

## **Briefing Note for the Tobacco Control Unit, British Columbia Ministry of Health**

**Purpose:** To inform the Tobacco Control Unit on the current burden of e-cigarette use among youth in rural BC and propose initiatives for accessible educational and cessation resources.

**Background:** In 2018, 21% of BC secondary students in grades 7-12 reported using e-cigarette products (also known as “vaping”) with nicotine<sup>1</sup>. BC youth residing in rural regions are more likely to use e-cigarettes with nicotine than urban regions (26% and 22%, respectively)<sup>1</sup>. Secondary students that use e-cigarettes are more vulnerable to the adverse effects of nicotine on brain development and more prone to severe addiction than traditional tobacco users<sup>3</sup>. BC currently has a fully funded behavioural support program (QuitNow) and BC Smoking Cessation program which delivers nicotine replacement therapy (NRT), and has been recently adapted to assist nicotine-vaping users residing in BC<sup>2</sup>.

**Current Status:** E-cigarettes continue to appeal to youth due to perceived fewer health risks compared to tobacco use<sup>1</sup>. The promotion of QuitNow and BC Smoking Cessation program as well as educational resources for BC youth, has been limited<sup>1</sup>. Given the novelty of these programs for vaping, there is no current information regarding their success in uptake by youth. Furthermore, COVID-19 may have caused disruptions in accessing resources and promoted heavier use due to poor mental health, boredom, and as a social activity.

### **Options:**

*Option 1:* Develop virtual or in-person workshops for rural secondary students which facilitate peer discussions and education pertaining to health risks/benefits of using vaping products.

- Pro: Providing education about vaping, available programs and building dialogue to promote cessation through social support systems
- Con: Privacy concerns and possible stigmatization may be problematic among peers, teachers or parents, especially if present during sessions

*Option 2:* Travelling clinic to rural secondary schools to provide access to NRT products through BC Smoking Cessation program and subscription to QuitNow Behavioural Support

- Pro: Reduce the barriers (physical & social) of accessing programs in community
- Con: Not sustainable long-term if cessation resources are widely unavailable in community. Programs require students meet the minimum age of 16.

### **Key Considerations:**

- Considerations should account for educational content and promotion of services to individuals using vaping as a cessation aid for prior tobacco use as this may discourage individuals from using these programs in the future for vaping cessation
- Some rural communities may require collaboration with community leaders or Indigenous groups to foster trust and collaboration for successful delivery of program

**Recommendation:** *Option 1* is recommended. Workshops may promote educational resources which empower individuals to exercise autonomy over their own health behaviours. Furthermore, workshops may contribute to community building and the development of social support systems which are fundamental in successful cessation of nicotine-containing products.

### **Appendix A: Audience**

The target audience for this briefing note is the Tobacco Control Unit of the BC Ministry of Health, in addition to the BC Health Minister, the honourable Adrian Dix. This audience was chosen because the BC Ministry of health fully funds the tobacco and vaping cessation programs which are available in BC: 1) BC Smoking Cessation program, and 2) QuitNow (delivered through the BC Lung Association). These two programs are overseen by the Tobacco Control Unit and require careful coordination to adequately promote and deliver cessation resources. Furthermore, any program changes, especially involving youth, requires approval and participation from the Tobacco Control Unit. The Ministry of Health is also responsible for funding the proposed workshop or travelling clinic; therefore, all approved health promotion activities must be approved and funded by the Ministry of Health. Finally, collaboration is required to not only design but implement workshops or clinics in rural BC. These include pre-emptive coordination with municipalities and communities, appropriate Indigenous groups and organizations, and health authorities through meaningful dialogue facilitated by the Ministry of Health.

### **Appendix B: References**

1. McCreary Centre Society. Clearing the Air: A youth-led research project about vaping. 2019;:1–40. Available from: [https://mcs.bc.ca/pdf/yrs\\_clearing\\_the\\_air.pdf](https://mcs.bc.ca/pdf/yrs_clearing_the_air.pdf)
2. The BC Lung Association. Vaping [Internet]. Vaping Resources. 2019. Available from: <https://bc.lung.ca/how-we-can-help/vaping>
3. Health Canada. Vaping in Canada: What We Know [Internet]. Health Canada; 2019. Available from: [https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html?&utm\\_campaign=hc-youthvapingpreventionq4-1920-0157-it-8644706126&utm\\_medium=search&utm\\_source=google-ads-85039377297&utm\\_content=text-eng-406798286313&utm\\_term=vaping in canada](https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html?&utm_campaign=hc-youthvapingpreventionq4-1920-0157-it-8644706126&utm_medium=search&utm_source=google-ads-85039377297&utm_content=text-eng-406798286313&utm_term=vaping%20in%20canada)