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Premier Jason Kenny, Minister of Health, Tyler Shandro  
And to all: Members of the Legislative Assembly of Alberta c/o  
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c/o Email: [Premier@gov.ab.ca](mailto:Premier@gov.ab.ca)

Ms. Rachel Notley, Leader of the Opposition  
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Cc. Dr. Deena Hinshaw, Chief Medical Officer of Health for Alberta  
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Dear Premier Kenney, Minister Shandro, Ms. Notley, Mr. Nixon and all other Members of the  
Legislative Assembly of Alberta,

Thank you very much for recognizing that vaping is a serious problem for Alberta children and  
youth, for requiring age verification and restricting advertising. We were dismayed to learn that  
the Government did not take the opportunity in Second Reading to amend Bill 19 to make vaping  
less dangerous.

We write to correct possible misapprehensions. **You have been told that vaping decreases the  
risks of smoking, but that argument is not sound.**

**1. Adults: vaping products as smoking quitting devices**

There is no convincing evidence that vaping reduces smoking in adults.

First, no vaping product has been approved as a smoking cessation aid [because there is lack of  
evidence for their long-term effect](#). Second, it is odd to think that vaping is a good tool to reduce  
nicotine dependence because it is a consumer product that [has not been demonstrated to be, or](#)

[approved as](#), a smoking cessation device. Vape manufacturers are not health promoters. Third, a systematic review published in [The Lancet, Respiratory Medicine](#), reported that the odds of quitting cigarettes were 28% **lower** in those who used e-cigarettes compared with those who did not use e-cigarettes (odds ratio [OR] 0.72, 95% CI 0.57–0.91). The review [concluded](#), “As currently being used, e-cigarettes are associated with significantly less quitting among smokers.” Fourth, reviewing all relevant studies then published, for the [US Annual Review of Public Health](#), tobacco researchers, Stanton A. Glantz and David W. Bareham summarized the data in this way:

These results suggest that e-cigarettes are contributing to the tobacco epidemic by attracting smokers who are interested in quitting but reducing the likelihood of those smokers to quit successfully.

In other words, **vaping does not lead to quitting smoking**. Vaping does not reduce nicotine addiction.

Indeed an engineer who worked with the JUUL development team, [is quoted by the New York Times as saying](#), “We don’t think a lot about addiction here because we’re not trying to design a cessation product at all.”

## **2. Children and Youth: vaping products as smoking quitting devices**

Vaping **increases** the likelihood that children and youth will smoke.

Children are not born vaping but [the vaping industry encourages them to start](#). Children and youth are directly targeted by tobacco and vaping industry to encourage them to vape. As a review article in [Pediatrics](#) noted, “The ubiquitous marketing, promotion, and sales of e-cigarettes have been effective, with dramatic increases in youth e-cigarette use.”

Once children and youth become addicted to nicotine through vaping, then they often switch to a less-expensive nicotine delivery device, combustible cigarettes (i.e. they start smoking). A young person who would otherwise be at low risk of starting to smoke cigarettes, [has an 8.5 times greater the odds of becoming a smoker](#) if he or she starts to vape. Moreover, a 2018 National Academy of Sciences review found moderate evidence that [vaping “increases the frequency and intensity”](#) of subsequent cigarette smoking.

## **3. Harms of vaping**

The vaping industry would like you to believe that vaping is not as harmful as smoking. We do not know the long-term effects of vaping because the practice is relatively new, especially the nicotine salt preparation patented by JUUL in 2015. Some of the [known harms of vaping nicotine-based products](#) have been widely reported. Nicotine has long been known to have serious adverse effects to virtually every organ system, but can result in specific harm to lungs when inhaled. [Recent studies](#) have revealed vaping liquid to have potentially [toxic effects](#) in human cells. A [2019 longitudinal analysis](#) examined the association of chronic respiratory disease (chronic obstructive pulmonary disease, chronic bronchitis, emphysema, or asthma) with e-

cigarette use and concluded that “Use of e-cigarettes is an independent risk factor for respiratory disease in addition to combustible tobacco smoking.”

In other words, **vaping is harmful.**

## Conclusion

For these reasons, we join others in asking you to make vaping products less addictive and less attractive to children and youth. Specifically, we ask you to:

1. **Reduce the nicotine concentration levels from 66 mg/mL to 20 mg/mL.** Such a reduction would align Alberta with Nova Scotia and the European Union and probably soon British Columbia and Ontario.

Reason: Because of their very [high concentrations of nicotine](#), vaping devices currently [addict children and youth in a very short period](#).

2. Align Alberta’s treatment of vaping flavours with its treatment of cigarette and other tobacco product flavours. **Ban all flavours but tobacco.**

Reason: This strategy will help prevent children and youth from having a [gentle first experience of vaping, being deceived by the candy or mint flavours](#) into thinking that vaping is not harmful and [vaping more, as flavours cause them to do](#). Moreover, banning flavours will likely help adults move toward cessation of nicotine use.

Please amend Bill 19. There is no convincing evidence that vaping reduces smoking in adults. Vaping introduces children and youth to smoking. Vaping is harmful to adults, children and youth.

Thank you for serving Albertans and Alberta.

Yours sincerely,



W. Ward Flemons MD FRCPC, Professor and Section Head, Respiratory Medicine, Department of Medicine, University of Calgary

*On behalf of those whose names and qualifications appear below (n=67):*

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