## IMPROVING MEASURES TO REDUCE AND PREVENT COMMERCIAL TOBACCO USE AND YOUTH VAPING IN MANITOBA









Commercial Tobacco use remains the leading preventable cause of disease and death in Manitoba with 1,525 Manitobans dying from commercial tobacco-related disease each year.<sup>1</sup> For every premature death caused by smoking each year, at least 20 people who smoke live with a serious smoking-related illness.<sup>2</sup> This is 30,500 residents who are currently suffering adverse health outcomes from commercial tobacco use in Manitoba. 12% of people use tobacco in Manitoba<sup>3</sup> and approximately 85,000 Manitoba youth use commercial tobacco.<sup>4</sup> Manitoba is also facing a new epidemic of youth vaping with 26% of Manitoba kids in grades 10-12 and 7% in grades 7-9 using vaping products and risking nicotine addiction and potential commercial tobacco use.<sup>5</sup> Youth who vape are two to three times more likely to start smoking.<sup>6,7,8</sup> As a result, commercial tobacco use and youth vaping places an enormous burden on the quality of life, economy, and healthcare system in Manitoba. These impacts and outcomes are 100% preventable.

The Manitoba Tobacco Reduction Alliance, Heart & Stroke, the Lung Association, Manitoba, the Canadian Cancer Society, and Pharmacists Manitoba recommend the following best practice, evidence-informed approaches aimed at protecting and improving the health of all people living in Manitoba.

## Raise the minimum age of purchase for commercial tobacco and vaping products to age 21.

Most people who use commercial tobacco start and become addicted to nicotine when they are teenagers.<sup>9,10</sup> Youth vaping is a very serious public health issue and is considered an epidemic<sup>11</sup> with 26% of Manitoba kids in grades 10-12 and 7% in grades 7-9 using vaping products and risking nicotine addiction and potential commercial tobacco use.<sup>12</sup> Vaping is most common among younger people than older adults in Canada.<sup>13</sup>

Youth generally obtain their commercial tobacco and vaping products through retail and social sources.<sup>14</sup> Given that there are few 21-year-olds in high school, raising the minimum purchase age to 21 would help prevent most students from buying commercial tobacco and vaping products for their peers and will decrease the influence that friends with access to commercial tobacco and vaping products have on their underage friends.<sup>15</sup> Evidence indicates that an increase in the minimum purchase age to 21 would reduce smoking among youth ages 15–17 by 25%, and among youth 18-19 by 15%.<sup>16</sup>

In Canada, PEI prohibits the sale of commercial tobacco and vaping products to youth under the age of 21. The minimum age to purchase commercial tobacco and vaping products in the United States is also age 21.

Recent polling completed by Heart & Stroke in Manitoba showed strong public support for restricting the sale of vaping products among those under the age of 21 with 88% overall support by respondents. Of the 88% support from Manitobans, 68% strongly supported the measure.<sup>17</sup>

More approaches are needed to respond to the youth vaping crisis and to prevent youth from smoking and increasing the minimum purchase age to 21 is an effective measure to do so.

## 2) Prohibit the sale of flavored vaping products, except for tobacco-flavoured products.

Youth vaping is considered an epidemic<sup>18</sup> and the main driver of the epidemic is flavoured vaping products.<sup>19</sup> Flavoured vaping products encourage youth to start and continue to use vaping products. Evidence clearly shows the availability of flavours increases vaping product initiation, use, frequency, and intensity of use among young people.<sup>20,21,22,23,24,25</sup> Almost all youth who try and continue to use vaping products do so because of flavours.<sup>26,27</sup> Adolescents are more likely than adults to prefer non-traditional, sweet flavours such as fruit, candy and dessert flavours.<sup>28,29,30,31,32</sup> The availability and promotion of flavoured vaping products is one of the most frequently cited reasons for vaping by youth and young adults<sup>33,34,35</sup> and the vast majority of young people report initiating vaping with flavours other than tobacco flavour.<sup>36,37,38,39</sup>

People who use vaping products have a greater risk of developing respiratory illness.<sup>40</sup> However, the main risk of vaping particularly among youth is nicotine addiction. Nicotine is an extremely addictive substance<sup>41</sup> making vaping products dangerously addictive. Nicotine negatively affects adolescent brain development, impacting mood, memory, and impulse control.<sup>42</sup> This is a profoundly serious public health issue as youth who use vaping products are two to three times more likely to start smoking cigarettes.<sup>43,44,45</sup>

A growing number of Canadian jurisdictions have banned flavoured vaping products in an effort to curb youth vaping including New Brunswick, Nova Scotia, PEI, Quebec, the Northwest Territories and Nunavut.

Given the compelling evidence showing the link between the appeal and availability of flavours and the initiation and continued use of vaping products among youth, a comprehensive flavour ban (except for tobacco flavour) is key to preventing and reducing youth vaping. Permitting tobacco flavour allows for adult choice in vaping products.

## 3) Implement a compulsory cost recovery mechanism on tobacco manufacturers to fully fund Manitoba's commercial tobacco and youth vaping prevention and reduction efforts.

The efforts to prevent and reduce commercial tobacco use and youth vaping in Manitoba are funded by taxpayers rather than the out-of-province corporations that are contributing to the burden of commercial tobacco use and youth vaping in Manitoba. Commercial tobacco companies should be required to pay annual fees to sell their products in Manitoba and the revenue should be used to fully fund commercial tobacco and youth vaping prevention and reduction efforts.

A commercial tobacco manufacturer cost recovery fee reflects the 'polluter pays' principle. Many Manitoba businesses are required to pay for the clean-up costs resulting from their harmful and negligent activities—whether the damage is deliberate or not. Examples of this includes natural resource companies who are required to pay for the mitigation of environmental damage and emissions resulting from mining, extraction and refining as well as transportation companies who are required to pay for the clean-up costs resulting from collisions, derailments, and chemical spills.

This fee is similar to the U.S. Food and Drug Administration commercial tobacco manufacturers fee<sup>46</sup> which recovers US \$712 million annually and is applied to national commercial tobacco control efforts. This form of fee is also similar to the federal annual cannabis regulatory fee and provincial cannabis manufacturer fees in Quebec and New Brunswick. The federal minister of Mental Health and Addictions has been instructed to develop a cost-recovery mechanism that requires commercial tobacco companies to cover the cost of the federal commercial tobacco reduction strategy.<sup>47</sup>

The commercial tobacco industry has caused the commercial tobacco epidemic and has played a role in the youth vaping crisis and should be held accountable for mitigation costs. An annual cost recovery fee would complement the province's lawsuit against commercial tobacco companies to recover healthcare costs, which reimburses for historic treatment costs associated with commercial tobacco use, not current mitigation.

A fee on commercial tobacco company market share or revenue in Manitoba could fund government commercial tobacco and youth vaping prevention and reduction programming. By implementing this fee, the Manitoba government would be demonstrating fiscal responsibility and would reinforce its commitment to curbing commercial tobacco use and youth vaping by creating sustainable funding for prevention and reduction as well as nicotine cessation programming.

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<sup>1.</sup> Canadian Centre on Substance Use and Addiction and the Canadian Institute for Substance Use Research. (2023). Canadian Substance Use Costs and Harms (Version 3.0.0) [online data visualization tool]. Available from <a href="https://csuch.ca/explore-the-data/">https://csuch.ca/explore-the-data/</a>

<sup>2.</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. 2004 http://www.ncbi.nlm.nih.gov/pubmed/20669512

<sup>3.</sup> Health Canada. Canadian Tobacco and Nicotine Survey, 2021. Government of Canada. Available from: https://www.canada.ca/en/health-canada/services/canadian-tobacconicotine-survey/2021-summary/2021-detailed-tables.html#tbl2

<sup>4.</sup> Health Canada. Canadian Student Tobacco, Alcohol, and Drugs Survey 2021-2022. Available from: https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-detailed-tables.html

<sup>5.</sup> Health Canada. Canadian Student Tobacco, Alcohol, and Drugs Survey 2021-2022. Available from: https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-detailed-tables.html

<sup>6.</sup> Jones K, Salzman GA. The Vaping Epidemic in Adolescents. Mo Med. 2020 Jan-Feb;117(1):56-58. PMID: 32158051; PMCID: PMC7023954.

<sup>7.</sup> Owotomo O, Stritze IH, McCabe SE, etal. Smoking Intention and Progression From E-Cigarette Use to CigaretteSmoking.Pediatrics.2020;146(6):e2020002881

<sup>8.</sup> Barrington-Trimis, Jessica L., et al. (2018). "E-cigarette use and subsequent smoking frequency among adolescents." Pediatrics 142.6

<sup>9.</sup> U.S. Department of Health and Human Services. <u>The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General</u>. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>10.</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

<sup>11.</sup> United States Surgeon General. Surgeon General's Advisory on E-cigarette Use Among Youth. December 2018. <u>https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf</u>

12. Health Canada. Canadian Student Tobacco, Alcohol, and Drugs Survey 2021-2022. Available from: https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-detailed-tables.html

13. Statistics Canada. Correlates of vaping among adolescents in Canada. Government of Canada. Available from: https://www150.statcan.gc.ca/n1/pub/82-003-x/2022007/article/00003-eng.htm

14. Reid JL, Hammond D, Rynard VL, Madill CL, Burkhalter R. Tobacco Use in Canada: Patterns and Trends, 2017 Edition. Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo.

15. Jessica L. Reid, Robin Burkhalter, Karin Kasza, Young Sik Seo, Katherine East, Andrew Hyland, David Hammond,

Minimum legal age laws and perceived access to cigarettes, e-cigarettes, and other substances among youth in Canada, England, and the United States: 2017-2021, International Journal of Drug Policy, Volume 115, 2023, 104003, Available from: https://doi.org/10.1016/j.drugpo.2023.104003.

16. Bonnie RJ, Stratton K, Kwan LY, Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products, Institute of Medicine (U.S.),

editors. Public health implications of raising the minimum age of legal access to tobacco products. Washington, D.C. The National Academies Press; 2015. 378 p.

17. 2023 Manitoba Vaping Campaign Polling Results. Prepared for Heart & Stroke Foundation – Pollara; January 2023.

18. United States Surgeon General. Surgeon General's Advisory on E-cigarette Use Among Youth. December 2018. <u>https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf</u>

19. King BA. Flavors Are a Major Driver of the Youth E-Cigarette Epidemic. Am J Public Health. 2020 Jun;110(6):773-774. doi: 10.2105/AJPH.2020.305670. Erratum in: Am J Public Health. 2021 Feb;111(2):e6. PMID: 32374696; PMCID: PMC7204467.

20. Harrell, M.B. Weaver, S.R., Loukas, A., Creamer, M., Marti, C.N. et al. (2017). Flavored e-cigarette use: Characterizing youth, young adult, and adult users. Preventive Medicine Reports 5 (2017) 33–40.

21. Villanti, A.C., Johnson, A.L., Glasser, A.M., Rose, S.W., Ambrose, B.K. et al. (2019). Association of flavored tobacco use with tobacco initiation and subsequent use among US youth and adults, 2013–2015. JAMA Network Open, 2019;2(10):e1913804.

22. Leventhal, A.M., Goldenson, N.I., Cho, J., Kirkpatrick, M.G., McConnell, R.S., et al. (2019). Flavored e-cigarette use and progression of vaping in adolescents. Pediatrics. 2019;144(5):e20190789

23. Morean, M.E., Butler, E.R., Bold, K.W., Kong, G., Camenga, D.R., Cavallo, D.A., et al. (2018). Preferring more e-cigarette flavors is associated with e-cigarette use frequency among adolescents but not adults. PLoS ONE 13(1): e0189015. doi.org/10.1371/journal.pone.0189015

24. Meernik C, Baker HM, Kowitt SD, Ranney, L.M., & Goldstein, A.O. (2019). Impact of non-menthol flavours in e-cigarettes on perceptions and use: an updated systematic review. BMJ Open 2019;9:e031598

25. Goldenson, N.I., Leventhal, A.M., Simpson, K.A., & Barrington-Trimis, J.L. (2019). A review of the use and appeal of flavored electronic cigarettes. Curr Addict Rep. 2019;6(2):98–113 26. SCHEER (Scientific Committee on Health, Environmental and Emerging Risks), Scientific Opinion on electronic cigarettes, 16 April 2021.

27. Mehra, Vrati M., et al. (2019). "The association between alcohol, marijuana, illegal drug use and current use of E-cigarette among youth and young adults in Canada: results from Canadian Tobacco, Alcohol and Drugs Survey 2017." BMC public health 19.1 (2019): 1208.

28. Soneji, Samir S., et al. (2018). "Quantifying population-level health benefits and harms of e-cigarette use in the United States." PloS one 13.3 (2018): e0193328.

29. Morean, M.E., Butler, E.R., Bold, K.W., Kong, G., Camenga, D.R., Cavallo, D.A., et al. (2018). Preferring more e-cigarette flavors is associated with e-cigarette use frequency among adolescents but not adults. PLoS ONE 13(1): e0189015. doi.org/10.1371/journal.pone.0189015

30. Zare, S., Nemati, M., & Zheng, Y. (2018). A systematic review of consumer preference for e-cigarette attributes: Flavor, nicotine strength, and type. PLoS One. 13(3): e0194145. doi: 10.1371/journal.pone.0194145

31. Gravely, S., Cummings, K.M., Hammond, D., Lindblom, E., Smith, D.M. et.al. (2020). The association of e-cigarette flavors with satisfaction, enjoyment, and trying to quit or stay abstinent from smoking among regular adult vapers from Canada and the United States: Findings from the 2018 ITC four country smoking and vaping survey. Nicotine & Tobacco Research, 2020, 1-11. doi.org/10.1093/ntr/ntaa095

32. Schneller, L.M., Bansal-Travers, M., Goniewicz, M.L., McIntosh, S., Ossip, D., & O'Connor, R.J. (2019). Use of flavored e-cigarettes and the type of e-cigarette devices used among adults and youth in the US—Results from wave 3 of the Population Assessment of Tobacco and Health Study (2015–2016). International Journal of Environmental Research and Public Health, 2019, 16, 2991. doi:10.3390/ijerph16162991

33. Schneller, L.M., Bansal-Travers, M., Goniewicz, M.L., McIntosh, S., Ossip, D., & O'Connor, R.J. (2019). Use of flavored e-cigarettes and the type of e-cigarette devices used among adults and youth in the US—Results from wave 3 of the Population Assessment of Tobacco and Health Study (2015–2016). International Journal of Environmental Research and Public Health, 2019. 16, 2991. doi:10.3390/iieroh16162991

34. Abadi, M. H., Lipperman-Kreda, S., Shamblen, S. R., Thompson, K., Grube, J. W., Leventhal, A. M., ... & Aramburu, C. (2021). The impact of flavored ENDS use among adolescents on daily use occasions and number of puffs, and next day intentions and willingness to vape. Addictive Behaviors, 114, 106773. https://doi.org/10.1016/j.addbeh.2020.106773

35. SCHEER (Scientific Committee on Health, Environmental and Emerging Risks), Scientific Opinion on electronic cigarettes, 16 April 2021.

36. Harrell, M.B. Weaver, S.R., Loukas, A., Creamer, M., Marti, C.N. et al. (2017). Flavored e-cigarette use: Characterizing youth, young adult, and adult users. Preventive Medicine Reports 5 (2017) 33–40.

37. Villanti, A.C., Johnson, A.L., Glasser, A.M., Rose, S.W., Ambrose, B.K. et al. (2019). Association of flavored tobacco use with tobacco initiation and subsequent use among US youth and adults, 2013–2015. JAMA Network Open, 2019;2(10):e1913804.

38. Zare, S., Nemati, M., & Zheng, Y. (2018). A systematic review of consumer preference for e-cigarette attributes: Flavor, nicotine strength, and type. PLoS One. 13(3): e0194145. doi: 10.1371/journal.pone.0194145

39. Al-Hamdani, M., Hopkins, D.B., & Davidson, M. (2020). 2020 Youth and Young Adult Vaping Project. Available from https://www.heartandstroke.ca/-/media/pdf-files/what-

we-do/news/yyav-full-report-2020-11-03.ashx?rev=2f4d3f02236f4a5fb6aac613b334a079

40. Bhatta, D., Glantz, S. Association of E-Cigarette Use with Respiratory Disease Among Adults: A Longitudinal Analysis. Am J Prev Med 2020;58(2):182–190.

41. Walley, Susan C., et al. "A public health crisis: Electronic cigarettes, vape, JUUL.". *Pediatrics*. Vol. 143, no. 6, 2019, pp. e20182741; DOI: https://doi.org/10.1542/peds.2018-2741 42. Siqueira, Lorena M., and Committee on Substance use on prevention. "Nicotine and Tobacco as Substances of Abuse in Children and Adolescents." *Pediatrics*, vol. 139, no. 1, 2017, pp. e20163436.

43. Jones K, Salzman GA. The Vaping Epidemic in Adolescents. Mo Med. 2020 Jan-Feb;117(1):56-58. PMID: 32158051; PMCID: PMC7023954.

44. Owotomo O, Stritze IH, McCabe SE, etal. Smoking Intention and Progression From E-Cigarette Use to CigaretteSmoking.Pediatrics.2020;146(6):e2020002881

45. Barrington-Trimis, Jessica L., et al. (2018). "E-cigarette use and subsequent smoking frequency among adolescents." Pediatrics 142.6

46. U.S. Food & Drug Administration. Tobacco User Fees. https://www.fda.gov/tobacco-products/manufacturing/tobacco-user-fees

47. Office of the Prime Minister of Canada. Minister of Mental Health and Addiction and Association Minister of Health Mandate Letter. December 2021. Available from: https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-mental-health-and-addictions-and-associate-minister-health