece of legislation to get here, I think it is important to give people a chance to be engaged in the legislative process, especially when they are people who are doing this for the first time in their lives. For them, for once, politics matters. What we do here at Queen's Park has sufficient meaning in their lives. It motivates them to actually put their names forward and come here. For those reasons, if we do have people who want to come and talk to us, I want to listen to what they have to say.

The Chair (Mr. Grant Crack): Thank you very much. Before any further discussion, I just want to point out that we do have an agenda here. We do have individuals who are looking forward to speaking. We do have to recess at 10:15 and then it's 4 p.m. the next time. If we have to delay one or two of the delegations—I'm going to ask the committee if there is unanimous consent, perhaps, so that we could move this to 5 p.m. this evening. It looks like there are some openings within the agenda at that time. I think we could, as a committee, accomplish the same thing and still hear from our delegations, but I leave it in your hands.

M^{me} France G linas: Five is fine with me.

Ms. Lisa M. Thompson: Yes.

Mr. Mike Colle: I'd like to speak now.

The Chair (Mr. Grant Crack): You would like to speak now?

Interjections.

The Chair (Mr. Grant Crack): We have allowed one from each so I'll allow Mr. Colle.

Interjection.

Mr. Mike Colle: Yes, democracy: Everybody gets to speak, right?

Ms. Lisa M. Thompson: I was just going with the Chair.

Mr. Mike Colle: Sorry. I get to speak, too.

The Chair (Mr. Grant Crack): Mr. Colle.

Mr. Mike Colle: Anyways, the process is set out here through the House. We had a full subcommittee meeting where we discussed the times, the dates, the framework of these hearings, and who would get to speak. We do that through the subcommittee, agreed upon by the subcommittee of all three parties.

Then we came into full committee here for a full committee meeting to discuss the subcommittee report that was agreed upon. At that time, I moved a couple of amendments in full discussion to add another day to the hearings and to proceed with the extra day. That was all laid out in full committee by all three parties and agreed upon, voted upon, agreed upon. Then we proceed with the hearings and we have the delegations come forward.

Now, in the middle of the hearings, we have a motion here before us which says, "Oh, we want to change the rules again and forget what we decided upon at subcommittee or full committee hearings. We want to change the rules again on how we proceed."

This is not a beneficial way of doing things because you just can't make up the rules as you go along. It's like in the middle of a procedure you set up new rules of how you're going to do this. It's not fair to all of the people who have been trying to be part of this. It's not fair to the equity of the process by changing the rules in midstream when we agreed, as a full committee, twice already. I just do not support this changing of the rules in midstream, especially when tonight we've got another hour where we couldn't find anybody to come and speak, that's empty.

I think we should vote on this now and let the people know that these rules and procedures have been agreed upon by all three parties. Now you've got one party that wants to change the rules again. I don't think that's fair.

The Chair (Mr. Grant Crack): I've heard from each side. I think, as Chair, my responsibility is to move the business forward. We do have delegations here. I'm going to tell the committee we're going to deal with this at 5 p.m. and we'll see how things unfold at this particular time.

One last thing before we get started: Since 10 a.m. will not be scheduled because we're late, can we move forward as a committee with two minutes of questioning from each side in order to stay on schedule? Is there any opposition to that?

Mr. Bill Walker: Out of respect for the delegations, absolutely.

The Chair (Mr. Grant Crack): So that's what I will do. It will be two minutes of questioning following the delegation making its presentation.

0910

NATIONAL SMOKELESS TOBACCO CO.

The Chair (Mr. Grant Crack): So we will call right now the National Smokeless Tobacco Co., Mr. Jeremy Adams. He's director of government and corporate affairs. We'd like to welcome you. You have five minutes, followed by two minutes of questioning from each of the three parties. Thank you for your patience, sir.

Mr. Jeremy Adams: No problem. Thank you, Mr. Chair. Good morning. My name is Jeremy Adams. I'm the director of government and corporate affairs at the National Smokeless Tobacco Co.

NSTC is the Canadian distributor of smokeless tobacco products sold in Canada under the brand names of

Copenhagen and Skoal. At NSTC we pride ourselves on being a leader in responsibly providing smokeless tobacco products to adult tobacco consumers. One of our mission goals is to help reasonable tobacco regulation succeed by supporting the development and implementation of regulations that improve public health and recognize individual adult consumer preferences.

Our products are for adults only. We believe that children should not use any tobacco product and we take our responsibility seriously by supporting and participating in programs to help reduce underage use of tobacco.

Smokeless tobacco is used orally and is not smoked, and has been in Canada since at least 1913. Our products are available at approximately 3,700 retail locations in the province.

NSTC is concerned that the proposed regime under Bill 45 is not reasonable tobacco regulation and does not recognize individual adult consumer preferences. Given the extremely high price point of smokeless tobacco, a provincial prohibition on retail visibility of tobacco, low reported youth usage and the relatively small sales compared to all other tobacco products in Ontario, we believe that smokeless tobacco as a category should be exempt from the proposed ban contained in Bill 45.

It's important to understand the actual sales of smokeless tobacco in the province of Ontario when making legislative decisions affecting these products. In 2013, smokeless tobacco sales accounted for less than one third of 1% of all tobacco sold in the province. This represents approximately 1.7 million cans of smokeless tobacco compared to more than 450 million packages of cigarettes. Our products retail in Ontario for approximately \$19 per can, plus HST—almost double the price of a package of cigarettes.

Tobacco products come in a wide range of flavour varieties, some of which have a distinguishable flavour or aroma other than tobacco. Such varieties are not new; some flavours of smokeless tobacco, including peach and apple-flavoured snuff, have patents that date back to the 1800s.

Recently, some in the public health community have expressed concern that tobacco products with flavours other than tobacco may appeal to youth. NSTC believes that the prohibition of smokeless tobacco products with flavours other than tobacco is not an effective way to address the issue of underage tobacco use and is unfair to adult tobacco consumers who prefer such varieties. NSTC also believes that any regulation of flavoured tobacco should take into account the history of flavours within each category.

In 2009, the federal government introduced Bill C-32 which banned the sale of flavoured cigarettes, cigarillos and blunt wraps, establishing a common standard across all provinces. Appropriately, the federal legislation does not ban the sale of flavoured smokeless tobacco, a segment that simply has not shown itself to be of significant youth appeal.

The Canadian Tobacco, Alcohol and Drugs Survey, or CTADS, reports that in 2013, 1% of Canadian youth 15

to 19 reported past-30-day use of smokeless tobacco products. These rates remain unchanged from 1999.

I would offer for consideration the following specific comments regarding schedule 2 of Bill 45:

First, in considering exemptions for the ban on the sale of flavoured tobacco products, the government should refer to factual data contained in the CTADS. This data has consistently demonstrated a low prevalence of past-30-day use of smokeless tobacco among all Canadians.

Second, under section 9 of schedule 2 of Bill 45, the Smoke-Free Ontario Act is amended to include the regulatory authority to define a “flavouring agent.” In this regard, any regulations developed by the government must consider the manufacture of smokeless tobacco products. This manufacturing is unique and distinct from many other tobacco products. Specifically, it must be recognized that the use of flavour additives in a smokeless tobacco product does not necessarily mean that the product is flavoured.

Failing to recognize the unique attributes of tobacco products with respect to flavouring agents could have the unintended consequence of prohibiting products that have a dominant flavour of tobacco but which contain ingredients that individually might be defined as a flavouring agent though those ingredients do not result in a characterizing flavour.

Finally, there has been some discussion regarding a delayed ban for menthol. Menthol is a flavour used in smoked tobacco products. If the government is considering any exemption for menthol, then NSTC requests that this exemption is clarified to extend to the comparable flavours of mint, wintergreen and spearmint in the smokeless tobacco category, varieties which have been on the market in Canada since at least 1950.

NSTC believes the proposed flavoured tobacco ban is unfair to adult tobacco consumers and unfair to the retailers who sell those products. Product bans hurt law-abiding businesses and create incentives for criminals to engage in illicit activity. The implementation of the ban outlined in Bill 45 could result in millions of dollars in annual retail sales disappearing from the legitimate tobacco retail market in Ontario. We do not believe that is sound public policy. It is the government's responsibility to make policy decisions that deter, not encourage, illicit activity.

Thank you, Mr. Chair.

The Chair (Mr. Grant Crack): Very well done, sir—right on. Thank you very much. We'll begin with Mr. Walker.

Mr. Bill Walker: Thank you very much, Jeremy, for your deputation. Can you just expand a little bit on your categorical exemption in number 1?

Mr. Jeremy Adams: Yes, thank you, Mr. Walker. What we're suggesting is that it would be appropriate for the government to look at different categories differently. So for example, you could exempt certain flavours in one category but permit those flavours in another category.

What we've suggested is that the government should have an entire class of products that is exempt by

regulation. Manitoba passed a flavour ban bill last June, Bill 52. That legislation actually specified specific categories of products that were not covered by the ban. Those included pipe tobacco, chewing tobacco and snuff and any menthol tobacco product.

Mr. Bill Walker: Number 4, your proposed date, I trust, is from the perspective that people have a large inventory of a lot of product so this is going to be very much a hit to their bottom line.

Mr. Jeremy Adams: Yes. Some deputants yesterday suggested that this should be immediate. There was reference made to Nova Scotia, which has a bill that's scheduled to come in effect on May 31. I would say that individuals who proposed that really don't understand the retail industry in this province.

When you look specifically at the other tobacco products category, which includes products like ours, these are not high-volume products for retailers. Retailers could be sitting on three to four months of inventory in the case of our product, which is a freshness product. In the case of some other products, they could have inventories up to a year.

Then you have wholesale before that. When you walk in a convenience store, it hasn't just appeared on the shelf. Similarly, you can't just have it disappear from the shelf. There's a whole infrastructure that gets that product to market. Wholesalers could have three to four to six months of inventory of products. So when you look at the entire supply chain, it's important that you understand the impacts on businesses before determining a date that is just pulled out of the air, for example.

Mr. Bill Walker: Finally, I think there are a lot of misnomers out there in regard to the health status of the products that you're specifically representing. Can you just give us a bit of your side of that equation?

Mr. Jeremy Adams: First of all, we don't make any health claims about our products whatsoever. We suggest that any tobacco consumer should be guided by public health officials in decisions and making any choices about what products they want to use. Health Canada has specified four specific warning labels for our products. They determined that tobacco products, including smokeless tobacco, are addictive and cause serious disease. That being said, there is a consensus in the public health community, the medical community and the scientific community that the use of non-combustible tobacco products is considerably less harmful than the use of combustible tobacco products.

The Chair (Mr. Grant Crack): Thank you very much—appreciate it. Ms. Gélinas?

M^{me} France Gélinas: Thank you for coming, Mr. Adams. My first question is, do you know how much switching back and forth happens between people who chew and people who smoke? Is there a percentage who do both? Is one a gateway to the other, or the other a gateway to the first?

Mr. Jeremy Adams: I'm not familiar with any research that has been done in Canada on that specific issue. Certainly, we haven't done any research on that

issue either. Health Canada does track some data on cigarette smoking, but it's very limited in what they get into in terms of what you call dual usage, which is switching between products.

There has been a tremendous amount of research done in the European Union around smokeless tobacco, and that research has demonstrated fundamentally in Sweden that there is no gateway between smokeless tobacco products and cigarette smoking.

M^{me} France Gélinas: Okay. Specifically on flavour, I come from northern Ontario, and I get to know the different flavours by playing baseball. You go down the bench, and you look at all the different flavours of chews. Every summer, there are new flavours coming out. How many flavours does your company presently offer?

Mr. Jeremy Adams: First of all, it's not true that there are new flavours coming out every summer. We haven't launched a new flavour in a considerable period of time. We offer five fruit-flavoured products, and then we have a variety of products in what I call the mint, wintergreen and spearmint varieties of tobacco products.

Just to give you a sense of perspective of the business here, let's look at a product like cherry smokeless tobacco, which many people have used as a sort of fire starter for the issue of tobacco use and flavoured tobacco. If you look at where we're sold in the province—Mr. Bryans, from the convenience stores association, yesterday talked about more than 7,000 retail locations in Ontario. We're in about half of those stores. The stores where we sell, if all those stores sold cherry tobacco, you're looking at less than one can per store every two weeks—less than one can per store every two weeks.

M^{me} France Gélinas: What kind of a markup does the retailer put on chew tobacco?

0920

Mr. Jeremy Adams: Well, the biggest markup comes from the government, first of all, which is taxes. This is a very heavily taxed product. If we look at the case of our products in Ontario, there's \$6.50 of federal excise tax. There's almost \$5 of Ontario's tobacco tax. Then, of course, there's tax on tax, which is the sales tax, which is about \$2.50. So we're looking at \$13, \$14 in tax on a product.

The rest of the pie on what I suggested is a \$19 price is what it costs to make the product, what it costs to ship the product, what it costs for the distributor to get the product to the retailer and then what the retailer sells the product for.

The Chair (Mr. Grant Crack): Thank you very much. We'll move to the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Good morning. Thank you for your presentation. As a former educator, I'm very adamant about this subject. I don't want any products getting into the hands of youth. I may seem not to be very pleasant, but this is something that upsets me greatly. As a matter of fact, on Sunday I saw two young teenagers, about 13 and 14, get someone to go in, buy them tobacco products and come back out. I did confront them. I tried

to catch the gentleman who bought it for them and I would have called the police on him, had I met him.

Help me out here. Smokeless tobacco is chewing tobacco, correct?

Mr. Jeremy Adams: Correct.

Ms. Ann Hoggarth: Okay. Well, smokeless tobacco is highly addictive. All the research shows that it causes mouth disease, can cause cancer and is not a safe alternative to cigarettes. The research says that it is not less harmful than other products.

You're required to carry those warnings on every one of your products. Do you think it is acceptable that more than 15,000 young Ontarians are using this product in a given 30-day period? I don't.

Mr. Jeremy Adams: Well, I don't know where you got that number from in terms of the 15,000. I've certainly not seen that number. The data we look to is the data published by Statistics Canada, the Canadian Tobacco, Alcohol and Drugs Survey. It's one of the most comprehensive Statistics Canada waves that's done in this country. That data shows that less than 1% of people use this product across the country, period. To extrapolate some of those numbers—I'm not sure where those are coming from.

Moreover, when you look at the actual sales volume, as I mentioned to Madame Gélinas, this product represents less than one third of 1% of all tobacco that's sold in the province of Ontario; 99.7% of tobacco is something other than smokeless tobacco products.

The Chair (Mr. Grant Crack): Thank you very much, Mr. Adams. We appreciate you coming before committee.

Mr. Jeremy Adams: Thank you for your time.

The Chair (Mr. Grant Crack): You're quite welcome, sir.

Is Mr. Stephen Goetz here, by chance?

I just want to remind everyone also that there is an overflow room in committee room 2.

BIG TOBACCO LIES

The Chair (Mr. Grant Crack): Mr. Goetz has not arrived yet, but I believe we have representation from the Big Tobacco Lies campaign ready to go.

Welcome. If you'd be so kind as to introduce yourselves. You have five minutes to make your presentation, followed by two minutes of questioning from the three parties.

Mr. Kalaisan Kalaichelvan: Perfect. Good morning. My name is Kalaisan.

Ms. Shadi Mousavi Nia: And my name is Shadi Mousavi Nia.

Mr. Kalaisan Kalaichelvan: We are youth advocates with the Canadian Cancer Society's Big Tobacco Lies campaign. Big Tobacco Lies is a youth-led awareness and advocacy campaign created by youth from across Ontario. Our campaign aims to expose the manipulative tactics used by the tobacco industry to recruit new smokers. One of these tactics is flavoured tobacco.

We developed our campaign in early 2014 with support from the Canadian Cancer Society. Our campaign is led by 15 youth leaders from across the province and supported by over 60 student ambassadors. We host events at our schools and in our communities to raise awareness with students about the dangers of flavoured tobacco and rally their support to help #endtheflavour.

Last year alone, we delivered over 3,400 signatures of support to MPPs. We hosted six day-of-action rallies across the province last spring and then brought our voice and support here to Queen's Park this past fall. We held a tug-of-war demonstration on Queen's Park grounds, where we involved several MPPs in helping to pull down flavoured tobacco. We personally delivered over 2,500 postcards of support that day and had meetings with 10 MPPs.

We also had the opportunity to speak at MPP France Gélinas's press conference where she announced her private member's bill which, if passed, would ban flavoured tobacco products, including menthol, in Ontario.

Bill 45 was introduced by Associate Minister of Health Dipika Damerla less than a week after our day of action here at Queen's Park. We are very passionate about this issue and are very proud of what we've achieved in our campaign so far.

Ms. Shadi Mousavi Nia: There is definitely no doubt that the use of flavoured tobacco products is an important issue among today's youth. Half of high school students in Canada who have reported smoking use flavoured tobacco products that taste like strawberry, chocolate, vanilla and other flavours. These products aim to mask tobacco's harsh taste and are packaged to look, smell and taste like candy. This creates a false perception that these products are less harmful and they encourage youth experimentation.

I can confidently say that at almost all high schools across the region, including my own high school back in Richmond Hill, there is a smokers' corner. Walking by this corner every day when I was in high school and watching my peers use tobacco, including menthol, motivated me to take action. Menthol has always been a popular flavour among youth smokers, and that is no surprise, as more than 19,000 Ontario youth smoke menthol cigarettes.

We urge you to resist the pressure from big tobacco and not delay implementing Bill 45 any longer. The ban on menthol needs to come at the same time as flavoured tobacco. Since flavoured tobacco products target youth and over 90% of smokers start to smoke before the age of 18, this ban will help prevent my peers from becoming the next generation of smokers.

Mr. Kalaisan Kalaichelvan: Like Shadi, my own high school back in Markham had a smokers' corner, and I've witnessed many of my peers use flavoured and menthol tobacco products. The fact of the matter is that youth is a key target demographic for big tobacco, and flavoured tobacco is one of their primary means of accessing this market.

Flavours reduce the harshness of cigarette smoke for youth, allowing them to get addicted more easily and, as

many smokers will tell you, the earlier the onset of addiction, the more difficult it is to quit in the future. In the last 30 days, more than 57,000 youth reported using flavoured tobacco products. This has been a concerning sign for not only myself, but my peers and colleagues at my school at McMaster University in Hamilton. There we have an incredibly supportive community, who, from experiences of their own and those of their peers, understand how compelled they felt to smoke due to youth-friendly packaging and a sense of normalization that has come with this behavior. They've shared with me their regrets, and the difficulties and consequences that have come with these decisions.

Over the last year, this community has been signing postcards, reaching out to our government and educating the public to show vocal support for Bill 45, which is the most comprehensive piece of tobacco control legislation since the Smoke-Free Ontario Act of 2006. On behalf of this community, the Canadian Cancer Society and supporters across the province, we implore you to take this next step with us in helping the youth of Ontario make more informed decisions about their health and the future.

Ms. Shadi Mousavi Nia: Volunteering with the Canadian Cancer Society's Big Tobacco Lies campaign is very important to us because we want to help the society create a world where no Canadian fears cancer. Like Kalaisan, I am tired of witnessing cancer ruin lives. It is time that we work together to stop this disease. We have the power to work together to eradicate cancer and make it history.

I would just ask you guys to please pass Bill 45 and help our future—a future free of my peers becoming tempted by flavoured tobacco.

We would like to thank you for your time, and if you guys have any questions.

The Chair (Mr. Grant Crack): Thank you very much. Good job. Ms. Gélinas?

M^{me} France Gélinas: Great job, great job. Thank you so much for coming, Kalaisan, and thank you, Shadi. My first question I have for you is—you've addressed this a bit—can you think of any valid reason why we should delay the ban on menthol?

Ms. Shadi Mousavi Nia: I would say that, for me, it does not make any sense that a flavour that numbs a smoker to tobacco's harsh consequences and its health effects would not be incorporated. It's still a flavour. It encourages youth and it's an appeal to youth. I do not see a reason for why it should not be implemented.

M^{me} France Gélinas: Of all the work that you have done, are you convinced that youth do use menthol?

Ms. Shadi Mousavi Nia: Of course.

Mr. Kalaisan Kalaichelvan: Yes. Menthol is, I believe, a key gateway product to long-term smoking. Like we've mentioned before and touched upon, menthol reduces the harshness of cigarettes. A lot of incoming youth are using these products. While they don't realize it now, this is something that will set them on a path that will be difficult to leave and this is how long-term

smokers are created. So it is a concerning and pressing issue.

M^{me} France Gélinas: You were there when the previous speaker was there. Do you feel that chew tobacco should be excluded from the flavour ban?

Ms. Shadi Mousavi Nia: Sorry, chewing tobacco?

M^{me} France Gélinas: Yes. Chewing tobacco also comes in different flavours. They were asking that chewing tobacco be excluded from the ban, that we would only ban flavours in smoking tobacco, not in chewing tobacco.

0930

Ms. Shadi Mousavi Nia: Of course not. As I told you, back in my own high school, in the smokers' corner that I mentioned, I know people who use that product. If we have the power to remove a product that causes cancer and encourages youth to experiment with tobacco, then we should definitely include it in the ban.

The Chair (Mr. Grant Crack): Thank you very much. Time is up. We'll move to the government. Ms. Kiwala.

Ms. Sophie Kiwala: Thank you very much. I'm really inspired by your deputation. I think you've both done an absolutely fantastic job. It's really encouraging to see youth taking part in this process and being so committed to better health for youth in general.

I wanted to make a couple of points about this bill that I know you're familiar with. We also believe that flavoured tobacco is a gateway to regular tobacco use. I started smoking when I was quite young. I started with menthol. We discovered yesterday that three out of the three of us on this side had the same circumstance. I think there's a fair bit of evidence to suggest that that's the case.

We've heard from many witnesses—you've probably been following what has been happening—including some from the tobacco industry, that Bill 45 will push young smokers to contraband tobacco, and it won't help anyone to quit. Do you believe that that's the case?

Mr. Kalaisan Kalaichelvan: Not at all. Like you mentioned, it's important that we're not here to force students or youth to quit smoking. We're trying to help them make more informed decisions. The fact that there are products out there that are packaged similarly to the candy we would give to 10-year-old children is a concerning issue. It's not helping that idea of informing youth about the decisions they're about to make.

We really feel that this bill is an essential component to making sure that students understand all the consequences that come with the choices they make and trying to encourage them to make healthier choices in their lifestyle.

The Chair (Mr. Grant Crack): Thank you very much—appreciate that. We'll move to Mr. Walker, from the official opposition.

Mr. Bill Walker: Thank you very much for your presentation. A couple of things I noted weren't in your presentation, and I'd just like to get a bit of feedback on them, from your perspective. Would you support actually

putting legislation in place that would make it illegal to possess tobacco as a youth? Why has that not been included in your deputation?

Ms. Shadi Mousavi Nia: To legalize the possession of flavoured tobacco?

Mr. Bill Walker: To make it illegal for youth to have. There's nothing in legislation that even addresses that. Alcohol, you can't have, but someone on a high school yard or a public school yard can actually possess tobacco. To me, that would be a huge deterrent, but there's nothing in your presentation. In many of the submissions that have been made, there has been no talk of that. There's nothing in the legislation. Would you support that as an amendment?

Mr. Kalaisan Kalaichelvan: Our current stance, what we've been trying to do with our campaign, is focusing on components at a time, and this has been our focus for the year. We really feel that this is what we've been trying to tackle, and it has been a realistic goal for us.

Personally, this is something that, I think, is up for debate in the future, but at the current time we are aiming for banning flavoured tobacco.

Mr. Bill Walker: And what about contraband? Again, there's nothing in your presentation about it. I have two youth, young gentlemen, sons of mine. When I talk to them about this, a lot of the starting of smoking actually has got nothing to do with flavoured tobacco; it's all about contraband tobacco. Again, there's nothing in your presentation. Can you share with me why that's not an area of focus?

Ms. Shadi Mousavi Nia: Our campaign is heavily focused on flavoured tobacco products. It's one of the main issues that we are focusing on right now. But that is for sure a topic of debate, as Kalaisan mentioned, in the future. That would be a step, perhaps, in the near future.

Mr. Bill Walker: Have you done any studies of the actual volume of flavoured tobacco versus contraband at the schools that you have surveyed?

Mr. Kalaisan Kalaichelvan: In terms of contraband, we have not conducted as much study on that. Again, our campaign is aimed at targeting different facets of what is a very complicated issue.

When we set out our campaign this year, it has been aiming at flavoured tobacco specifically. That's what we've been pushing for in trying to figure out the most realistic and approachable way to take this off the shelves. Again, we're not here to tell you to take all tobacco off the shelves, but this is how we work, and we haven't done as much study yet as I know of—

The Chair (Mr. Grant Crack): Mr. Walker.

Mr. Bill Walker: We certainly appreciate that side of things. I'm just saying those are the two areas in my backyard that are much more prevalent than the flavoured, so it was interesting to understand why you went there as opposed to the other two—

The Chair (Mr. Grant Crack): Thank you, Mr. Walker. I'd like to thank both of you for coming before committee this morning. You did a great job.

Mr. Kalaisan Kalaichelvan: Thank you.

Ms. Shadi Mousavi Nia: Thank you.

DEPARTMENT OF NUTRITIONAL
SCIENCES, UNIVERSITY OF TORONTO

The Chair (Mr. Grant Crack): Is Mr. Stephen Goetz here? I believe not, so we shall move to the Department of Nutritional Sciences, University of Toronto. Welcome. I'll allow you to introduce yourself, if that would be fine, so I don't mispronounce your name. The floor is yours. You have five minutes, followed by two minutes of questioning from each party.

Ms. Mary Scourboutakos: Thank you. All right, good morning. My name is Mary Scourboutakos. I'm a PhD candidate from the University of Toronto and I do research on the restaurant food supply and menu labelling. I'm here today to speak with you about sodium, which really is the missing nutrient from Bill 45.

At the University of Toronto, we did a national survey of 3,000 Canadians and we asked them, "What nutrition information do you want to see on restaurant menus?" And 71% of the consumers in our survey said that they wanted to see sodium on restaurant menus.

Furthermore, we found that when we gave consumers menus with sodium and they used that information to influence their choice, the sodium content of their meal was decreased by 900 milligrams. That is a very significant decrease and that is not insubstantial.

The take-home message from this research really is that consumers want to see sodium information on restaurant menus. Furthermore, we have evidence demonstrating that having sodium information present would benefit consumers.

At the University of Toronto, we've also created a giant database of Canadian chain restaurant foods—all the ones that you can see in this slide. We've used this database to analyze a number of different nutrient levels in the restaurant food supply. Particularly, we've looked at sodium. We found that 85% of sit-down restaurant meals contain more than the daily recommended amount of sodium.

When we published this data back in 2010, the industry's response was that they had gotten better. This motivated us to re-collect our data and indeed see what improvements had been made. What did we find? Well, we found that over that three-year period, the number of foods containing more than a day's worth of sodium did not change. In fact, when you look at changes, we see that 54% of foods stayed the same; 30% decreased, albeit marginally; and 16% of foods increased over this three-year period, to our surprise.

The take-home message here really is that sodium levels in restaurant foods continue to be unacceptably high.

I think the rationale for sodium labelling is pretty clear. We see data that it will help consumers to make informed choices. But the second point—and I think this is actually the more important point that's often overlooked—is the fact that sodium labelling will motivate

restaurants to decrease sodium levels in their foods. We've seen evidence of this in the United States in King county, Washington, which is a district that has implemented not only calorie labelling, but also sodium labelling. They found that after the implementation of their menu labelling bill, the sodium levels in the entrees being offered in their city actually decreased as a result of this policy.

As I begin to wrap up, I'd just like to review a few of the key points. What single nutrient kills 1.56 million people each year? That nutrient is sodium. What nutrient do 80% of Canadian men and 60% to 80% of Canadian women overconsume? Sodium. Some 85% of restaurant meals contain more than a day's worth of which nutrient? Sodium. What nutrient level got worse in 16% of restaurant foods over the last three years? Sodium. Finally, what nutrient do 71% of Canadians want to see on restaurant menus? Again, the answer is sodium.

To conclude, I have a little game. Everyone in the room can participate. I'm showing you here three typical menu items that you can get at a popular chain that's located across Canada. If I ask you to guess which you think has the most sodium, which would you think it is? You can raise your hand.

Who thinks it's the large hot chocolate? Anybody? One?

Who thinks it's the strawberry muffin? Any takers? Okay.

Finally, who thinks it's the English muffin with cheese and eggs? A few. A lot of people not voting; that's okay. Let's see.

In fact, the large hot chocolate is the highest-sodium item in this collection.

I think this really illustrates the point that when you're dining out, you have no idea how much sodium is in the potential meal items that you could be ordering. This is why sodium labelling is so important and this is why Bill 45 should include mandatory sodium labelling on restaurant menus.

0940

Thank you for your time and for the privilege of allowing me to address you today. I'm happy to answer questions.

The Chair (Mr. Grant Crack): Thank you very much. I appreciate that. We'll start with the government side. Mr. Thibeault?

Mr. Glenn Thibeault: Thank you, Chair, and thank you for your presentation. Like the Chair, I'm not going to attempt to say your last name because—it's Scourboutakos?

Ms. Mary Scourboutakos: Scourboutakos. Easier than—

Mr. Glenn Thibeault: Thank you for that.

You've talked a lot about, obviously, sodium in your presentation. The bill talks a lot about menu labelling as well. I think one of the important aspects that maybe you could touch on is healthy weight and the importance—especially with you talking a lot about restaurants and

fast foods—when it comes to children and childhood obesity. Maybe you could speak to some of that as well.

Ms. Mary Scourboutakos: Absolutely. As a matter of fact, sodium is an indirect contributor to unhealthy weights because we know that when you eat a high-salt meal, what happens? We get thirsty. When you're in a restaurant, often the beverages that are accompanying your meal are sugar-sweetened beverages. So in fact, salty food is propagating obesity by making us more thirsty. If we're satisfying our thirst with sugar-sweetened beverages, that issue is becoming worse.

Mr. Glenn Thibeault: I think part of your presentation was that the drinks, as well, are high in sodium. If you could clarify that for me as well.

Ms. Mary Scourboutakos: There are a number of beverages where you would find sodium. In a typical can of pop you're just getting, maybe, less than 100 milligrams. That's not a huge amount, but in things like chocolate milk, and, as we've learned, in things like hot chocolate, you could be getting a third of a day's worth of sodium.

Mr. Glenn Thibeault: Excellent. Do you think then that menu labelling is an effective way to influence consumer choice towards healthier choices?

Ms. Mary Scourboutakos: Our research has demonstrated that, in fact, it can have an influence. As I said in the presentation, it's not just influencing consumer choices but motivating the restaurants to reformulate. We see evidence of this in the US and I think this would give restaurants the incentive that they need to lower sodium and calorie levels in their foods.

Mr. Glenn Thibeault: How much time, Chair?

The Chair (Mr. Grant Crack): Three seconds.

Mr. Glenn Thibeault: Thank you very much for your presentation.

The Chair (Mr. Grant Crack): Thank you, Mr. Thibeault. Mr. Walker?

Mr. Bill Walker: Thank you very much, Mary. You know, it's very interesting: One of the things that I was hoping to see in this bill when I saw the title come out was that there would be an area on physical activity, because I think that's huge. If we're going to actually make people healthier or help people be healthier, that's a key component.

The other thing that I find very interesting is that your stats were pretty compelling, with 71% of the population saying that's the one stat they want on there. You did a lot of this research back in 2010 so there's no reason why it couldn't have been incorporated. That suggests that sodium is a big issue.

Can you just expand a little on why you think that may not have made it? Were you given the opportunity? Did you make a submission? Were you able to consult with the government before this legislation came out? I'm struggling with why it would be left out of this bill, if this is such a big issue.

Ms. Mary Scourboutakos: A great point. We actually did a lot of work with Toronto Public Health. As you know, a few years ago their board of health put forward a

menu labelling proposition. They were the ones who put pressure, I believe, on the Ontario government, saying that if Ontario didn't move forward, Toronto Public Health was going to move forward. Toronto Public Health was very clear in their recommendation and it was based on our research. They said, "You need to put calories and sodium information on that menu."

We've also been in discussions with MPP France Gélinas, who has been an advocate for high-sodium warning labels, so we have been involved in the process, definitely.

We always make our research very widely available. It's been covered substantially by the press, so I think the information is out there and people are widely aware of it. I'm not sure why the Liberal government chose not to include sodium as part of this bill.

Mr. Bill Walker: Certainly I struggle with that as well, when it's as compelling as you've made—a great presentation. I think everyone knows or at least basically understands the impacts of sodium, particularly if a health unit has gone to that extent. You've done the research. It's there; you presented it.

Were either you or your department directly able to have engagement with the Liberal government on this discussion or did they ever approach you on it? It's one thing to have it all out there in the public domain but did they actually—you know, if they'd read this, you would have thought they would have come and said, "Hey, tell us a bit more about this. We probably need to make sense of this."

Ms. Mary Scourboutakos: We have met with the Ministry of Health. In the past, we exchanged many email communications with them and they inquire about our work.

We have also prepared a letter to the minister about the lack of sodium as part of that bill, so I think we have made it very clear to them. We've presented this data at the ministry.

Mr. Bill Walker: And they still chose to not put it in.

The Chair (Mr. Grant Crack): Thank you very much. Ms. Gélinas?

M^{me} France Gélinas: I'm an easy sell. I want sodium to be included in this bill. I want an amendment that would mandate sodium to be on menu labelling. Do you know of any jurisdictions where you have sodium included on the menu?

Ms. Mary Scourboutakos: Absolutely. In King county, Washington, which is the jurisdiction I mentioned in my presentation, they mandate calorie and sodium labelling—and fat and carbohydrate labelling, for other reasons which we won't get into. As I said, they have seen very positive decreases in the food supply. As well, I believe Philadelphia also has sodium labelling, so it's something that's happening and being discussed, as well.

M^{me} France Gélinas: And those are the same types of restaurants that work on both sides of the border, so you would catch the big chains which do business there. They have been able to modify their menus. How cumbersome

was it? Is this something that you need binoculars to be able to get that information when you order your food?

Ms. Mary Scourboutakos: Generally, the legislation tends to have the information in the same font as the price, so it's up there, you can see it and it's pretty noticeable.

M^{me} France Gélinas: Okay. So the restaurants south of the border are able to get that information on the menu. Can you think of any reason why they would not be able to do that once they reach Ontario?

Ms. Mary Scourboutakos: There's no clear reason. All that information is publicly available online on their websites; it's just a matter of putting it up on their menu boards. As we know, menu boards these days are digital, so I imagine that could be done overnight.

M^{me} France Gélinas: Yes.

The Chair (Mr. Grant Crack): Okay. Thank you very much, Ms. Scourboutakos.

Ms. Mary Scourboutakos: Thank you.

The Chair (Mr. Grant Crack): We appreciate you coming forward and providing us with very interesting information.

CENTRE FOR SCIENCE IN THE PUBLIC INTEREST

The Chair (Mr. Grant Crack): Once again, would Mr. Stephen Goetz be here? I believe not, so we shall move to the Centre for Science in the Public Interest. I believe we have Mr. Bill Jeffery, national coordinator, with us. Mr. Jeffery, welcome. You have five minutes.

Mr. Bill Jeffery: Thank you very much, Mr. Chair. The Centre for Science in the Public Interest is a non-profit health advocacy organization specializing in nutrition and food issues. We are independently funded. We accept no funding from industry or government. We have a very successful newsletter, the Nutrition Action Healthletter; about 100,000 Canadians subscribe to it, and there's a copy of a recent issue in your briefing folder.

We support calorie labelling, but, like the previous witness, we believe that the failure to require sodium disclosure is an important mistake. Elevated blood pressure is identified by the World Health Organization as the leading cause of death in the world, and sodium plays a large role in that.

Various estimates peg the death toll attributable to excess sodium in the Canadian food supply as between 10,000 and 16,000 deaths per year, and the World Health Organization estimates that between four million and 8.5 million deaths could be prevented by effectively reducing sodium in the food supply. In Ontario, because we have a public health care system and because the provincial government pays for quite a lot of antihypertensive medication, a lot of the cost is borne by the provincial government.

We joined about 40 groups and experts in a joint statement calling for sodium and calorie labelling on restaurant menus. You have a list of the signatories to that

statement in your briefing folder, but they include the Childhood Obesity Foundation, the Canadian Nurses Association, Dietitians of Canada and the College of Family Physicians of Canada.

At least a couple of the industry witnesses have indicated that there's a lot of disagreement in the scientific community about the benefits of sodium reduction, but they've only cited one study. I would just like to underscore that there may be some difference of opinion about minor details in this, but the vast majority of scientists believe that we really have to dramatically reduce our sodium intake.

Health Canada says that Canadians consume about 3,400 milligrams of sodium per day, which is about double what we need. Sodium reduction is an important part of healthy living, and the federal and provincial governments have been working toward supporting Canadians in their sodium reduction efforts.

In 2010, the federal Minister of Health's Sodium Working Group unanimously recommended that, in part, applicable provincial recommendations be amended to require on-site disclosure of nutrition information—the text indicates mostly calories and sodium—in a consistent and readily accessible manner. I would note that one of your previous witnesses, from Restaurants Canada, was a member of the task force that made that unanimous recommendation.

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When Premier Wynne was co-chair of the Council of the Federation, Premiers endorsed the interim goal to reduce average sodium intake from 3,400 milligrams per day to 2,300 milligrams per day by 2016. When Deputy Premier Matthews was Minister of Health, provincial and territorial ministers of health called for regulations to be developed in case timely voluntary sodium reduction efforts were not achieved.

I've included in my briefing folder a letter I sent to Minister Damerla specifying some clause-by-clause amendments to the bill. I won't get into the details of that but I will just say generally that the bill would be dramatically improved by mandating the disclosure of sodium levels and, importantly, a footnote on menus giving age-appropriate daily sodium intake advice. That's particularly important, I guess, because a lot of the animus for this bill came from concerns about the health of children. Dietary recommendations are substantially different for children, particularly in the four- to eight-year range.

There are a number of reasons why sodium labelling is important, not least of which is that sodium varies much more widely than calories do in restaurant menu items and it's very easy to change without the customers knowing. You could add a teaspoon of sodium to a menu item and transform it from a healthy dish to a very unhealthy dish, as an example.

There's also evidence to indicate that adding that kind of benchmarking information, like indicating the daily recommendation for sodium intake, does actually make menu labelling substantially more useful.

I'm happy to talk a little bit more about section 5 of the bill, which would prevent municipal health author-

ities from requiring sodium information or other nutrition information. I am concerned that it might stifle public health innovation and—

The Chair (Mr. Grant Crack): Thank you very much; I apologize.

Mr. Bill Jeffery: Sure.

The Chair (Mr. Grant Crack): We'll move to Ms. Gélinas to commence.

M^{me} France Gélinas: I think it's they who are to commence.

The Chair (Mr. Grant Crack): The PCs started; NDP, Liberal. Then I go, for the next round, NDP, Liberal—

M^{me} France Gélinas: Okay. It's a pleasure to see you, Bill. Thank you for coming this morning.

The arguments that I'm given for not moving ahead with sodium labelling right away seem to be that it would be too big of a change. Looking at other jurisdictions that have managed that change, can you explain to us the magnitude of the change for a restaurant chain to add sodium when they will be adding calories? Adding calories is in the bill; they will have to do that. We're asking them to also put sodium. How big of a change is it for those restaurants to do?

Mr. Bill Jeffery: Quite simply, it's more efficient for them to add two nutrients at the same time than to do them piecemeal. I know there was some talk about requiring sodium at some specific point in the future, but my sense is that the real problem is that restaurants don't want customers to find out how much sodium is in their food because they would have to reformulate, and reformulating takes some time. I think, frankly, that if you have a business model that is based on not being upfront with your customers, then it's a problem, especially when it's about such an important public health issue.

M^{me} France Gélinas: So is this a good enough argument not to do it?

Mr. Bill Jeffery: With 10,000 to 16,000 people dying from excess sodium in the food supply, and when we've had nutrition information on prepackaged foods for a decade and a half, it's amazing to me why the government and industry are so stingy with the information they're prepared to disclose on menus at restaurants. There have been 13 nutrients plus calories on prepackaged food labels for a decade and a half.

M^{me} France Gélinas: And your preference would be to have the exact amount of sodium in milligrams put? You would have the item, the price, the calories and the amount of sodium, or just a flag for high or low sodium?

Mr. Bill Jeffery: Both approaches have merits. I think it's fair enough for foods that have very low amounts of sodium to just be exempted from disclosing it so we don't have a bunch of unnecessary zeros on the menu, or very low amounts. But either has a useful application, I think. If the commitment to report sodium is in the bill, and the regulations specify the manner of reporting it, we could discuss it in greater detail later.

The Chair (Mr. Grant Crack): Thank you very much. We appreciate it. We'll move to the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Good morning. Thank you for your presentation. I was interested to see that my cheeseburger isn't the worst choice I could make.

Mr. Bill Jeffery: Far from it.

Ms. Ann Hoggarth: And I do eat out a lot. I'm very concerned, as a former educator, about the health of our young people, the increasing obesity and problems related to it.

I do believe that this bill has some flexibility and very clearly states that at another time, additional nutrients will be considered. I don't know when that timeline is; I'll be honest with you. I'm hoping that that will happen very soon, but I don't know. I do think it is flexible, though, and the process of the bill—we have to have amendments and discussions, and there are good reasons for not putting it in at this time.

On the other hand, I'd like to ask you: Is menu labelling an effective way to influence consumer choices?

Mr. Bill Jeffery: It is an effective way to influence consumer choices because you can't make a choice if you don't have the information upon which the choice is to be based. That's why it's so particularly important to add the sodium information.

In my view, the public policy case for requiring sodium labelling is stronger than calorie labelling partly because products vary so widely in the amount of sodium and it's so easy to change by adding more. So I'm flummoxed, frankly. The 40 groups that signed onto our joint statement—some of them are sodium experts and hypertension experts in the world and not just in Canada, and they think it's important to do this. The World Health Organization recommendations, Health Canada's recommendations—it seems that there was a collaboration between the federal government and the provincial government about taking some action, but we haven't seen any real steps taken in the past five years.

Ms. Ann Hoggarth: And you do know—

The Chair (Mr. Grant Crack): Thank you very much.

Ms. Ann Hoggarth: Oh, sorry.

The Chair (Mr. Grant Crack): I apologize. The time is up.

We'll go to Mr. Walker.

Mr. Bill Walker: Thank you very much, Mr. Jeffery—very interesting, particularly with regards to the speaker just before you talking about sodium as well. Now, seeing in your information that Premier Wynne endorsed and former Health Minister Matthews endorsed the need for sodium information to be there and yet it's not in this bill, I can't fathom why that would be the case. I think it reinforces—I don't know if you were here earlier, but I put a motion on the table to extend the actual public input.

This is one that we hadn't heard until today about, sodium. It has caught my attention. It's certainly one that Madame Gélinas has talked about and I think it just supports. My honourable colleague Ms. Hoggarth just said that there is an opportunity for amendments and there's opportunity for discussion. Well, I hope they're sincere in actually allowing that to happen so that we can make this legislation the best it can be. You certainly highlighted to me—both speakers—that sodium is an abso-

lutely critical piece of this bill if we're really going to actually change healthy choices for people.

Can you share with me a little bit—I think I heard you say “perplexed,” or maybe that's my word—why this isn't in there?

Mr. Bill Jeffery: I honestly don't know. I did participate in hearings that were held in the fall of 2013. I will say I had some difficulty getting into them, but there were a lot of industry representatives there. I think other witnesses indicated that they didn't have an opportunity to intervene. I'm confused by that as well, I suppose. But there were three all-day sessions in the fall of 2013. I thought that the case, at least from the public health side, was very clear that sodium and calories were both very important bits of information. Most of the industry just favoured calorie labelling, but they preferred nothing mandatory, frankly.

Mr. Bill Walker: Maybe it's just the way I'm reading it, but your second bullet in your deputation talks about the federal government. I'm not at this point, to be honest, as concerned about what the federal government will or won't do. What I want to focus on is this bill, and I don't want to give the government an out, just because the federal doesn't do something. This is their bill. This is their ability to put sodium at the forefront. Certainly, at the end of the day, I think it's up to them to make sure that we do the best thing we can for Ontarians, and hopefully that would influence the federal counterparts.

The Chair (Mr. Grant Crack): Final comments.

Mr. Bill Jeffery: Yes. Well, certainly, there is a clear constitutional role for the provincial government doing something in relation to restaurants. We haven't seen any action from the federal government. It's a source of great concern to us. We would like provincial governments to do as much as they can through whatever constitutional powers they have, and here's an opportunity for it.

The Chair (Mr. Grant Crack): Well, thank you very much, Mr. Jeffery, for coming forward. We appreciate your comments. Have a great morning and a great day.

Mr. Mike Colle: Yes, thank you for this. It's very interesting. Scary.

The Chair (Mr. Grant Crack): Members of the committee, we did have a cancellation this morning. Obviously, we're a bit ahead of schedule. I know that Mr. Walker put forward a motion. We've had some discussion from the three parties. Mr. Walker did have his hand up previously. So, Mr. Walker, the floor is yours.

Mr. Bill Walker: Thank you very much, Mr. Chair. I just want to reinforce—it's particularly even more compelling now that we've had a few more presenters in and present more. I find it interesting that the government is so excited to move forward on this bill that they won't allow another day or two. Ms. Gélinas, I believe, has said she has worked on this for seven years. I don't think another week, to ensure that we get as much information, informed information, to make the best legislation on behalf of the people we are given the privilege to serve—I'm not certain why they would argue against that.

My concern that I'm hearing is that they're maybe more concerned about the control and moving things for-

ward on their agenda than they are about actually making it the best legislation possible. I'm concerned that it's more about their control and them being able to move forward and their timetable as opposed to engaging citizens and democracy, as, again, Madame Gélinas this morning reinforced.

This is one of the bills that I think I've seen more interest in from the general public, actually taking time out of their busy lives to say, "I want you to hear my voice. I want you to understand what I have to say about this legislation." I'm not certain one more week of deputations is going to actually be a detriment to this bill. In fact, I think it behooves us to listen and to engage those people and ensure that we develop the best legislation possible. Is it not worth the extra couple of days to hear from those people who have taken time and are participating in our democratic system?

I hear the government often in the House—and I hear them in committee; I hear them in media—talking about collaboration and partnership. This, to me, taking the approach that they vote against my resolution to allow the public to engage in democracy, tells me that it truly is simply a couple of buzzwords and rhetoric and speaking points. It is my hope that they will actually walk the talk, that they'll actually vote with us on this to allow the public to be engaged, to come forward to this committee to participate in democracy and actually have that.

The sodium debate has been really—the last two speakers have compelled me to even more want this to happen so that we can hear that. What I'm hearing is, that's one of the key things that's actually going to change people's eating behaviour and their health. Why would we not allow more groups to come in and give us that compelling fact? The Toronto Board of Health has actually implemented this. It's something that they believe so strongly in.

I think it only behooves us—and I once again extend my sincere request to the government to hear what I'm saying. This is an opportunity to hear more groups on a wide variety—there's a lot of stuff in this bill. There are three different components to it. Even within the smoking side, there are a number of factions within there, between flavoured, between the banning, the ages—there's all kinds of stuff, and I think we need to hear as much as we can. One more week I don't think is going to change drastically—although I think we could certainly enhance the bill. I think we can make sure that we put all of the factors in there, and maybe the government actually would hear some of those things and make amendments that are going to improve the bill really for the benefit of the people we're serving. Thank you, Mr. Chair.

The Chair (Mr. Grant Crack): You're welcome. Any further discussion? Okay. I shall call for the vote.

Those in favour of the motion? Those opposed to the motion? The motion is defeated.

There's no further business this morning. We shall reconvene at 4 p.m. I wish everyone a great day. This meeting is recessed until 4 p.m.

The committee recessed from 1004 to 1600.

The Chair (Mr. Grant Crack): Good afternoon, members of the committee. I'll call the meeting back to order after our recess following delegations this morning. This afternoon, the Standing Committee on General Government is going through the public hearing process with regard to Bill 45, An Act to enhance public health by enacting the Healthy Menu Choices Act, 2014, the Electronic Cigarettes Act, 2014 and by amending the Smoke-Free Ontario Act.

ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES

The Chair (Mr. Grant Crack): We have a full list of delegations this afternoon, and shall commence with the Association of Local Public Health Agencies. I believe we have the executive director, Ms. Linda Stewart, as well as Mr. Gordon Fleming, who is manager of public health issues.

You have five minutes to make your presentation, followed by three minutes of questioning from each of the three parties. Welcome.

Ms. Linda Stewart: Thank you. It's a pleasure to be here, and I'm particularly pleased to be before the committee today on behalf of our member medical officers of health, boards of health and affiliate organizations.

First, I must say that we very much support Bill 45. For public health and the people of Ontario, we believe it's very much a good-news bill. The interests of public health units touch on all three of the bill's schedules, and I'll be commenting on each one.

Starting with healthy menu choices, schedule 1, we agree that all large chain restaurants, including fast food outlets and retail grocery stores that sell prepared foods, must conspicuously post the calories for each item on menus and menu boards. What better way to give consumers easy access to information that can help them make health-conscious decisions about what to eat?

When you consider the three elements largely used to enhance the flavour of food, namely, fat, sugar and salt, calories provide a good sense of the amount of fat and/or sugar in any given product. Fat and sugar in their many forms are the calorie-laden parts of the food we eat. We believe that adding requirements for posting sodium content to Bill 45 would round out the picture for consumers.

We know that sodium is a risk factor for cardiovascular diseases and diabetes. It's important to help consumers select low-sodium food choices. The requirement to post sodium levels would also encourage the reduction of levels of salt in foods covered under the act, and these foods are well-known to have high levels of sodium.

If the sodium disclosure requirement isn't incorporated into the act, we would urge you swiftly pass a regulation under subsection 2(1).

Moving on to the Smoke-Free Ontario Act, Bill 45 amendments to the Smoke-Free Ontario Act address a number of concerns that public health units and boards of health have expressed in recent years. Chief among these

is closing a major loophole that allows tobacco companies to continue to sell fruit- and candy-flavoured tobacco products which are particularly enticing to young people.

We are pleased to see that menthol cigarettes are not exempt.

We note that subsection 3(3) would allow for future exemptions via regulation. We cannot think of an acceptable exemption for flavoured tobacco products of any kind, and we would strongly recommend that this clause be removed.

We also strongly recommend the incorporation of additional prohibitions aimed at banning youth-targeting products, such as smokeless tobacco and candy-mimicking lozenges, twist sticks and dissolvable strips that the tobacco industry is already selling elsewhere to deliver addictive nicotine.

We believe that an explicit prohibition on the introduction of such products is essential to ensure that the tobacco industry cannot sidestep our efforts to protect children and youth from their existing products by developing novel and more enticing ones.

Lastly, the Electronic Cigarettes Act: We are very pleased with the precautionary approach that protects youth from the potential harmful effects of e-cigarettes. We also recognize the important potential for e-cigarettes to be effective smoking cessation aids, but we're concerned about their possible long-term health risks, as well as the short-term setbacks to our efforts to de-normalize the use of tobacco and its associated products.

We're very pleased to see that Bill 45 contains measures that largely address our concerns by subjecting e-cigarettes to the same purchase and use restrictions as tobacco products, while supporting further research into these novel devices.

One remaining major concern we have is that the rationale behind prohibiting the use of e-cigarettes in enclosed public spaces is not being applied to the indoor use of water pipes, also known as hookahs. In addition to the critical importance of de-normalizing smoking of any kind, there is also a growing body of evidence about the harmful effects of using water pipes and exposure to their environmental smoke, especially in enclosed spaces. Having introduced legislation that places stronger restrictions on e-cigarettes, we hope that the province will take a further step and introduce legislation as soon as possible to prohibit the use of water pipes in enclosed public places and enclosed workplaces.

In conclusion, we want to strongly urge all MPPs to support Bill 45 and hope that the changes we are recommending will appear in the final version. We have made a written submission as well, and it includes the ALPHA resolutions that support my statements today.

I'd like to thank the committee for your time and thank you for providing me with the opportunity to speak here today.

The Chair (Mr. Grant Crack): Thank you very much. We shall start with the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon. Thank you very much for your presentation.

An analysis from the Propel Centre for Population Health Impact says that young smokers disproportionately use menthol, about one in four, compared to approximately 5% of adult smokers. Is flavoured tobacco a gateway to tobacco use and addiction for our youth?

Ms. Linda Stewart: I think the evidence you've just cited suggests that it is, and I believe there is evidence to support that it is a gateway. It's an easier way to start smoking and eventually, as one lets go of the childish things that we do in life, like smoking flavoured tobacco, go on to the real thing.

Ms. Ann Hoggarth: Thank you. During public hearings and debate on this bill, we've heard the idea of making it illegal for youth to possess tobacco. Do you believe that this would protect kids from the dangers of tobacco?

Ms. Linda Stewart: Making it illegal to possess tobacco? We do have a resolution on our books to ban tobacco in general. I don't know that I would want to go as far as making it illegal for a youth to possess tobacco, but we don't have a position on that, and frankly, I haven't really given it a lot of thought. I would want to take a moment to think about it, and I can get some information back to you.

Ms. Ann Hoggarth: Okay. With regard to the other points that you brought up, you know that this bill has a lot of flexibility. Hopefully, there will be some changes when we have more research, one way or the other.

I thank you very much for your presentation.

Ms. Linda Stewart: Thank you.

The Chair (Mr. Grant Crack): Thank you very much.

Mr. Hillier.

Mr. Randy Hillier: Thank you for being here. I want to focus in on your comments on the e-cigarettes, because I do find some contradictions here at play. You've mentioned that you're in favour of the same restrictions on tobacco, and we know that those restrictions on tobacco have resulted in, and were intended to reduce, the use of tobacco products, right?

Ms. Linda Stewart: Yes.

Mr. Randy Hillier: We know that e-cigs or vaporizers are used extensively as a smoking cessation device, or a nicotine replacement therapy—however you might want to phrase it—and that it has been very successful in helping people to stop smoking.

I'm just wondering why you would want to prevent access and use of a device that has been demonstrated to be very successful in helping people to kick their habit.

Ms. Linda Stewart: I don't think we're saying that we want to eliminate access to the product, but we're very in favour of the regulation of the product.

Mr. Randy Hillier: But we know you want the same regulations as what Bill 45 presents to us. It essentially captures vaporizers as a tobacco product and it is subject to all the same restrictions, lack of access and use, which we know were used to diminish the use of tobacco. So if we apply the same restrictions, we will diminish the use of the vaporizers as a tobacco cessation device.

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Ms. Linda Stewart: Gord is going to address that.

Mr. Gordon Fleming: Thank you. I'll try to respond to that. Thank you for your question.

I believe that the approach to this—because little is yet known about the actual health effects of e-cigarettes, and recognizing that they actually probably are a valuable tool in the long run in helping people quit, the reality is that until we know more about these products, I think that the logical thing to do, from a public health perspective, is to treat them as an analogue to cigarettes, because their primary market—for example, those who are already smokers and are looking to quit—are presumably, in the majority, adults. Therefore their access to these products won't really be restricted as much as they would be to youth, for example, who might just use them as a fun way to get nicotine.

Mr. Randy Hillier: Except it will be restricted in access and in use. I'll just draw your attention to ASH, Action on Smoking and Health. They're a UK outfit. They're a very well-recognized group to promote the reduction of tobacco and smoking. In their brief from November of last year: "ASH does not consider it appropriate for electronic cigarettes to be subject to ... legislation, but that it should be for organizations to determine on a voluntary basis...." But here's where they really—

The Chair (Mr. Grant Crack): Thank you very much, Mr. Hillier. I gave you a few extra seconds as well, so thank you. We'll pass it over to Ms. Gélinas.

M^{me} France Gélinas: No, no need to pass it down. Good afternoon. Thank you for coming to Queen's Park. It's a pleasure to see you. I will take the bill in its three parts, the first one having to do with calorie labelling. Can you think of any valid reason why we should not move with sodium at the same time as we move forward with calorie labelling?

Ms. Linda Stewart: Thank you very much for your question. I have not heard a valid reason put forward either.

Mr. Gordon Fleming: We don't have a resolution on this, but our position is that sodium should be included in the first round, for sure.

M^{me} France Gélinas: Okay. Right now, we expect calorie labelling to become law basically by the beginning of 2016. You see no reason—what would happen if we do not move forward with sodium?

Ms. Linda Stewart: I think we would lose an opportunity to better inform consumers about the sodium content of what they're eating. I also think that the larger risk is—in my comments I talked about fat, sugar and salt. When you're playing with the flavour of food, if you're not publishing all of those contents, I think you leave it open for manufacturers and food producers to play with that sodium content an awful lot. I would be concerned about that.

M^{me} France Gélinas: When it comes to flavoured tobacco, same question: Can you think of any reason why we should not ban menthol at the same time as we're banning every other flavour?

Mr. Gordon Fleming: Well, as Linda stated in her presentation, subsection 3(3), which may allow exemptions later on via regulation: We can't see any reason that there would ever be exemptions for these types of products.

M^{me} France Gélinas: Do your members, the health units right now, have any overview of the people who sell e-cigarettes? Right now, are you involved with them at all—or more your members than yourselves?

Ms. Linda Stewart: I actually don't have an answer to that question, but I'll get it for you.

M^{me} France Gélinas: Okay. No problem. So you are basically using the precautionary principle when it comes to e-cigarettes. Are you or any of your members presently studying the use of e-cigarettes as something that helps people quit so that we can build this body of scientific evidence that we need to make informed decisions?

Ms. Linda Stewart: That's something that I can also look into for you. I'm thinking about some of the work through Public Health Ontario. There may indeed be something there.

M^{me} France Gélinas: Okay, but—

The Chair (Mr. Grant Crack): Thank you very much. I apologize.

Thank you very much, Ms. Stewart and Mr. Fleming, for coming before committee this afternoon. We appreciate it.

NON-SMOKERS' RIGHTS ASSOCIATION

The Chair (Mr. Grant Crack): Next on the agenda, we have the Non-Smokers' Rights Association. We have Lorraine Fry as the executive director. Welcome. You have five minutes.

Ms. Lorraine Fry: Thank you very much for this opportunity to address this committee on this important piece of legislation.

I'm the executive director of not only the Non-Smokers' Rights Association but the Smoking and Health Action Foundation. We've been working on tobacco control policy issues for over 40 years in Canada.

I'd like to speak in support of Bill 45, specifically the components related to tobacco products control and electronic cigarettes. We commend the government for the provisions set out in this bill, and especially for including menthol in the ban on flavoured tobacco products. Ontario kids will be healthier for it. It will save lives. We would also like to thank the opposition parties for their support of this bill.

I want to focus my remarks today on only a few aspects. Probably the first and most important is to draw your attention to the need to regulate water pipe, or hookah, smoking, regardless of whether tobacco shisha or herbal shisha is used. Shisha is often smoked indoors in hookah cafés and restaurants. It has been described as a global epidemic among youth. The popularity of water pipe smoking has been steadily increasing since the 1990s and has emerged as a chic new trend among young adults worldwide, including in Canada. You may have

noticed that there has been a huge proliferation of hookah cafés and bars in Ontario, particularly in Toronto and in university and college towns.

Recent data published by the University of Waterloo showed that over 100,000 Ontario high school students had tried water pipes and 36,500 had used them within the past 30 days. Among high school seniors, one quarter of them were using water pipes. That's quite astounding.

Studies looking into the toxicants of water pipe smoke have reported that it likely contains many of the chemicals that are associated with the elevated incidences of cancer, cardiovascular disease and addiction of cigarette smokers. The Ontario Tobacco Research Unit has examined the evidence and concludes that water pipe tobacco smoke is at least as toxic as cigarette smoke.

In his ruling upholding Vancouver's ban on water pipe smoking, Judge Yee said that there "is certainly risk of harm in herbal shisha smoking for both the consumers and the people who are exposed to the second-hand smoke."

The problem here is that both the current and proposed amended Ontario legislation pertains only to tobacco; the smoking of other weeds and substances is not included. It's increasingly common at hookah establishments for proprietors to remove tobacco shisha from its original packaging and store it in unlabelled plastic containers. They claim that the shisha is herbal and doesn't contain any tobacco. Therefore, proprietors are circumventing the smoke-free laws and allowing customers to smoke indoors.

However, as more becomes known about the dangers of smoking tobacco shisha and non-tobacco herbal shisha, many jurisdictions in Canada have responded with legislation and bylaws that prohibit the smoking of other weeds or substances. Quebec, Nova Scotia and Alberta all have such legislation, as do over 50 Canadian municipalities, including 13 in Ontario. I can share those municipalities with you.

We recommend that regulatory authority to control the indoor smoking of weeds and substances other than tobacco, such as herbal shisha, be added to Bill 45 to enable regulatory action on water pipe use as soon as possible.

With regard to the regulation of e-cigarettes, we believe that they hold great promise as aids to help smokers quit or reduce cigarette smoking; for their ability to deliver nicotine effectively; and to mimic smoking behaviours. There's a growing scientific consensus that e-cigarettes are much safer than cigarettes. They contain no tobacco and there is no combustion. However, we don't want young people to become addicted to nicotine, and we therefore support the proposed ban on the sale of e-cigarettes to minors. We also believe the Ontario government is correct in taking a cautionary approach by banning the use of e-cigarettes in indoor public places and workplaces and on patios—everywhere where smoking is banned—until the research provides definitive evidence that e-cigarettes pose no risk to tobacco control, to bystanders and to non-smoking youth.

Not only has there been insufficient research on this aspect of e-cigarettes up to now; the research to date has yielded conflicting findings regarding the constituents in e-cigarette vapour and the risks that they pose. As well, the products are changing at such a rapid pace that the findings can't be generalized across products. Recent studies show that the emissions produced by the newer-generation models, which operate at much higher temperatures, are much different from those of early cigalike models.

At the recent World Conference on Tobacco or Health, I spoke to Jean-François Etter, one of the leading proponents of the use of e-cigarettes as a harm reduction and cessation device, and he supported a ban on the use of e-cigarettes in indoor public places and workplaces.

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Regarding the provisions in Bill 45 that deal with retail promotion, we have no problem with an exemption for specialty e-cigarette stores that allows them to display their products, provided that they are not visible from the outside, that no products other than e-cigarettes, e-liquid and related accessories are sold, and that minors are not permitted entry.

Finally, we recommend that flavoured cigarette rolling papers should be included in Bill 45's flavour ban.

Thank you very much.

The Chair (Mr. Grant Crack): Thank you very much. We'll start with the official opposition: Mr. Hillier.

Mr. Randy Hillier: Thank you very much. I'm just going to again focus on your comments on e-cigarettes and the ban and the precautionary principle. But first off, I've heard this often from many people that have come to committee, about conflicting evidence and that the jury is out. I have to tell you I've gone through—there are hundreds and hundreds of very thoughtful and detailed reports and studies about how effective vaporizers are as a gateway out of tobacco. I have yet to find these conflicting studies and reports. Could you name one study for me that says that vaporizers are a hazard or a danger?

Ms. Lorraine Fry: There are quite a few studies coming out of the US that are showing increased use by youth—

Mr. Randy Hillier: Could you give me one?

Ms. Lorraine Fry: I could get the name of the study to you. I don't have it at my fingertips. I think the issue is that, for those of us who work on this subject on an almost-daily basis, we do see all of the studies. Therefore, for the ones that come in that say they are effective, the next thing you see is some that show a gateway for youth or that show increased youth—

Mr. Randy Hillier: Again, I'm saying I've looked and looked and I've seen hundreds and hundreds that—

Ms. Lorraine Fry: I'd be happy to share—

Mr. Randy Hillier: Here's one from a number of very substantial scientists from the London School of Medicine, the Queen Mary University of London, the University of Auckland—

Ms. Lorraine Fry: Yes, I'm familiar with it.

Mr. Randy Hillier: —and here they say the evidence is instead that the gateway effect is out of tobacco use.

Ms. Lorraine Fry: But some of the people who have authored those very studies are the same people who are saying, “Take the precautionary approach to regulation in indoor public and workplace” —

Mr. Randy Hillier: Well, again, if wisely regulated, electronic cigarettes have the potential to obsolete cigarettes —

Ms. Lorraine Fry: If wisely regulated.

Mr. Randy Hillier: —and save millions of lives worldwide. Excessive regulation, on the contrary, will contribute to maintaining the existing levels of smoking-related disease, death and health care costs.

Ms. Lorraine Fry: I don’t believe that this is excessive regulation. I think that they’ve taken a good precautionary approach.

Mr. Randy Hillier: If I had more than three minutes, I could go into substantial more detail where, yes, this would be deemed as excessive regulation.

Ms. Lorraine Fry: No adult is being precluded from purchasing them. No adult is being precluded from using them outside.

Mr. Randy Hillier: So you don’t have any evidence on hand. You can’t refer me to any particular study specifically that supports your argument, but you’re asking us to take the precautionary approach? That would be like, “Let’s not get out of bed in the morning because we may be hit by a car.”

The Chair (Mr. Grant Crack): Final comment.

Ms. Lorraine Fry: I would have to provide you with a binder of a huge number of studies —

Mr. Randy Hillier: I’d be interested in seeing that binder.

The Chair (Mr. Grant Crack): Thank you very much. We’ll move to Ms. Gélinas from the third party.

M^{me} France Gélinas: Thank you. I am really happy to see that the Non-Smokers’ Rights Association does not consider anecdotal evidence, no matter how many of them there are, as science. Neither do I.

I’ll ask you the same question I ask everyone. Right now, the government, when it comes to smoking, is considering a two-year window before we ban menthol. Can you think of any good reason why menthol should not be banned at the same time as every other flavour?

Ms. Lorraine Fry: Not really. I think that it should be banned at the outset; at the maximum, a year from the date of implementation.

M^{me} France Gélinas: Right now it looks like the banning of flavoured tobacco will probably happen around January 1, 2016—next year. So you would give menthol until June of 2016?

Ms. Lorraine Fry: That would be the maximum amount of time that I would give.

M^{me} France Gélinas: Why would you give this extension to menthol rather than banning it with the other flavours?

Ms. Lorraine Fry: Probably there’s no real reason why it couldn’t be January 1, 2016, as well.

M^{me} France Gélinas: All right. I agree.

You’ve brought forward the idea of flavoured cigarette rolling paper. I get it intuitively, but—to support my colleagues to the right—do we have any science that backs up the idea that flavoured paper is a gateway or encourages youth to smoke?

Ms. Lorraine Fry: I think it’s the same principle as the flavoured tobacco. It’s something that encourages youth to use flavoured tobacco, the flavoured rolling papers. It’s all to mask the harshness, to make it taste sweet, so it’s almost like an addendum to the flavoured tobacco in itself.

M^{me} France Gélinas: Would the Non-Smokers’ Rights Association support the continuation of vapour lounges, where people go in for the purpose of using e-cigarettes; or solely the sale to adults, and you consume them elsewhere?

Ms. Lorraine Fry: The latter. We would support an exemption for the display of e-cigarettes, but the same precautionary principle as to why we would not want e-cigarettes to be used in public and in workplaces would apply to the vape shops. They have workers there. We don’t know yet the long-term effects of inhaling the vapour. An employee could be pregnant; why should we treat them any differently than we treat any other people in any other public and in workplaces? But we do support the exemption on the ban on display.

The Chair (Mr. Grant Crack): Thank you very much. We shall move to the government side. Ms. McMahon.

Ms. Eleanor McMahon: Hi Lorraine. Nice to see you.

Ms. Lorraine Fry: Nice to see you.

Ms. Eleanor McMahon: As an asthmatic, I want to thank you for all the work that you’ve done to keep our places that are public, in particular, free of tobacco smoke and other smoke that irritates people like me to no end and makes me sick. So I appreciate your work over the years.

Is it safe to say that doing everything that we can to reduce the likelihood of children taking up any kind of smoking whatsoever is what we should be focusing on? Is that safe to say?

Ms. Lorraine Fry: Yes.

Ms. Eleanor McMahon: If you could share with us the data from the University of Waterloo, Madam Clerk, I think that would be really interesting.

Help me to understand if I’m making the right connection between hookah smoking as a mechanism, or perhaps a gateway, and a chic thing to do—I liked your words, so I’m going to use them, because I thought they were useful—as a chic new trend. Does that give you the same rate of concern as kids using e-cigarettes, and thus your support is conclusive for banning sales of e-cigarettes to children? Is that safe to say?

Ms. Lorraine Fry: Well, I think they’re two different things. Water pipe smoking is smoking. The recent Vancouver decision, the quote that I gave from the judge—OTRU research has shown that the smoking of non-tobacco, herbal shisha is damaging both as a second-hand herbal smoke and in terms of smoking it. So it’s not just tobacco smoke.

I was just at the World Conference on Tobacco or Health, and some of the evidence there from the Middle Eastern countries about some of the toxic effects of smoking tobacco shisha—it comes out as being almost more toxic than regular cigarettes. It's because of the length of the inhaling, how long a session is. A session is usually at least an hour long. It's a growing phenomenon in terms of regulation. I actually have a document here that I could submit.

Middle Eastern countries supposedly had just the traditional use by middle-aged older men in these hookah cafes. We now have an epidemic where youth in every single one of those 18 countries are smoking water pipes at a higher rate than they're smoking cigarettes. The United Arab Emirates, Turkey, Lebanon, Syria, Jordan, Saudi Arabia all have either banned or brought in severe restrictions on water pipe smoking, simply because of the toxic effects and because of the escalating use by youth. This is a worldwide phenomenon.

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Ms. Eleanor McMahon: That's helpful. Time for one more, Mr. Chair?

The Chair (Mr. Grant Crack): Five seconds.

Ms. Eleanor McMahon: Quickly, just a point of clarification, if I may. There have been conversations around the table today about ASH in the UK saying the government should not prevent vaping in public spaces. My understanding—and maybe you could help us clarify it—is that ASH in the US says there should be no vaping in places that ban smoking. Can you help me understand the difference between those two things?

Ms. Lorraine Fry: Well, you have proponents who are in favour of it being used in public and in workplaces and you have proponents who aren't in favour. The one I quoted said he wasn't in favour. So it's all over the map. You will have some who are more opposed to e-cigarettes who don't want that, but then you have others who are proponents of e-cigarettes as a cessation and harm-reduction device who still say it. I know that ASH UK says that; Jean-François Etter doesn't say that.

The Chair (Mr. Grant Crack): Thank you very much. I appreciate you coming before committee this afternoon. I apologize for cutting you off, but it's my job.

Ms. Lorraine Fry: That's okay. It's your job.

ONTARIO PUBLIC HEALTH ASSOCIATION

The Chair (Mr. Grant Crack): Next we have on the agenda, from the Ontario Public Health Association, Ms. Walsh, executive director. Welcome.

Ms. Pegeen Walsh: Good afternoon. Thank you for the opportunity to appear before your committee. My name is Pegeen Walsh and I'm the executive director of the Ontario Public Health Association.

Our non-profit, non-partisan association brings together those committed to improving people's health. Many of our members are on the front line of community and public health, working to prevent tobacco use, especially among youth, and supporting healthy eating and nutri-

tion. We also collaborate with others and I'm proud to be a member of the Ontario Chronic Disease Prevention Alliance.

The Ontario Public Health Association has been a champion for healthy public policy since its creation over 65 years ago, and we're committed to strategies that focus on prevention, health protection and promotion. As such, we are supportive of Bill 45 as it provides an important building block for creating a comprehensive provincial chronic disease prevention system, reducing health care costs and promoting health and well-being.

As tobacco continues to be the leading cause of preventable disease and premature death in Ontario, we support measures that can help reduce its use and prevent young people from starting. That is why members of our association support the restrictions for the promotion and sale of e-cigarettes to youth under the age of 19. We agree that e-cigarettes should be treated like other tobacco products and be restricted where they are sold and used.

While we recognize the need for further study to better understand the risks, we share the World Health Organization's concerns about the potential for e-cigarettes to act as a gateway to nicotine addiction and tobacco smoking, particularly for youth. Marketing of e-cigarettes can undermine tobacco control efforts that have helped de-normalize smoking and may threaten the progress that has been achieved.

OPHA also supports the banning of products that encourage youth to try or keep smoking. Cigarettes are highly addictive and those who start before the age of 20 are more likely to be long-time smokers. Making tobacco products less appealing by banning flavoured cigarettes can help prevent youth from starting to use tobacco products in the first place. By masking the harsh taste of nicotine, menthol-flavoured cigarettes can increase the appeal of smoking and be a popular way for young people to experiment.

Ontario has been a leader in tobacco control in Canada and we welcome measures like these that will keep Ontario at the forefront.

With increasing rates of type 2 diabetes and other chronic disease and the growing number of Ontarians who are overweight and obese, we support Bill 45's call for menu labelling among restaurant chains.

By providing critical nutrition information on menus, we can support consumers in making healthier choices when eating out. Menu labelling can inform people's decision-making and make nutritional information more transparent and consistently available at the point of sale. Given that Ontarians are eating out more than ever before, food environments away from home are an important setting to improve population health in our province.

While many large restaurant chains do voluntarily provide nutrition information, these formats do not make nutrition information readily available and consumers have to be motivated to seek it out. That is why OPHA strongly supports a legislative approach to menu labelling.

Several US jurisdictions have implemented menu-labelling legislation and have demonstrated that it is both

feasible and effective. There is also early evidence that menu labelling has had the positive effect of prompting restaurant chains to create healthier menu options, with benefit for consumers.

OPHA strongly encourages the inclusion of sodium values alongside calorie counts in the government's menu-labelling initiative. High levels of sodium in restaurant foods are contributing to Canadians' overconsumption of sodium, which has negative health consequences such as hypertension.

OPHA also recommends mandating the provision of calorie and sodium information at the point of purchase in many other large chain establishments that sell ready-to-eat food for immediate consumption.

OPHA encourages other initiatives that can maximize the effectiveness of provincial menu-labelling legislation, such as food literacy initiatives, public education to increase awareness for the use of and demand for menu labelling, and the creation of a comprehensive strategy to tackle obesity, promote wellness and prevent chronic diseases.

It costs less to prevent health problems than it does to treat them. Bill 45 is an important step in creating a comprehensive chronic disease prevention system in Ontario.

The public health community's experience from tobacco control has shown that to effect change, a comprehensive approach is needed. It's the interplay of legislation and policy, social marketing and education, skill building and creating supportive environments that makes a difference.

OPHA encourages the Legislature to pass these important measures and welcomes the opportunity to work with legislators to create positive change in order to promote health and well-being.

Thank you for the opportunity to convey the ideas and concerns of our association.

The Chair (Mr. Grant Crack): Thank you very much, Ms. Walsh. We shall start with the government side. Ms. Kiwala.

Ms. Sophie Kiwala: Thank you so much, Ms. Walsh, for your testimony today. It was excellent to hear your point of view on this bill, and I thank you for your support for the bill as well.

One thing that I did want to clarify—I'm not sure if you've been following the committee hearings so far, but we have been hearing some comments from the opposition that suggest that we are unconcerned about contraband, which is absolutely not the case. Of course we are concerned about contraband. What I'd like to ask you is, do you think that Bill 45 will drive smokers to use contraband?

Ms. Pegeen Walsh: Our main concern is prevention, focusing on young people and getting young people to not start smoking. As mentioned, we know that if they don't start before they're 20, then there's less likelihood they will be lifetime smokers. These measures are important ones to tackle that issue of the next generation of non-smokers.

Ms. Sophie Kiwala: With respect to the labelling schedule of this bill, could you give us some more detail

on why you feel that a healthy weight is important, especially in childhood?

Ms. Pegeen Walsh: Well, if you refer to Ontario's former Chief Medical Officer of Health's report *Make No Little Plans*, she documents the very troubling trends of not only adults in terms of growing overweight and obese, but also young people. This will drive and is driving health care costs. It not only affects quality of life, but it is something that we're all paying for. The more that we can add this kind of tool to our toolbox and have a comprehensive way of tackling issues and preventing chronic diseases, such as type 2 diabetes, overweight and obesity, the better.

Ms. Sophie Kiwala: What are the rates of childhood obesity? Are they increasing or decreasing in Ontario right now?

Ms. Pegeen Walsh: I'm sorry, I don't have that data at my fingertips. My understanding is that the rates have been increasing; hence we do have targets that we're striving toward to reduce those rates.

Ms. Sophie Kiwala: That's certainly been part of mainstream dialogue. This bill, I think, supports the notion that healthier weights in children are definitely going to provide us with more long-term benefits in health care down the road and improvement in our budget as well.

Ms. Pegeen Walsh: It's troubling that experts are pointing to some health conditions they're seeing at younger ages which they didn't see before because of these health conditions affecting young people.

Ms. Sophie Kiwala: Thank you.

The Chair (Mr. Grant Crack): Thank you very much. We shall move to Mr. Hillier on the official opposition.

Mr. Randy Hillier: Thank you. You mentioned that you're here to improve people's health and that you are promoting these restrictions on vaporizers. I hear your words, but I also see the actions that are happening. From the evidence that I've seen, if we limit or prevent people from using effective smoking cessation devices, are we not condemning many of them to a lifelong addiction and poor health staying on cigarettes when we take away the effective tools for them or limit the availability of those tools?

Here's another study that I have from the American Council on Science and Health. I'll just mention a few things out of their summary: "Nicotine from electronic cigarettes used in ... crowded situations is clearly not a health risk to those in proximity.... Restrictions on e-cigarette use indoors would be hard to justify on medical grounds." Finally, "Legislation could deter smokers from switching to ... vaping."

I'm just wondering, do you not have any fear that promoting these restrictions and less access and availability to vaporizers would have the contrary effect to what you're actually trying to achieve in improving people's health?

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Ms. Pegeen Walsh: Nicotine is highly addictive and we don't want to blame the smoker for that addiction. We

want to provide all kinds of supports that we can to help people quit smoking. Our main concern, as I mentioned, is about young people. There have been decades of effort to de-normalize smoking so that we don't see smoking, we don't—it's not something that's seen as commonly used and acceptable behaviour—

Mr. Randy Hillier: I think we've all been agreed about preventing youth from getting into the using of vapours, but for those who are already addicted to tobacco—that's what I'm concentrating on. Do we want to keep them on that tobacco addiction, or do we want to actually help them get into improved health, an improved lifestyle, and to get away from smoking? Can we do that by taking away what appears to be the most effective tool that technology has come up with so far?

Ms. Pegeen Walsh: My understanding is that we're not restricting adults from using that tool; the issue is where and when they can use the tool.

Mr. Randy Hillier: Sure.

Ms. Pegeen Walsh: And that's part of our de-normalization. So the tool will be available to people who are trying to use it as a means to quit smoking.

Mr. Randy Hillier: We are restricting their use. If I'm a transport driver and I'm addicted to cigarettes and I want to use a vaporizer, I can't use a vaporizer in my highway tractor under this legislation. I'll be subject to a fine. So we are preventing the access and use. We're preventing, under this legislation, the ability to learn about them in a retail environment. We are preventing people from using it in places where it would otherwise be safe—

The Chair (Mr. Grant Crack): Thank you very much, Mr. Hillier—appreciate it.

Ms. Gélinas.

M^{me} France Gélinas: Thank you so much for coming. I would like to start with menu labelling and some of the comments that you have made. The first one is the same question I ask everybody else: Can you think of any valid reason why the sodium labelling should not come at the same time as the calorie labelling?

Ms. Pegeen Walsh: My understanding is that there are increasing rates of overconsumption of sodium, so including sodium would be an important aspect to include in menu labelling.

M^{me} France Gélinas: And would your associations want to see sodium labelling come in at the same time as calorie? Right now it is to be dealt with at a date yet to be talked about.

Ms. Pegeen Walsh: We would support it happening at the same time.

M^{me} France Gélinas: At the same time? Okay.

Then you go on to say that you recommended “mandating the provision of calorie and sodium information at the point of purchase in many other large chain establishments that sell ‘ready-to-eat’ food” such as “supermarkets, convenience stores and theatres.” So the way you interpret the bill, those premises would not be included.

Ms. Pegeen Walsh: Our concern is that they might be excluded, so we wanted to make the point that it would

be important because more and more Ontarians are buying those prepared foods, for example, at large supermarkets.

M^{me} France Gélinas: Okay. We'll make sure. We'll check.

Also in the bill is the fact that if a health unit, let's say the Toronto health unit, wanted to move forward with either a further ban—as in banning menthol right away—or wanted to move forward with sodium labelling right away, they would not be allowed to do that anymore. They're allowed to do this as we speak, but after this bill they would not be allowed to do that anymore. Is this something that your membership has talked about?

Ms. Pegeen Walsh: We haven't talked about that aspect, but there is a lot of innovation that happens at the local level and then we see prevention legislation that follows. To allow those kinds of bylaws and actions would be helpful.

M^{me} France Gélinas: And something you would support?

Ms. Pegeen Walsh: Yes.

M^{me} France Gélinas: And from the view of your membership, how much more work is it going to be for you, once this law passes, when it comes to menu labelling, when it comes to flavoured tobacco and the regulating of e-cigs?

Ms. Pegeen Walsh: That's a really good question that we would need to take back to our membership, and talk to our colleagues at the Association of Local Public Health Agencies as well to see what that additional work would require.

The exciting thing is that I know, for example, that today one of our members was talking about how they're working in Toronto with a local entrepreneur who wanted to add nutritional information on his menus, so they've been working to make that happen as of last January and finding a lot of success with consumers buying those healthier choices.

M^{me} France Gélinas: And once the information is there, they buy.

Ms. Pegeen Walsh: Yes.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Thank you very much, and thank you, Ms. Walsh, for coming before committee this afternoon. We appreciate it.

Ms. Pegeen Walsh: Thank you.

MS. MICHELLE ST. PIERRE

The Chair (Mr. Grant Crack): Next on the agenda we have Michelle St. Pierre, who I believe is from Oshawa via teleconference.

Madam Clerk, are we ready to go?

Ms. Michelle St. Pierre: Hello.

The Chair (Mr. Grant Crack): Hello. How are you, Ms. St. Pierre?

Ms. Michelle St. Pierre: Hi. My name is Michelle St. Pierre. First, before I get really started, I just wanted to say, I was there yesterday as a spectator because I was

told there were no slots to speak for the general public. This morning, just by chance I heard on the live stream that there were no speakers, so I was able to speak tonight. I know many other people like myself who are willing to come forward, just regular folk who are willing to come forward. If you need more people to speak, that's not an issue. There are a lot of people out there.

In any case, I am 50 years old. I smoked cigarettes for over 40 of those years. For the past 20 years, it has been an over-a-pack-a-day habit. I suffer from a hyper-anxiety disorder, and smoking is one of the only things that helps me to remain calm. I've tried to quit many times. I tried patches. I tried the gum. I tried Nicorette, the spray, prescribed medications, but in the end my anxiety issues would flare up and I would go back to cigarettes.

This is the first time in 40 years that I found something that works. I was introduced to vaping last fall. At first, I was completely overwhelmed by the amount and the variety of vapes that are available, the choices that go into what you need for your own personal self and then, after that, how you maintain your vape. I didn't know anything about ohms or wattages. I didn't know anything about changing coils. Thank goodness, the store that I went to—it's Canada E-Juice in Oshawa here. They explained everything to me. I needed that.

I know I'm not the only 50-year-old who's not so tech-y. Other people need that hands-on. They need to be able to see what their choices are and they need to have the opportunity to have that explained. They took the vape apart, put it back together and showed me how it was safe, because I had my own concerns. It was a new thing to me.

I really do think the bill, if you put forth the—not being able to show and not being able to display and not being able to interact—this bill is actually endangering people. This is an electronic device and it needs to come with an explanation. I know there are instructions in the box. They wouldn't cut it for me, and I know I'm not alone.

When I started, I was using the Vapure. I found right away that I was smoking a little less. As time progressed, I was vaping more and smoking less. Around about week four, I realized the table had tipped for the first time in my life and I was actually vaping most of the time. At this point, I still smoke a little—less than one pack a week, and that's going down. I'm sure that's due to my anxiety. But even in these anxiety situations, such as talking to you today, I have not gone out for a cigarette. I have used my vape, and I'm getting through it. So it's working. I'm proof.

In regard to nicotine, I've heard many things, so I'm going to try to say a little bit about each. In regard to nicotine, when I started, I was on 24 milligrams and now I'm down to 14 milligrams. So it's going down. The addiction to nicotine is going down. It's going away. I don't know what it is, but I'm using less and I'm still happy with what I'm using.

I suffer from a few maladies—asthma and COPD. My physician told me this past fall—when I made the deci-

sion to start vaping actually was one of the things that pushed me—that I would soon be on an oxygen tank. I don't know what else I can expect after 40 years of smoking. I have four different kinds of inhalers. I have a medication called Spiriva. These are all very expensive. I have to take some of them daily and some of them weekly. I can tell you this: For the past three weeks, I've been breathing without them. I have put it in a box in case I need it, but I have not used a single inhaler. I have not used my Spiriva. I have not used the chamber. I was able to go to Parliament yesterday and walk around. I did it; I was able to breathe.

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So I know I've got a long way to get healthy, but I'm feeling better. I breathe easier, and it's encouraging more activity, which is helping me with other medical issues that all come from smoking. They all go hand in hand.

Vaping can't cure me, but it can help me cure myself. Why would this council or anybody want to take that opportunity away from me or anyone else who has been chained to smoking?

I do have one point that I need to make. I hear all of this talk that the flavours are aimed at children. I understand, and I agree: Children should not have access to anything like this until they're of an age to know what they want and what they can do. But I take offence to it, because my favourite flavours are Rocket Pop and Sweet Tarts. I'm 50. The reason I'm take offence is, the government runs the LCBO and they sell cotton candy vodka.

The Chair (Mr. Grant Crack): Thank you very much, Ms. St. Pierre. I appreciate your comments.

We'll start with the official opposition: Mr. Hillier.

Mr. Randy Hillier: Thank you, Michelle. That's a story that I've heard from thousands and thousands of people. We've got hundreds and hundreds of testimonials that have been deposited to this committee.

I think it's important for people on the committee to understand: There are some technical parts of a vaporizer. It's not just that you go in and get it off the shelf and it works. There is maintenance, and there are different styles of coils. There are different elements of it. Having somebody who is knowledgeable and who can demonstrate the use of it—I think you said it; that helped you.

Ms. Michelle St. Pierre: I don't think I would have stayed with it if they didn't do that.

Mr. Randy Hillier: Right. And you've reduced—you're down to—

Ms. Michelle St. Pierre: From a pack and a half a day to less than one pack a week, and going down every week.

Mr. Randy Hillier: I think we should be doing everything possible to help people like yourself and others kick the tobacco habit, and not put up any roadblocks to you to do that. It's great to hear that you're also not needing the use of inhalers and different other medical treatments that try to mitigate the smoking that you were involved with.

Ms. Michelle St. Pierre: Thank you.

Mr. Randy Hillier: I do appreciate your comments and appreciate you taking the time to call this committee.

Ms. Michelle St. Pierre: Thank you very much.

The Chair (Mr. Grant Crack): Thank you. We'll move to Ms. Gélinas, from the third party.

M^{me} France Gélinas: Thank you so much, Ms. St. Pierre. I want to start by saying, congratulations on the effort you have put into quitting smoking and—

Ms. Michelle St. Pierre: Not being able to breathe is scary.

M^{me} France Gélinas: Yes. Keep trying. You will get there.

You had made many other attempts before. Were those attempts supported by your physician or a nurse practitioner or a nurse, or were you at it alone when you tried the medication and when you tried the other smoking aids?

Ms. Michelle St. Pierre: Some things, yes, and some things, no. Obviously, medication came from my doctor, if it was prescribed medication. Wellbutrin was one of the ones that were given to me to help me quit smoking. I discussed the patches with my doctor prior, and then just got them from the drugstore myself. Because I have other health issues, I always check with my doctor on each thing that I'm doing.

M^{me} France Gélinas: I'd like to ask you: If we do go from anecdotal evidence that you've just given, to science that proves that e-cigarettes are a smoking aid, do you figure, if it was your physician, or the nurse in your physician's office, who had guided you through as to how you use this device and how you control it, would that be better, the same, or worse than having a clerk in a convenience store do that education to help you quit?

Ms. Michelle St. Pierre: If that education would be available, it would be fabulous, but I can tell you that to see my doctor, it takes three months to get an appointment. I know that there are a lot of issues with there not being enough physicians and nurses around.

I think that having the ability to come to the store—actually, each of the people at this store where I came are ex-smokers, so they could talk to me from where I'm standing. I think that's important. I think that when a smoker comes in and is trying to learn things—if you didn't smoke, we don't listen.

M^{me} France Gélinas: You like the lived experience to help you through?

Ms. Michelle St. Pierre: Well, it's because you don't know what I'm going through, really and truly. If you don't understand what it feels like to—well, yesterday, a couple of times, I kept behind my group. I couldn't keep up with them. But I never stopped, and I didn't have to sit down and wait 10 minutes to catch my breath. That was, for me, like New Year's Day.

M^{me} France Gélinas: So you want access to somebody who knows what they're talking about, who can help you through it, who can help you use the device and somebody who is accessible when you need them?

Ms. Michelle St. Pierre: Yes. I think the idea of having a doctor do it would be wonderful, but I don't think it would be accessible.

M^{me} France Gélinas: Very good. Thank you.

The Chair (Mr. Grant Crack): Thank you very much. We shall move to the government and Ms. Kiwala.

Ms. Sophie Kiwala: Thank you so much, Michelle, for your testimony today. I, too, want to commend you for your work on your own health. I think it's incredibly important that you've taken the steps that you have already. I'm glad that the measures that you've taken have seemed to be so successful.

But one thing that I do want to make note of about this legislation is that it is precautionary. Nobody is going to prevent you from buying e-cigarettes in the future.

I wanted to ask you a little bit about when you first started using e-cigarettes. Sorry, did you say that you were from Oshawa?

Ms. Michelle St. Pierre: I am. Yes.

Ms. Sophie Kiwala: Okay, and you went into a vaping store and you developed a relationship with the vendor there?

Ms. Michelle St. Pierre: Yes. Actually, I was brought in by a friend who had started vaping. Otherwise, I would never have known it even existed.

Ms. Sophie Kiwala: Okay, and then that vendor talked to you about the use of it, provided you with some instructions etc.?

Ms. Michelle St. Pierre: Yes, because there are a lot of instructions. There are things like coils in there, and what do you do if the juice thing leaks. I wouldn't have known what to do with any of it. I'm not technical.

Ms. Sophie Kiwala: Yes, you and me both. With this legislation, though, that wouldn't be something that would be taken away. You would still have that personal relationship. That vendor is obviously pretty good at developing a relationship with customers and prospective customers, so I think that's something that's really important to remember.

Ms. Michelle St. Pierre: Yes.

Ms. Sophie Kiwala: We would never create legislation that would take away something that is of benefit to smokers. It is a flexible piece of legislation, so that if it turns out down the road that vaping is a productive cessation device, it would be something that could be achieved through regulation, which I think is really important. What do you think about that?

Ms. Michelle St. Pierre: It would be nice if you could get a prescription.

Ms. Sophie Kiwala: Sorry. What did you say?

Ms. Michelle St. Pierre: I'm pushing my luck there, I guess. It would be nice if it could be prescribed, like some of the other smoking cessations. They're all pharma, though. They're all medical. This is different. But anyway, sorry.

Ms. Sophie Kiwala: Well, that's a good point. We'll certainly have to bring that forward. I thank you for bringing that up.

Are you pleased, if new evidence emerges, that there's flexibility in this bill?

Ms. Michelle St. Pierre: Yes.

Ms. Sophie Kiwala: Okay, super. Thank you so much, Michelle. We really appreciate your testimony today.

Ms. Michelle St. Pierre: You're very welcome. Thank you for letting me speak. Bye.

The Chair (Mr. Grant Crack): Thanks for joining us this afternoon.

Okay, so I believe the next presenter is stuck in traffic. Mr. Gough is not here.

MR. MATT MERNAGH

The Chair (Mr. Grant Crack): We shall move to the next one, which would be Mr. Matt Mernagh. We welcome you, Mr. Mernagh. You have five minutes to make your presentation.

Mr. Matt Mernagh: Thank you, sir. I'm going to take your committee a bit off on a different pattern here today. My name is Matt Mernagh. I'm the core organizer of Toronto's 4/20 rally, which 12,000 people attended yesterday. I came within 90 days of striking down Canada's marijuana law in the court case *R. v. Mernagh*. I'm the bestselling author on the subject of medicinal marijuana. I'm very publicly known for medicinal cannabis use to treat a rare brain tumour and chronic pain. I'm here to express very deep concerns about how legal medical marijuana patients will be impacted by this bill.

There are troublesome words in your act: "whether or not the vapour contains nicotine." If we're here just to talk about nicotine, I'm not here. But this act specifically says, "whether or not the vapour contains nicotine." Therefore, vapour containing medical marijuana—legal medical marijuana—would be covered in your act. Therefore, as a medical marijuana patient, and as medical marijuana patients in this province, we will be impacted gravely.

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So I'm here to express some of these: I've examined your bill and it fails to consider disabled Ontarians who use medical marijuana. Even though the word "marijuana" is not included in your act, it is not excluded if my vapour contains medical marijuana—because it's not excluded. I could vaporize here, sir, using my treatment for medical marijuana—because I'm stressed presenting to your committee—to calm down. It would be legal for me to use my marijuana vaporizer. I could plug it in here. I could vaporize. Under your act, I could not vaporize in the same convenient fashion.

The act is not limited to just tobacco, and I'm very concerned about it. Under the act, a legal medical marijuana patient couldn't discuss with an employee, if they're going out to purchase one, which vaporizer best fits their budget. Now, we're hearing about vaporizers for e-cigarettes that are about \$90. I talked about the Volcano vaporizer, which is \$800, and the Herbal Air, which is \$300. Medical marijuana patients are paying high-end money for vaporizers that they want to talk to hemp employees about on how to properly use these devices. They need awareness.

Just in case I can't say it—and I'll say it now while committees are discussing it—marijuana THC boils off at 380 degrees Fahrenheit. We know this; we've studied this.

I've been involved in vaporizers for over a decade. We know it vaporizes at 380 degrees Fahrenheit. Terpenes in marijuana go off at about 188 degrees Fahrenheit, so as you increase your temperature, you're actually getting the medicinal effects, but only at 380 degrees Fahrenheit. You'll find a lot of your hemp employee stores in this city and in other cities know this. They can inform patients about the proper temperatures to vaporize at. My Volcano vaporizer goes up to almost 455 degrees Fahrenheit—which is clearly not the temperature I need; I need it at 380 or 400 degrees to get the proper vape.

That's the first concern, this idea that I can't have a discussion with this person about buying a vaporizer and how to properly use my vaporizer. It's clearly in the act.

The second one is I can't use my vaporizer that contains medical marijuana. You're limiting my access on where I can use medical marijuana. I should be able to use it in this room, if need be. I've used it at the Metro Toronto Convention Centre, I've used it at the Rogers Centre, and I've never had any complaints from anybody. Nobody around me has ever complained. Security, as soon as they find out it's medical marijuana, "It's okay, sir," because we're not covered under the tobacco act. This act would cover us.

Right now in Toronto, Niagara Falls, Hamilton, Kingston and St. Catharines, they have what are known as medical marijuana facilities. The city of Toronto, recognizing after a decade of having these medical marijuana facilities, recently did a study and determined that Torontonians need these vapour lounges, that they need to be able to go and use a vapour lounge to medicate when they're out in the city. There are several in our city in different neighbourhoods. Little Italy has a wonderful one, Kensington Market has a great one, downtown Toronto has a lovely one. I've used all of them. I use them almost weekly when I'm out and about in this city, because I know where they are. Again, under the act, these venues would be considered places of entertainment, and therefore would be covered under the act and would face the fine for having vaporizers on the table.

I'd like to congratulate the government on defining what a vaporizer is, because it's spot on. As someone who has been involved in vaporizers for 10 years, your definition is great. I can use it anywhere now when it comes to describing what a vaporizer is. However, the Volcano vaporizer is a medical device; it's class II. It's safety approved under EN ISO 601. Its quality management is DIN EN ISO 13485. Its medical conformity clinical evaluation is MD 93/42/EEC—

The Chair (Mr. Grant Crack): Thank you very much, Mr. Mernagh. I apologize for having to cut you off, but the time is up.

We'll start with the third party. Ms. Gélinas.

M^{me} France Gélinas: All right. If we want to try to find a compromise to help you—I don't want to put words in your mouth, but the first thing you would like is to continue to have access to displays and knowledgeable people who can help make an informed purchase for patients who need this.

Mr. Matt Mernagh: That would be a start, for sure, if patients needed to be able to make informed purchase decisions; the vapour lounges are important.

M^{me} France Gélinas: Okay. Would it make any difference to you if we say that you will continue to have access to knowledgeable people, but those people will be in a pharmacy rather than in a vapour lounge? Would that work?

Mr. Matt Mernagh: It has been my experience, ma'am, with medical marijuana that the most experienced people are those who are involved in it. It's unfortunate that the pharmacy and medical system—and I've engaged in it—just isn't there. They are just unaware of this product.

M^{me} France Gélinas: It doesn't work for you.

Mr. Matt Mernagh: It doesn't work. It's unfortunate.

M^{me} France Gélinas: Okay. I come from northern Ontario, and I can tell you that in Gogama, Westree, Shining Tree or Biscotasing we do have people who use medical marijuana, but we certainly do not have vapour lounges and there will probably never be one in Westree for the simple fact that there are no stores either. So what happens then?

Mr. Matt Mernagh: For those people, ma'am, you'd be surprised. Yesterday I met people from northern Ontario and we talked, and I do engage every day with people from northern Ontario who are coming to Toronto from 12 hours away. I've met people from North Bay, Sudbury, from the deep reaches of your riding.

M^{me} France Gélinas: So we bring flexibility as to the display so that you can still get the information you need to be able to purchase. And then you would like exemptions so that if you do have marijuana for medical reasons, you would be able to use it anywhere, like in schools with kids or anywhere at all?

Mr. Matt Mernagh: Well, ma'am, I'd leave that up to you, but I think there should be a pretty—I myself, and I think many medical people use responsibly and are looking for places outside the public eye, I guess. That's why I use a vaporizer.

M^{me} France Gélinas: Okay. Spell them out for me a bit.

Mr. Matt Mernagh: Spell out what the—

M^{me} France Gélinas: Which public places would meet the needs of the people you represent?

Mr. Matt Mernagh: I think anything above the age of 18 is fine with our people, ma'am.

M^{me} France Gélinas: Okay, so any places that are restricted to people over 18, then—

Mr. Matt Mernagh: That would be fine with us.

M^{me} France Gélinas: That would be fine. Okay. Thank you.

The Chair (Mr. Grant Crack): We'll move to the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Thank you for your presentation. It is a little different than the other presentations, and I thank you for coming forward.

I think it would be fair to say that you are an advocate for better health. Is that correct?

Mr. Matt Mernagh: Yes, ma'am, 100%. My health has tremendously improved under medical marijuana. You wouldn't believe the amount of medications I've stopped taking because of medical marijuana. My doctor actually finds me in better health now that I'm a 41-year-old male than when I was a 20-year-old male. It has been unbelievable how marijuana has helped me, and I agree with that statement.

Ms. Ann Hoggarth: Given the lack of scientific consensus on the health impact of e-cigarettes and the serious concerns that the World Health Organization, the Centers for Disease Control and others have expressed about the potential negative effects of e-cigarettes, do you believe the government is justified in regulating e-cigarette use?

Mr. Matt Mernagh: I believe if your legislation is intended for e-cigarette use and it's intended to regulate e-cigarette use, yes, ma'am. But the legislation is not intended to regulate e-cigarette use. It's very open-endedly written. I've reviewed it with—

Ms. Ann Hoggarth: But there is some flexibility, including—for what you have just brought forward—

Mr. Matt Mernagh: There isn't, ma'am.

Ms. Ann Hoggarth: Pardon?

Mr. Matt Mernagh: There isn't flexibility, ma'am, within that act. I disagree. I have constitutional lawyers who disagree too.

Ms. Ann Hoggarth: Would you like to send that to us?

Mr. Matt Mernagh: My constitutional lawyers' opinion?

Ms. Ann Hoggarth: Yes.

Mr. Matt Mernagh: I can contact NORML Canada and I'll gladly have them provide a constitutional legal opinion of your act, ma'am, which will show that you're impacting medical marijuana patients.

Ms. Ann Hoggarth: That would be great.

Mr. Matt Mernagh: Thank you, ma'am.

Ms. Ann Hoggarth: Thank you for your presentation.

Mr. Matt Mernagh: You're welcome.

The Chair (Mr. Grant Crack): Thank you, and we shall move to the official opposition. Mr. Hillier?

Mr. Randy Hillier: Thank you very much. I enjoyed your presentation. It opened up an area of this act that I wasn't well-informed about. I think it has enlightened a lot of people on this committee.

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I've not heard of people vaporizing medical marijuana. Why do you use a vaporizer for medical marijuana instead of the traditional—

Mr. Matt Mernagh: It's healthier for you, sir. You consume about half as much marijuana. Quickly to say, the heater on your joint is about 800 Fahrenheit, and I explained that it was 388 Fahrenheit, so I'm consuming a lot less cannabis. I'm also consuming it in a much healthier way. It's actually water vapour connected to the THC molecule, so you're inhaling actual water vapour with THC on it.

Mr. Randy Hillier: What about the smell? I've heard, in everything that I've read, that the tobacco vaporizers

or the nicotine vaporizers—there's no smell with them. What about with the medicinal marijuana vaporizers?

Mr. Matt Mernagh: It dramatically cuts down on my smell. It makes my neighbours in apartments much happier.

Mr. Randy Hillier: Right. Listen, I'll just say thank you for being here. It's a part of the act that I wasn't aware of. I think it's important that everybody on this committee understand fully how this bill will impact everybody, not just the big, broad subject that we may be thinking it impacts. Thank you.

Mr. Matt Mernagh: Thank you, Mr. Hillier.

The Chair (Mr. Grant Crack): Mr. Walker.

Mr. Bill Walker: I'd also like to thank you. This is something that certainly is brand new to me—an unintended consequence, perhaps, by the government, even. But it also then lends to why I felt it was so important this morning to put that motion on the table. What if we hadn't heard your compelling evidence? Fortunately we are able to today, but if you had been one of those other 100 that didn't, we would have missed this and we would have had a piece of legislation that once again denies you the right that you have under the Constitution, so thank you very much.

Mr. Matt Mernagh: Thank you, Mr. Walker. I think your point is right, spot on.

The Chair (Mr. Grant Crack): Thank you very much.

We have a couple of minutes. I believe there was a request from one of the members of the government for some information. This could apply to Ms. Stewart also, and Ms. Fry. I think there was a request for information. Feel free to send it to us, if you wish, to the Clerk so that she can distribute it to all members of the committee—by 5 p.m. tomorrow, the deadline.

Mr. Walker.

Mr. Bill Walker: Just a point of clarification: Also, your recommendation of those very specific exemptions, I think, are very helpful, and can be incorporated into the legislation as we move forward.

Mr. Matt Mernagh: Thank you, sir.

The Chair (Mr. Grant Crack): Thank you very much for coming before the committee, Mr. Mernagh.

According to the agenda—we have received word that Mr. Gough from Evape will not be able to make it in this afternoon.

INFINITE VAPER STINKY CANUCK

The Chair (Mr. Grant Crack): We are going to move, hopefully, to Infinite Vaper. Are they on the line? This is wonderful. I believe we have Ms. Kim Corcoran—she's the owner—and Rowan Warr-Hunter, who is co-owner of Stinky Canuck. Are you on the line?

Ms. Kim Corcoran: Yes, we are.

The Chair (Mr. Grant Crack): Thank you. Welcome. Where are you from, first of all? You have five minutes for your presentation.

Ms. Kim Corcoran: I'm from Kingston, Ontario, and he's from Trenton, Ontario.

The Chair (Mr. Grant Crack): Thank you.

Ms. Kim Corcoran: Ladies and gentlemen, thank you for the honour of being able to present today. My name is Kim Corcoran and I'm the owner-operator of All E-Cig Solutions on the Internet and of Infinite Vaper, a retail store in Kingston, Ontario.

Presenting with me today is Rowan Warr-Hunter from Stinky Canuck in Trenton. I am here twofold; one as a vaper and as a store owner. I am a compliant ECTA member and I recognize the need for regulations. I follow very strict standards as an ECTA member. I work diligently to make sure that my company complies with these standards. I know that you are not banning electronic cigarettes, but the bill, as written, is not conducive to helping people make the alternative choice to switch to vaping.

I am fully behind the age restrictions. My staff currently asks for proof of age to anyone under the age of 30. I fully agree that these products should not be promoted to children and that children should not have access to them. I believe that electronic cigarettes should be sold in an adult-only store where they can be viewed and given instruction.

Electronic cigarette products are just like cellphones; they are constantly changing. It is very important that each customer knows and understands what is available.

The way the bill is currently written, once passed, if someone came into my store, all of the cabinets would have to be blacked out. They would have to know exactly what they wanted. A new person to vaping needs guidance and instructions. You have to show them how to use the products to make them successful. Being able to use these products inside a store is very important. Individuals need to be able to be shown how they work.

I would like to briefly speak about e-liquids. Our e-liquid is tested every six months as an ECTA member. I know what is in my e-liquids, even trace elements, as we have it tested by Enthalpy labs, a Health Canada-approved site. We also use child-resistant caps. E-liquid contains products that are found most commonly in foods that we eat every day. The ingredients are propylene glycol, which is also used in asthma inhalers; vegetable glycerin, found in most canned foods we purchase; food-grade flavouring; and nicotine. All our e-liquid bottles are labelled with CCCR 2001-compliant labels, as per the regulations of ECTA.

We inhale vapour everywhere, every day, as we go. Vapour is not smoke. I will now turn the remaining portion of my time to Rowan Warr-Hunter.

Mr. Rowan Warr-Hunter: Thank you, Kim, and Chair and committee members. My name is Rowan Warr-Hunter and I'm a former smoker, a current vaper and a co-owner of an online store and retail location in Trenton, Ontario, both of which sell only personal vaporizers or electronic cigarettes.

Our business is also a compliant member of the Electronic Cigarette Trade Association, and I'm on the board

of directors of ECTA. Today I'm representing myself and my family's business as a personal vaporizer retailer.

This bill includes the common-sense measure to enact a ban on sales to minors. The entire vaping community and industry fully support this. It's already a standard practice throughout the industry in Canada and a requirement for members of ECTA.

Much has been said about concern for youth, and I agree that it's part of the role of the government to help protect our youth, but I do not believe that this bill will accomplish that any more than it would with a simple ban on sale to minors. The further restrictions will not be likely to prevent youth uptake, but they certainly discourage smokers from making the switch.

The other topic I would like to comment on is the gateway myth, that vaping will somehow cause people to start smoking. My response is that vaping almost certainly cannot lead to smoking and there is absolutely no data to support this theory. In fact, everywhere that vaping is increasing, smoking rates are dropping, which aligns with the overwhelming majority of evidence which shows that these products are a gateway away from smoking.

My recommendations on this bill are to amend the working of the display, promotion, prohibition and employer obligation sections to allow the use, display and/or promotion of vaporizers in private establishments which are age-of-majority only, such as specialty vape shops, provided they are not visible from outside the premises.

This change will help smokers choose the device they like suited to their needs. This encourages them to use the device and helps prevent relapse, as shown in an Italian anti-smoking study.

Section 8, regarding flavours, should be removed completely as flavours are a huge motivator for people switching to vaping. Everyone knows that tobacco tastes terrible, and having a selection of flavours allows smokers to find a taste they really enjoy, which helps them make the switch and also helps prevent relapse, as shown in a study by Dr. Konstantinos Farsalinos.

Finally, I'd like to quote from the conclusion of a 2007 study conducted by the International Journal of Drug Policy. The quote goes that the e-cigarette "has the potential to lead to one of the greatest public health breakthroughs in human history by fundamentally changing the forecast of a billion cigarette-caused deaths this century."

Please don't stand in the way of one of the greatest public health breakthroughs in human history. Please don't make it harder for people to choose a safer alternative. Please amend this bill.

Thank you for listening. I hope you will seriously consider my remarks and the suggestions for amendments. I welcome any questions you may have.

The Chair (Mr. Grant Crack): Thank you very much to both of you. We'll start with the official opposition. Mr. Hillier?

Mr. Randy Hillier: Thank you very much. It was a pleasure to hear from you today, to give us some insights. I want to ask you a question. Has anybody ever ap-

proached your retail facility, online or otherwise, and said to you, "I am not a smoker and I want to start vaping?"

Mr. Rowan Warr-Hunter: We have a very, very small number of people who are looking to it as an appetite suppressant or something like that, but our policy as a business is not to sell to non-smokers.

Mr. Randy Hillier: Oh, so you don't sell to non-smokers. That's interesting. I hadn't heard that before.

Mr. Rowan Warr-Hunter: The whole reason we started this business was to get people away from smoking. So if somebody tells us that they're not a smoker, we won't sell to them.

Mr. Randy Hillier: So just give me a bit of an indication, either percentage-wise or numbers, of how many people you may have come across who have not been smokers—

Mr. Rowan Warr-Hunter: Less than 1%.

Mr. Randy Hillier: Less than 1%.

Mr. Rowan Warr-Hunter: There are very, very few people who are interested in it basically just for the flavours.

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Mr. Randy Hillier: Right. And you don't sell to people who are minors?

Mr. Rowan Warr-Hunter: No. We don't even allow them in our premises.

Mr. Randy Hillier: Okay. I think there's general agreement from all sides that that is the correct way to go about it.

So you are providing a device to help smokers stop smoking. Can you give the committee any sense of the effectiveness for the people who are your customers?

Mr. Rowan Warr-Hunter: Well, we don't market it as a quit-smoking device—we market it as an alternative to smoking—but we do get tons and tons of feedback from our customers. I would say upwards of 60% of our customers return and tell us that they're not smoking anymore or they've greatly reduced the amount they're smoking. We hear all kinds of testimonials.

Mr. Randy Hillier: I guess there's something else that's been raised in the committee before. There has been some inference that if you're selling the juice for vaporizers that has nicotine, you're somehow working outside of the law. My understanding is that you don't need approval—there are approvals available, but it is lawful to sell products with nicotine.

Mr. Rowan Warr-Hunter: Health Canada has misclassified electronic cigarettes from the get-go. They are attempting or have tried to classify them as a medicinal product. In the United States they tried that; it was taken to court and overturned. In the EU they tried that; it was taken to court and overturned. They really don't fit the definition of a medical device. These aren't designed to treat or prevent any disease.

We're not marketing them as a health product. It's simply an alternative to smoking.

The Chair (Mr. Grant Crack): Thank you very much. Ms. Gélinas.

M^{me} France Gélinas: Continuing on what my colleague was saying—nice to talk to you—Mrs. Corcoran, when you went through the list of ingredients that are found, you mentioned flavouring and all of this; you also mentioned nicotine. So right now, some of the flavours that you sell have nicotine in them?

Ms. Kim Corcoran: Yes, we do.

M^{me} France Gélinas: And who is your supplier?

Ms. Kim Corcoran: Who is my supplier? We get it from various locations in Canada.

M^{me} France Gélinas: Can you name me one or two?

Ms. Kim Corcoran: I can provide the names to the committee. I don't have them with me in front of me right now.

M^{me} France Gélinas: And do you have any problems buying cartridges with nicotine in them?

Ms. Kim Corcoran: We don't sell them that way. We sell the liquid separately from the actual atomizer.

M^{me} France Gélinas: Okay, I understand that you sell them separately—most people do—but I'm more interested as to your supplier of nicotine-containing cartridges.

Ms. Kim Corcoran: They don't come that way. We have to purchase the nicotine separately. It is brought in, then it is added to the liquid here and then we distribute it out from there.

M^{me} France Gélinas: Oh, I see. And where do you get that nicotine?

Ms. Kim Corcoran: As I said, I will get you the names of the suppliers. I just don't have them in front of me right now. We use various ones.

M^{me} France Gélinas: Okay. I'm really happy that you make sure that you don't sell to minors. How do you—

Ms. Kim Corcoran: I don't allow children in my store.

M^{me} France Gélinas: But you also have an online business. How do you ensure that the people online are over 18?

Ms. Kim Corcoran: Normally, I have them submit their driver's licence before I mail it out online. If it's a repeat customer—I have many customers who order every month. When they're known, I don't bother asking for their ID because I know what they order, and if it was anything different, I would know; but for the most part, we do ask for driver's licences to ensure the age.

M^{me} France Gélinas: How do you know that the driver's licence that is sent to you is not from their mom or dad?

Ms. Kim Corcoran: Because it comes from their parents' bank account, so their parents would actually have to send it.

M^{me} France Gélinas: Say that again?

Ms. Kim Corcoran: It comes from their parents' bank account. It has to come from your personal bank account in order to come to me. We have age verification there as far as the driver's licence and we have the name on the bank account to know that it is the same person.

M^{me} France Gélinas: What is the markup in that business, in general?

Ms. Kim Corcoran: It depends on the actual product. Most markup is about 50% of what it costs.

M^{me} France Gélinas: Okay. And my time is up; sorry.

Ms. Kim Corcoran: Okay.

The Chair (Mr. Grant Crack): Madame Gélinas, I'd have given you another half a minute if you wanted, but thank you very much.

We'll move to the government side. I will go to Ms. McMahon.

Ms. Eleanor McMahon: Hi. It's Kim and Rowan; right?

Ms. Kim Corcoran: That is correct, yes.

Ms. Eleanor McMahon: Thanks for taking the time to present to us today.

Ms. Kim Corcoran: Thanks for letting us.

Ms. Eleanor McMahon: Oh, you're most welcome. It's important that we hear from you.

For the sake of clarification, just so we're clear—forgive me, Rowan; just in response to something you said—

Ms. Kim Corcoran: Hold on. I'm just going to give you to Rowan.

Ms. Eleanor McMahon: Okay.

Ms. Kim Corcoran: We're sharing a phone.

Ms. Eleanor McMahon: Oh, no problem.

Rowan, are you there?

Mr. Rowan Warr-Hunter: Yes.

Ms. Eleanor McMahon: Okay. Just so we're clear, you do understand that this legislation is not about banning e-cigarettes; right?

Mr. Rowan Warr-Hunter: That's right. I have read the bill thoroughly, and I know it's not an outright ban. My concerns are based around the fact that if this bill was in effect three and a half years ago, when I was still smoking, I more than likely would still be smoking today, because when I started vaping I had no idea what I wanted, what I needed. I didn't know a brand name.

The vast majority of customers who walk into our vape shop are in the exact same boat. If everything was hidden and I couldn't tell them a brand name or suggest a device to them based on what they tell me their smoking habits are, they're just going to go to the corner store and buy a pack of smokes, because it's what they know. It's easy, they don't need any instructions, and you can buy them on any corner in North America.

Ms. Eleanor McMahon: It's interesting. I don't smoke, but my observation is that you can't see cigarettes, either, when you walk into a store, and that doesn't appear to hurt the sales of them. But anyway—

Mr. Rowan Warr-Hunter: But you don't need instructions for cigarettes, right? You just pull it out of the pack and light it on fire. These are much more like cellphones or tablets. There's battery safety; there's charging. There's all kinds of information that we give people to make sure that they're using them safely, for one, and, two, that they're going to have success with them.

Ms. Eleanor McMahon: Right. So how do you do that online?

Mr. Rowan Warr-Hunter: Online? Mostly through emails.

Ms. Eleanor McMahon: I see.

Mr. Rowan Warr-Hunter: But that was the main reason we started this business, because three and a half years ago there were very, very few places that you could actually go to put your hands on devices and try out flavours. We were ordering all our own personal supplies off the Internet and getting lots of stuff that we weren't very impressed with.

Being able to try out products and sample flavours is huge. It increases people's success massively, because they can pick a flavour and they know they like the taste of it. They can pick a device and know that they like the feel of it in their hand. It's a huge, huge thing versus buying it off the Internet.

Ms. Eleanor McMahon: Right. Quick final question: Bill 45 has been drafted so that the government can make changes to its regulations should new evidence emerge. For example, if e-cigarettes were found to be helpful as smoking cessation devices, pharmacies might be allowed to sell them. Do you think that's a reasonable approach?

Mr. Rowan Warr-Hunter: Not really, because there are thousands and thousands of Canadians dying from smoking. This is clearly a safer alternative, so I think we should be promoting this—encouraging smokers to switch to this—until such a time that it's shown that it is harmful, and then put restrictions on it. There is absolutely no evidence that e-cigarettes are anywhere near as harmful as tobacco, so if anything you should be putting stronger restrictions on tobacco and encouraging smokers to switch to vaping.

The Chair (Mr. Grant Crack): Thank you very much.

M^{me} France Gélinas: Can I have my 30 seconds?

The Chair (Mr. Grant Crack): Well, I wish I could, but I was just trying to be nice.

I'd like to thank Ms. Corcoran and Mr. Warr-Hunter for being here with us this afternoon. We really appreciate your input into the bill.

Mr. Rowan Warr-Hunter: Thank you.

The Chair (Mr. Grant Crack): Have a good afternoon.

Mr. Rowan Warr-Hunter: You too.

The Chair (Mr. Grant Crack): Thank you.

MS. MARION BURT

The Chair (Mr. Grant Crack): Next on the agenda we have Marion Burt. I believe Ms. Burt is with us this afternoon. Come right up front. Welcome.

Ms. Marion Burt: Thank you.

The Chair (Mr. Grant Crack): You have five minutes for your presentation.

Ms. Marion Burt: I'm just going to start. Hi. I'm Marion and I'm a vaper.

Mr. Randy Hillier: You don't look like a vaper.

Ms. Marion Burt: Yes, clear skin and bright eyes. I am also a member of the Tobacco Harm Reduction Association of Canada, which is a consumer group for vapers.

I started smoking when I was 19, and I was a daily smoker for more years than I'm going to admit. I tried

repeatedly to stop; I tried everything available, and it worked for a couple of years, but I was always back.

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I was really getting desperate last year, and my doctor prescribed Champix. I filled it at quite a cost. I read the package and I thought that it would be irresponsible of me to take this. I'm a teacher. I could not have violent thoughts.

I was desperate and I started surfing the Internet. I heard about e-cigarettes which, by the way, I prefer to call personal vaporizers. I read about the millions of people around the world who had quit smoking and switched to PVs. I read current research by reputable scientists that showed that PVs are almost 100% safe—a lot safer than cigarettes—safe to the vaper and also to the bystanders. I decided to try them. I ordered a starter kit via the Internet. It arrived on April 27, 2014. I date my freedom from a horrible habit from that day because I have not wanted or smoked a cigarette since.

But, as the previous speaker said, I had some difficulties. PVs are pretty intricate. I thought I would illustrate what the last speaker said: You have this, you have this, you have this, you might have this, you might have this, and you have to take them all apart; you have to clean them periodically. You have to make sure that this of one brand fits this of another brand.

It's all pretty complicated. I was pretty frustrated. I had to clean them. I also had to learn how to inhale properly. I had some difficulties when I started.

But my big breakthrough came when I found a vape store. The staff very patiently told me how to use a PV, how to clean it—how to use it. They told me about new brands that were healthier, safer and gave me greater satisfaction. I visited several stores several times, and these people gave me the same attention and the same support. I still go to them for advice about flavours, about new models coming out, and I want to be able to continue to do that. Vape shops are like doctors' offices for vapers. We go there for reassurance and for support.

Reading section 3 of Bill 45—I don't know; I just have the impression that whoever wrote it doesn't know anything at all about PVs but assumes that they're similar to tobacco cigarettes. I just feel this is so wrong and dangerous. If you apply the same restrictions to PVs as you do to cigarettes, you'll prevent millions of smokers from saving their lives. As the previous speaker said, if the bill had been in effect a year ago, I would still be smoking cigarettes. I really think that applying all these conditions to a product that can save millions of lives would be sinful. I really feel that.

The vape shops are part of my healthy living. The vendors are all responsible people. They're mostly ex-smokers who care about smokers. They'll sell only the safest models and the best quality. They give the best advice, and this advice is so important because it makes the transition from tobacco to vapor smooth and easy. If you put these vape shops out of business, what's going to happen is that a new black market will open up, and there are a lot of do-it-yourselfers out there who will make the

wrong things, which undoubtedly will blow up from time to time, and now mix their own juices, which could also have bad effects. At least the vape shops control what we have.

I don't know what my time is. I don't know if I have a lot of time to talk about flavours. Do I have any time?

The Chair (Mr. Grant Crack): Well, it's up, but if you could just start to wrap up now, that would be much appreciated. We have a few extra minutes.

Ms. Marion Burt: Okay. It's just that flavours are really important. No teenager is going to want to vape Bubble Bars. It's childish. I love my Rice Krispy Treats and my strawberry vapes, and that's why I have not gained a pound in a year.

You know, I was a bit punchy last night, so I'll tell you the ending that I wrote. It was simply that I care about my own health. I care very much about the health of other smokers. I predict that if this bill goes into law, you will have another movement on your hands, and it will be called the vaperette movement. I'm quite willing to be the Emmeline Pankhurst of that movement. Thank you very much.

The Chair (Mr. Grant Crack): Thank you very much. We're going to start with Ms. Gélinas.

M^{me} France Gélinas: I start by saying congratulations, Mrs. Burt, for quitting smoking.

Ms. Marion Burt: Thank you.

M^{me} France Gélinas: It is not easy, and I congratulate you for having quit for—it will be your one-year anniversary next week?

Ms. Marion Burt: One year in a week, yes.

M^{me} France Gélinas: Yes, next week. Congratulations.

I know you don't have a crystal ball, and you've spoken passionately about wanting to continue this relationship with the vape shop. Do you see a day, a year, a time when you won't be vaping anymore?

Ms. Marion Burt: I don't have a crystal ball. I enjoy it. Maybe at some point I'll feel, "No, I don't want to do it anymore." I do know this: I will find it a lot easier to stop vaping than I ever could have to stop smoking. I now sit through a concert, and I'm not scrambling over the seats at halftime to get outside. I'm sitting, reading the program, because it's not the same. The chemicals are not in here as they are in the cigarettes.

Because of the safety issue, I just don't feel any push to quit. I enjoy it.

M^{me} France Gélinas: And you think that you will continue to enjoy it?

Ms. Marion Burt: Yes. I sit at my computer and I puff away at my Rice Krispy Treats and I don't eat them. Smokers get satisfaction from the sucking. Maybe our mothers didn't give us enough, but there's satisfaction in that.

With these things, it's innocent. It's not hurting us; it's not hurting anybody else.

M^{me} France Gélinas: How do you know that what is in those cartridges—how could you trust somebody who's not regulated, who could be very good, but it could also be his first day on the job?

Ms. Marion Burt: Well, there, I do have to take it on trust. I do; I trust them. I have relationships with the vape shops. I go to them and they tell me where they get them. I trust that they will only get their juice from a reputable supplier.

M^{me} France Gélinas: But you have no way of checking, do you?

Ms. Marion Burt: Sorry?

M^{me} France Gélinas: But you have no way of verifying that your trust is not—

Ms. Marion Burt: That's where I think the government should come in and make regulations to ensure that the juice is safe.

M^{me} France Gélinas: So you're not opposed to regulation of the industry.

Ms. Marion Burt: No, I'm not. I think that's the role of the government: to ensure that we are safe. I think they should have requirements for these so that they won't blow up—not that any have—and the juice meets a certain standard.

Now, right now, I do know that vape shapes have their stuff tested, and they guarantee. There was a recall of a certain custard flavour, and the one vape shop I go to now will not sell any of that type, just in case.

The Chair (Mr. Grant Crack): Thank you very much. We appreciate it.

We'll move to the government side. Ms. Kiwala.

Ms. Sophie Kiwala: Thank you very much for your testimony. You've spoken with a great deal of passion and you have said that you're an ex-smoker—that's great—who cares about other smokers. I am actually the same except I started a lot younger than you did. I was 10 when I started.

I totally sympathize with your cause and I think it's important to get as many people off smoking as possible, period. One thing that is critical about this bill is that responsible government should not leave health to chance for its citizens, and I think you could probably agree with that statement.

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Ms. Marion Burt: Absolutely, yes.

Ms. Sophie Kiwala: But you did say as well that you take it on trust with respect to the suppliers. If there isn't some regulation, then that's not really being responsible as a government, if we don't have that legislation in place. I wonder if you can speak to that. Do you feel that it's important for the government to create legislation that improves the health of citizens?

Ms. Marion Burt: Yes. That's kind of the role of government, to protect its citizens, I think.

Ms. Sophie Kiwala: As an ex-smoker like you, kind of, because you're still vaping—

Ms. Marion Burt: No, I'm not; I'm an ex.

Ms. Sophie Kiwala: But you're still vaping—as an ex-smoker, I feel that this is an important piece of legislation that will reduce the number of smokers. I think that some of the flavours you've talked about are something that will attract children and make them into smokers later. The evidence that we have collected from the Propel

institute, for example—not the hundreds of research reports that have been cited by the opposition, but that’s one in particular that suggests that children will be more encouraged to smoke.

Ms. Marion Burt: I’m sorry. I have not heard of any study that showed any children graduating from PVs to cigarettes. I have not heard of one.

Ms. Sophie Kiwala: Well, we can certainly provide you with that report.

Ms. Marion Burt: I would really love to see it.

Ms. Sophie Kiwala: I think you’ll find it interesting.

Ms. Marion Burt: In fact, the CDC in the United States came out yesterday with a report that vaping has increased among young people, but cigarette smoking among young people is at its lowest point in history.

Ms. Sophie Kiwala: There are some children at my daughter’s high school who vape, and they’ve started with vaping and—

Ms. Marion Burt: And have they gone on to cigarettes?

Ms. Sophie Kiwala: They didn’t start out as smoking cigarettes.

Ms. Marion Burt: But they are not smoking cigarettes now. Why would anybody do that?

Ms. Sophie Kiwala: I don’t know. Your guess is as good as mine. Probably the flavours have something to do with it.

The Chair (Mr. Grant Crack): Thank you very much. I appreciate that. Mr. Hiller from the official opposition.

Mr. Randy Hillier: Before I go into questions, I would maybe—as a point of order, if we could have that study that was referenced deposited with the committee so we could take a look at it.

The Chair (Mr. Grant Crack): Okay. There has been a request from a member of the committee for the report that Ms. Kiwala had made reference to—

Mr. Randy Hillier: —that shows moving from vaping to cigarettes: I’d like to see that one.

Listen, Marion, thank you very much. It’s wonderful to have you here. It’s wonderful to hear your story. I see so many people who have come before this committee who are saying that they’re there to improve people’s health, they’re organizations representing various different health organizations, but who are advocating for restrictions and legislation that would make it more difficult for people, such as yourself and many others, to access tools that are clearly the most effective, for yourself, anyway. It’s great to see that you’ve been off tobacco for a year now, or just about a year. Congratulations. But I would like you to just—the flavours. If only tobacco-flavoured juice was available to you, Marion, do you—and I know this is probably not a fair question or one that that can be 100% determined. If only non-flavoured or tobacco juice—whatever you call it—for your vaporizer was available, do you think your vapor-

izer would have been as effective in weaning you off tobacco?

Ms. Marion Burt: Absolutely not. The flavours—I have lemon, I have strawberry; I have Rice Krispy Treat. The flavours are a great part of the success of these things, of PVs. It just satisfies the taste buds and it satisfies the sensations of satisfaction. That’s the secret there. Also, as far as flavours go, you have to remember that in the juice, there’s no tobacco, so even the tobacco flavour is concocted.

But I will tell you something: When I bought my first PV, I ordered a couple of bottles of juice and I thought, “I’d better be safe. I’d better get tobacco just in case,” and I also got some fruit. I started the fruit and oh, it was so good. About five weeks later, I thought, “I’ll try the tobacco.” Do you know, it was like vaping dirty socks. It was just horrible. This is why I don’t know how anybody could go from these to cigarettes.

Mr. Randy Hillier: Right, right. That’s interesting. If you, for example, only had tobacco flavour to start with—

Ms. Marion Burt: Then probably I would keep vaping it, yes. That’s all I knew—

Mr. Randy Hillier: Or you would have thrown out the dirty socks and gone for the real cigarettes.

Ms. Marion Burt: Sure. If it doesn’t taste good, I’m not going to vape it.

The other thing that might happen is that, because all the ingredients of the juice are approved by Health Canada and are easily available, people will just mix their own.

Mr. Randy Hillier: This is one thing that I think is important. I think there is a value in this legislation if the government was looking at regulating the juice. The member from Kingston and the Islands referenced that. If this was actually making sure that the juice was to a particular standard, yes, I’d be in favour of that.

Ms. Marion Burt: I would be in favour of that too.

Mr. Randy Hillier: I think that would be a valuable course of action for the province to undertake, other than trying to prevent you from actually getting off tobacco.

Thank you very much, Marion; it was a pleasure to hear you today.

Ms. Marion Burt: Thank you very much for listening to me.

The Chair (Mr. Grant Crack): Thank you. We appreciated your comments this afternoon.

That concludes the delegations, presenters, for this afternoon. Tomorrow, we will reconvene at 4 p.m. in this room.

I thank all the members and staff, Hansard, the Clerks’ office and legislative research for all the hard work that you continually do on our behalf. Thank you very much. Have a great evening.

This meeting is adjourned.

The committee adjourned at 1747.

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