

Protecting the Next Generation from Tobacco Products and Nicotine Addiction

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Canadian Federation
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BACKGROUND

Almost 5 million Canadians, or over 17% of the population, are smokers. Alarming, the age group that represents the highest prevalence of current smokers is young adults. In 2011, those between the ages of 25-34 were most likely to smoke, followed by those aged 20-24. Although prevalence appears to be dropping, the rate at which it is declining has reduced in recent years.^{1,2}

There are many reasons for increasing anti-smoking initiatives, including commonly cited health concerns such as disability and premature death. In addition, economic issues are also of concern – losses in productivity due to smoking breaks and absenteeism due to sickness associated with smoking have potential to influence economic costs.³ It was estimated in 2010 that the cost of smoking reached \$11.4 billion dollars in Canada.³

Of specific concern is the marketing of cigarillos, smokeless tobacco, and other tobacco products to youth, used to entice lifelong customers. Emerging products that are marketed as an alternative to smoking, including e-cigarettes with and without nicotine, may also be marketed to young people and may increase their likelihood of starting to smoke cigarettes. The tobacco industry recognizes adolescents as being essential to their market and targets them directly through marketing. Such marketing has also contributed to the incorrect perception among some young people that cigarillos are less harmful than regular cigarettes.⁴

There is room for changes to be made in legislation, public places, schools and workplaces to decrease rates of youth smoking. A greater emphasis and involvement by medical students in community tobacco-free programs and research would also be a positive step toward change. The aim of this policy paper is to provide guidance and direction for the CFMS and its members while advocating for tobacco-free policies.

TOBACCO-FREE PLACES

Smoking regulation has been developed at multiple levels of government. Surveys have shown strong support for regulation that restricts where smoking is permitted in each province and territory.⁵ Regulations vary across the country and some are more comprehensive than others (**Appendix 1**).

Municipal governments are also given the opportunity to regulate smoking more strictly in their jurisdictions (**Appendix 1**). The goal of these policies is to reduce exposure to tobacco smoke and “denormalize” tobacco use to reduce the number of young people beginning this addictive and deadly habit.

“Post-secondary students are the youngest legal targets of tobacco marketing, and tobacco of all forms remains the most widely used lethal substance on campuses, affecting both smokers and non-smokers.”⁶ Students are less likely to smoke if they attend a school that prohibits smoking as part of a comprehensive tobacco policy and if they perceive tobacco policies to be well-enforced.⁷ Many hospital properties are 100% smoke-free, but many campuses, *in particular medical schools*, where

students study (often steps away from the hospital) are not. This means that patients and students may be protected from second-hand smoke on hospital properties, but they are not when steps away on their own campuses.⁸ Currently, Dalhousie University prohibits smoking on campus and Wilfred Laurier enforces restrictions on tobacco sale displays in retail settings on campus. Other campuses across the country have policies regarding tobacco, but more needs to be done to create and reinforce comprehensive tobacco-free policies on campuses.

TOBACCO ADVERTISING

A considerable amount of research, conducted by the tobacco industry on young people, has identified the importance of product innovation, pricing, packaging and indirect advertising to ensure the successful marketing of their products.^{9,10,11}

While the tobacco industry maintains that tobacco promotion is used exclusively to maintain and expand market shares of adult consumers, evidence demonstrates that adolescents are also influenced to start smoking by such campaigns.^{12,13} Internal tobacco industry documents that have been made public reveal that tobacco manufacturers are aware that young people are vital to their market and emphasize the need to advertise their products to them in order to promote future generations of smokers.¹⁴ Direct advertising to adolescents, however, has become increasingly difficult in Canada due to stricter regulations on the promotion of tobacco products which are enforced by the Canadian Tobacco Act. This industry has therefore had to develop new strategies to target young people in order to recruit new customers.

Packaging of tobacco products in an attractive and youthful manner creates the impression that they are less dangerous and makes them more youth-friendly. Indirect advertising includes the promotion of tobacco products through various forms of entertainment media, such as films and television.¹⁰

FLAVOURED TOBACCO PRODUCTS

The use of flavoured tobacco often makes tobacco products more palatable and attractive to new customers.¹⁵ Product innovation of tobacco products includes the use of flavour additives in order to make smoking more appealing and palatable, as this has been shown to increase experimentation, especially amongst adolescents.¹⁶ According to a 2014 study published in “Preventing Chronic Disease,” more than half of tobacco users in grades 9 to 12 use flavoured tobacco despite a national ban on particular flavoured tobacco products. The World Health Organization’s Framework Convention on Tobacco Control states that sweet-flavoured cigarettes fall into the category of products likely to create a false impression that the product is less harmful than other tobacco products.¹⁵

Tobacco companies have used menthol for at least five decades to reduce the harshness of cigarette smoke.¹⁵ Young people who start smoking menthol-flavoured cigarettes are at greater risk of progression to regular smoking and to nicotine dependence than youth who start smoking regular cigarettes.¹⁵ In Canada, menthol flavouring was explicitly excluded from Bill C-32 yet menthol flavouring, in particular, increases uptake of tobacco products among youth.¹⁵ There is a high

prevalence of menthol cigarette use among young smokers in Canada.¹⁵ In this study, 32% of young smokers in Canada reported smoking menthol cigarettes in the last 30 days.¹⁵

CIGARILLOS

A cigarillo is a product composed of tobacco wrapped in tobacco leaves, as opposed to a cigarette, which is wrapped in paper. Cigarillos generally weigh between 1.5 and 3.0 g, and are sometimes referred to as “little cigars.”¹⁷ Cigarillos have gained a staggering popularity in Canada where sales soared from 50 000 cigarillos in 2001 to 80 million in 2006.¹⁸

Cigarillos appeal to younger generations due to their flashy and fun packaging, their availability in numerous candy and fruit flavours, their lack of proper (or sometimes, any) health risk warnings and their affordability. In fact, the Global Tobacco Control Forum reported that “a package of 4 Twinkle cigarillos costs \$2, compared with a minimum price for a package of cigarettes of \$5.50.”¹⁹

A recent study of the harm perception of various tobacco products in college students found that 17.4% of respondents believed cigarillos were less

harmful than cigarettes.⁴ A Health Canada study reports that cigarillos deliver higher levels of toxicants than cigarettes²⁰ and furthermore, the Canadian Cancer Society highlights that cigarillos contain several times more tobacco than cigarettes.²¹

SMOKELESS TOBACCO

In a longitudinal market trend study, flavour was determined to be one of the most influential characteristics driving the growth in smokeless tobacco sales and accounted for 59.4% of the total

There are two basic forms of smokeless tobacco: chewing tobacco and snuff.²² Chewing tobacco generally comes as long strands of loose leaves and wads are placed between the cheek and gum, resulting in tobacco absorption.²² Snuff is finely ground tobacco packaged in cans or pouches and a “pinch” is generally placed between the lower lip or cheek and gum for absorption.²² Harmful effects of smokeless tobacco include mouth, tongue, cheek, gum and throat cancer, esophageal cancer, stomach cancer, pancreatic cancer, nicotine addiction, receding gums, tooth decay and stained teeth.²² Another form of smokeless tobacco is snus. Snus is usually packaged in small pouches and may lead to a higher risk of pancreatic cancer and mouth cancer in users.²²

growth in moist snuff sales from 2005-2011.¹⁵ One study found that of students who reported using smokeless tobacco in the last 30 days, 70% reported using flavoured smokeless tobacco.¹⁵

Exposure to pro-tobacco advertisements significantly increased the likelihood of experimenting with snus and e-cigarettes.²³ Research has shown that adolescents who use products that are advertised as lower risk than cigarettes, including e-cigarettes, are also more likely to smoke cigarettes, use chewing tobacco or dip.²³ Exposure to pro-tobacco advertisements from several sources is associated with experimentation of tobacco products among adolescents.²³ Young people are using snus and e-

cigarettes because of social influences associated with these products as a result of advertisements, and not for harm reduction purposes.²³

E-CIGARETTES

Little Canadian evidence regarding e-cigarettes is currently available. However, e-cigarette advertising in the United States has been targeted at a broad audience including 24 million youth.²⁵ Between 2011 and 2013, youth exposure to television e-cigarette advertisements increased by 256% in the United States while young adult exposure increased 321% in the same time period.²⁵ If current trends in e-cigarette television advertising continue, awareness and use of e-cigarettes are likely to increase among youth and young adults.²⁵

A rise in e-cigarette use among youth poses several concerns including that it may lead to future tobacco use, undermine social norms about

tobacco and delay cessation among cigarette smokers.²⁵ Effects of tobacco-free spaces policy that aim to de-normalize and reduce tobacco use may also be undermined by e-cigarette use.²⁵ In March 2014, a study of e-cigarettes and conventional cigarette use among US adolescents concluded that e-cigarette use is rising rapidly among adolescents and remains largely unregulated. It found that among cigarette experimenters, e-cigarette use was associated with higher odds of ever smoking cigarettes, current cigarette smoking, and lower odds of abstinence from conventional cigarettes.²⁶ Use of e-cigarettes did not discourage, and may in fact, encourage conventional cigarette use among US adolescents.²⁶

The Canadian Medical Association (CMA) recently issued a policy paper that stated, “in the absence of solid evidence of harms or benefits, electronic cigarettes containing nicotine should not be authorized for sale in Canada.”²⁷ In addition, the CMA also recommended a ban of all e-cigarettes to Canadians younger than the minimum age for tobacco consumption.²⁷

E-cigarettes emit vapour (not smoke), and contain solutions that typically contain propylene glycol or glycerol and may contain nicotine, flavours and additives.²⁴ No combustion takes place with these devices and they do not contain tobacco.²⁴ In Canada, e-cigarettes containing nicotine are prohibited but they are still widely available, especially through the internet.²⁴ The first published evidence of e-cigarette use among Canadian youth and young adults shows that one fifth of this population surveyed reported trying e-cigarettes including both smokers and non-smokers.²⁴

PRINCIPLES

- 1. Youth and young adults should not be targeted with tobacco advertising and products.**
- 2. All Canadian citizens should have access to tobacco-free public places, campuses and workplaces that do not expose them to second-hand smoke.**

- 3. Cigarillos, flavoured tobacco, and smokeless tobacco are not safe alternatives to cigarettes.**
- 4. E-cigarettes are relatively new devices. Little is known about their long-term safety.**

RECOMMENDATIONS

1. Legislate a ban flavoured tobacco products in Canada

Tobacco companies should be prevented from using flavourings given that flavour additives make smoking more appealing and palatable and this, in turn, increases experimentation amongst adolescents. An increasing number of jurisdictions have restricted the use of flavours in tobacco products. In 2010, Canada's Bill C-32 went into effect, prohibiting the sale of cigarettes, little cigars and cigarillos, and blunt wraps that weigh less than 1.4 g and that contain certain additives, including most flavouring agents (excluding menthol); the bill also prohibits the sale of these products in units fewer than 20 items.¹⁵ Bill C-32 did not cover all tobacco product including smokeless tobacco and hookah. In many cases, manufacturers increased the weight of their products to more than 1.4 g to avoid the law's requirements. These "new" products, which look identical to the old products, continue to contain added flavours."¹⁵

2. Increase education of medical students on tobacco products and tobacco cessation.

Medical students across Canada learn the basic clinical skills and history taking during their first years of medical training. The CFMS recommends that an education module be developed for the purpose of educating medical students about the health effects of all tobacco products including cigarillos and the high prevalence of their use in Canadian youth. It is also recommended that medical students be taught to routinely ask about tobacco use and not just use of cigarettes **and advise these patients to quit.**

3. Implement tobacco-free campus policies aimed at reducing tobacco use and exposure among students.

A comprehensive policy may include: smoke-free and tobacco-free residences, outdoor designated smoking areas or if feasible, a 100% smoke and tobacco-free campus, the provision and promotion of cessation resources and services to all students, faculty and campus staff, a ban on tobacco advertising and sales on campuses, a ban on tobacco industry funding for research projects, grants, student scholarships and any other arrangement or association, and the divestment of tobacco industry stock by the educational institution.⁶

4. Increase tobacco-free policies in parks, recreational facilities, indoors and other public areas.

Comprehensive legislation is needed to reduce young people's exposure to tobacco and nicotine products on outdoor fields and recreational facilities.

CONCLUSION

The prevention of chronic disease has been identified as a priority to medical students from across Canada. Since tobacco use and nicotine addiction are associated with a variety of negative health outcomes, including chronic disease, all measures should be taken to reduce levels of tobacco use among young people and the general population. The vast majority of smokers begin their smoking careers as teenagers. This is recognized by the tobacco industry and has resulted in the development of targeted marketing of tobacco products towards young people as demonstrated by cigarillos, smokeless tobacco and flavoured tobacco products. Therefore, actions to promote stricter regulations on the promotion of flavoured tobacco products should be made a priority for tobacco control efforts in order to protect youth from this influence and prevent the development of future generations of smokers. Medical students have the potential to play a vital role in this process by advocating for political change and increasing awareness.

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APPENDIX 1: Examples of legislation

Examples of municipal legislation:

The municipality of Wellington-Dufferin-Guelph in Ontario is in fact considering doing so, by prohibiting smoking in all outdoor public spaces owned by the municipality.²⁸ Motorways and sidewalks would be exempt in accordance with the Municipal Act, but spaces like bus stops, parks, and restaurant patios would be included.²⁸ This movement is supported by Wellington-Dufferin-Guelph Public Health, and it appears by the public of this jurisdiction, as illustrated by a recent public survey conducted by Wellington-Dufferin-Guelph Public Health.²⁸ In Victoria, B.C., smoking will be prohibited in all public outdoor spaces, and it is already banned in indoor spaces.²⁹ This means the only legal places to smoke would be privately owned property or vehicles, and this is a concern for some people – so much that city councillors are now considering creating designated outdoor spaces for smoking.²⁹ Hamilton and Oakville have smoking bans in effect in all municipal parks, and Burlington will be following suit –although there will be some parks with designated smoking areas.³⁰

Examples of provincial legislation:

Smoking is prohibited in public areas and/or workplaces in many provinces and territories, including the Yukon, Ontario, Nunavut, Nova Scotia, the Northwest Territories, New Brunswick, Manitoba, British Columbia, and Alberta.³¹⁻³³ Saskatchewan allows smoking in open-air workplaces, prohibiting it only in enclosed workplaces, while the aforementioned regions prohibit smoking in all workplaces regardless of layout or design.³² Prince Edward Island allows smoking in restaurants, but in separate, ventilated designated rooms, in which food is not served. Newfoundland and Labrador allows smoking in designated rooms in private workplaces³². Manitoba intends to move toward a more comprehensive approach, by banning the sale of flavoured cigarettes altogether, in an effort to prevent youth from starting the habit.³⁴ Some regions also prohibit smoking in vehicles when a child or youth under the age of 19 or 16 is present.³² As of late 2013, Ontario has been intending to ban smoking on patios, as well as to prohibit the sale of tobacco on university and college campuses.³¹

