

# Tobacco & E-Cigarettes: Trends and Concerns

LHHS/TSROC Joint Committee Hearing  
September 12, 2019

Karin Rhodes, MD MS

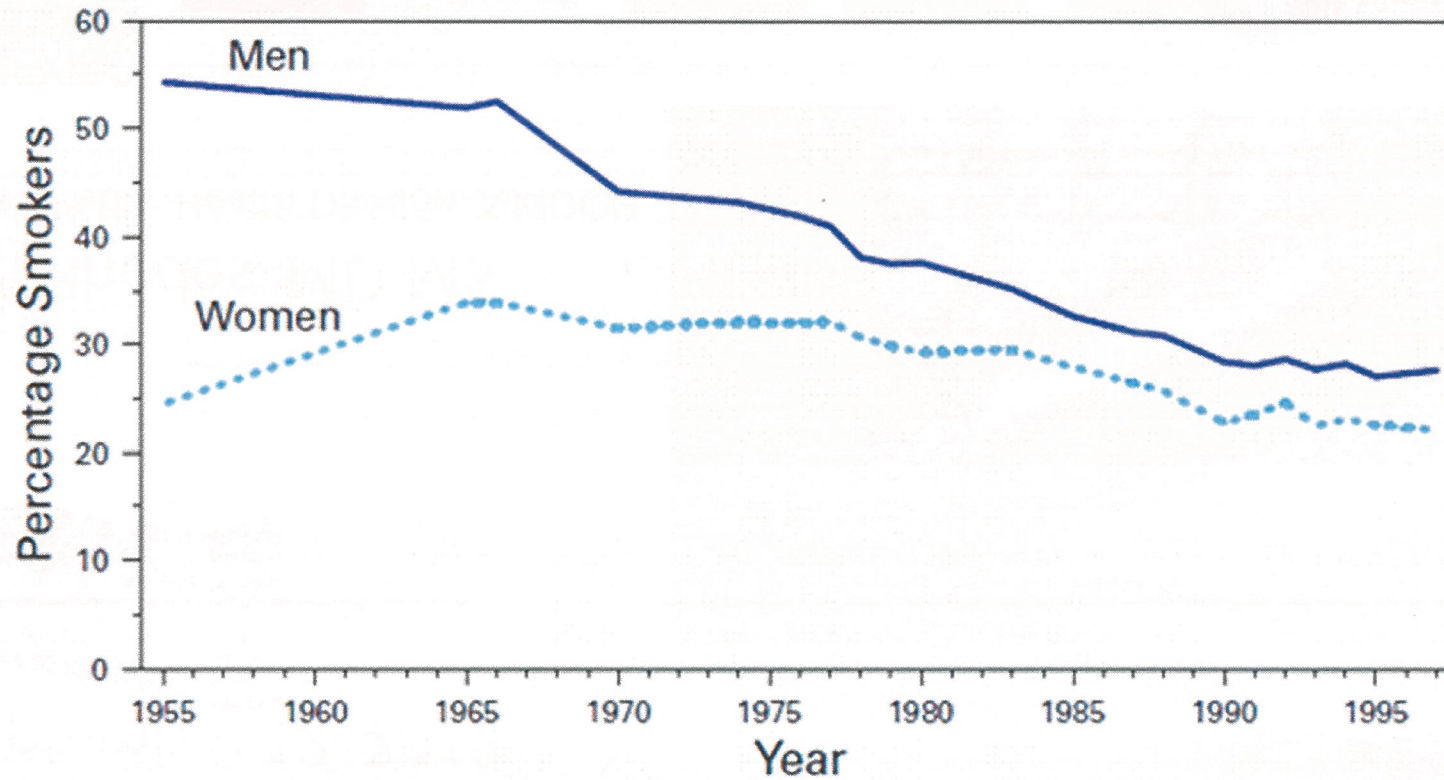
Director, Public Health Division, NMDOH



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • [nmhealth.org](http://nmhealth.org)



**FIGURE 2. Trends in cigarette smoking\* among persons aged  $\geq 18$  years, by sex — United States, 1955–1997**

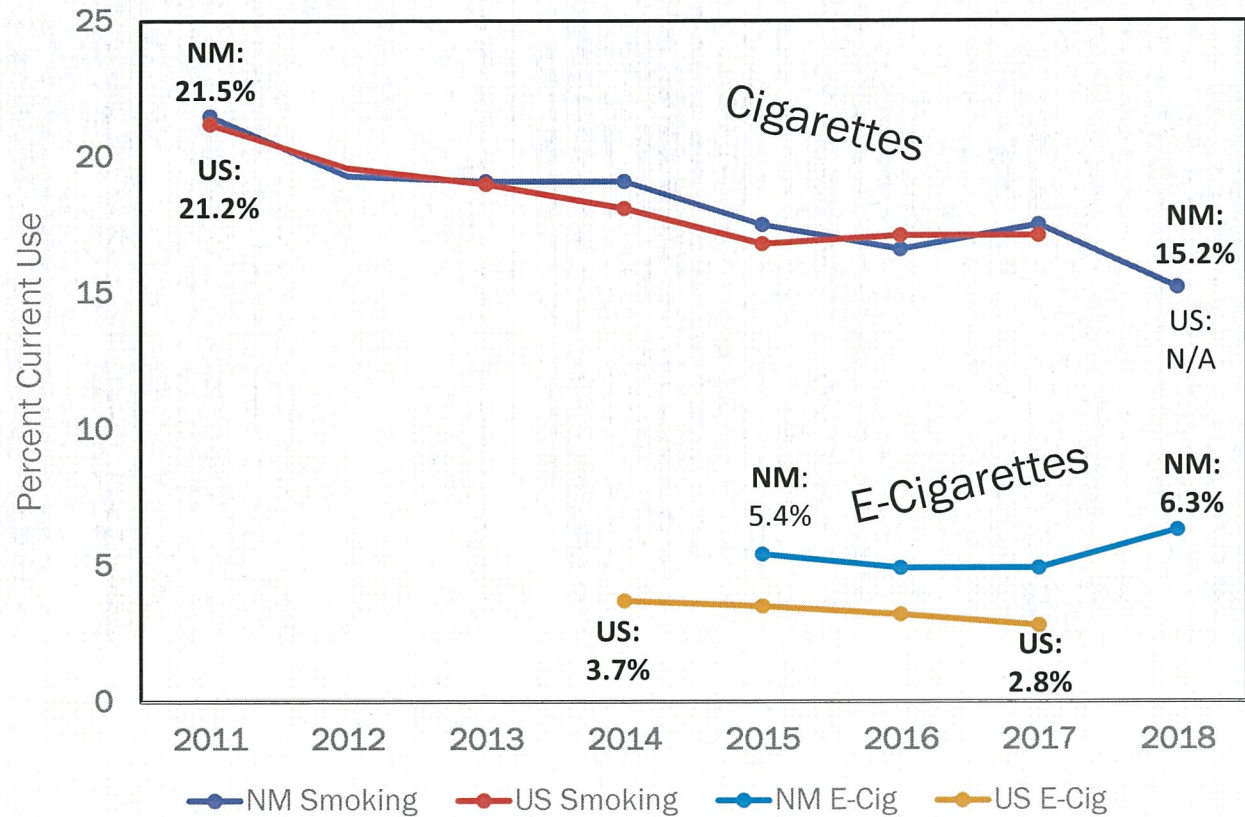


\* Before 1992, current smokers were defined as persons who reported having smoked  $\geq 100$  cigarettes and who currently smoked. Since 1992, current smokers were defined as persons who reported having smoked  $\geq 100$  cigarettes during their lifetime and who reported now smoking every day or some days.

Sources: 1955 Current Population Survey; 1965–1997 National Health Interview Survey.



# US & NM Cigarette & E-Cigarette Use among Adults



SOURCE: 2011-18 NM BRFSS/TES, [2014-2016 NHIS](#), [2017 NHIS](#)

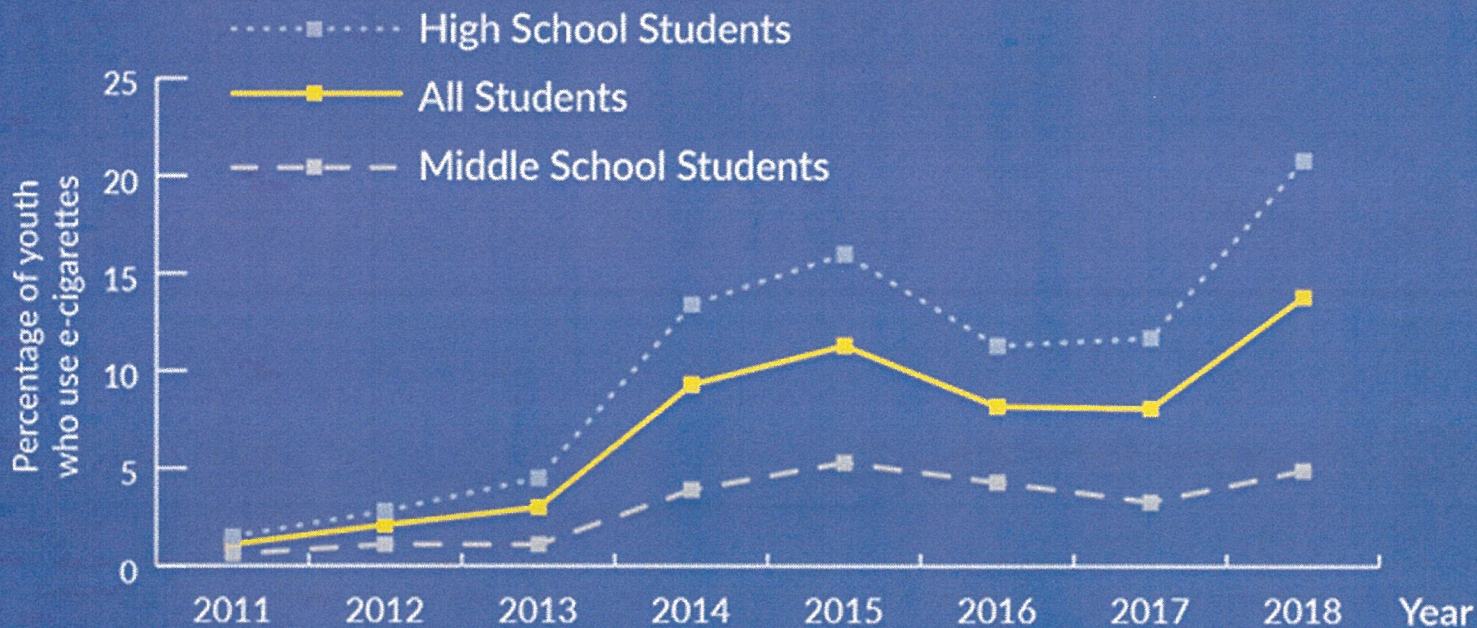


1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • [nmhealth.org](http://nmhealth.org)



# E-Cigarettes Among US Youth

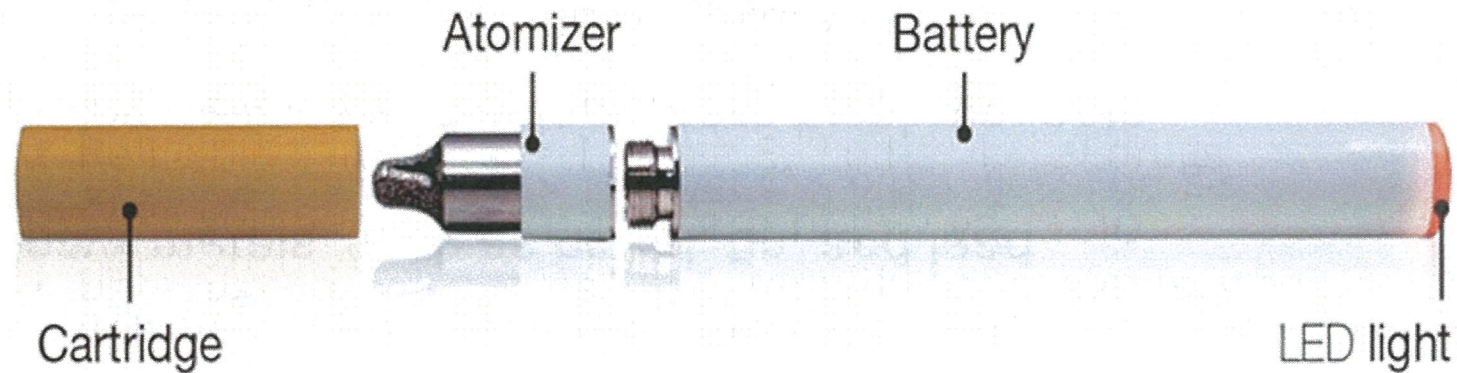
## Growth in E-Cigarette Use



Source: National Youth Tobacco Survey 2011–2018

Notes: In 2014, changes were made to the e-cigarette measure to enhance its accuracy.

# Anatomy of an E-cigarette



## Electronic Smoking Devices, including e-Cigarettes

- Battery-operated products designed to turn liquid nicotine, flavorings, and other chemicals into an aerosol that is ingested by the user

# E-liquids



- Nicotine: 1 JUUL pod has as much nicotine as pack of cigarettes or 200 puffs
- Aerosol: mixture of variable amts of nicotine
- Ultrafine particles inhaled deep into the lungs
- Flavorants such as diacetyl, a chemical linked to serious lung disease
- Volatile organic compounds, formaldehyde, oils, other materials
- Heavy metals, such as nickel, tin, and lead
  - Refillable cartridges -> THC, Vit E, ? other illegal drugs
- Vaping devices and e-liquids are highly variable
  - Unregulated, without testing or reporting of contents, when, where, or how made (some have exploded).



# Deceptive Packaging



# Hidden in Plain Sight





# Big Tobacco Targets Youth with Flavored Products

“Realistically, if our company is to survive and prosper, over the long term, we must get our share of the youth market.”

*RJR Renolds, 1973*



**63%** OF JUUL USERS DON'T KNOW THAT THE PRODUCT ALWAYS CONTAINS NICOTINE.

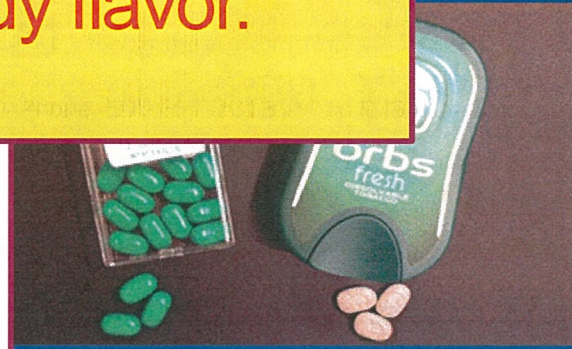
truth initiative  
INSPIRING TOBACCO-FREE LIVES  
truthinitiative.org



# Nicotine + Flavor = Pediatric Addiction



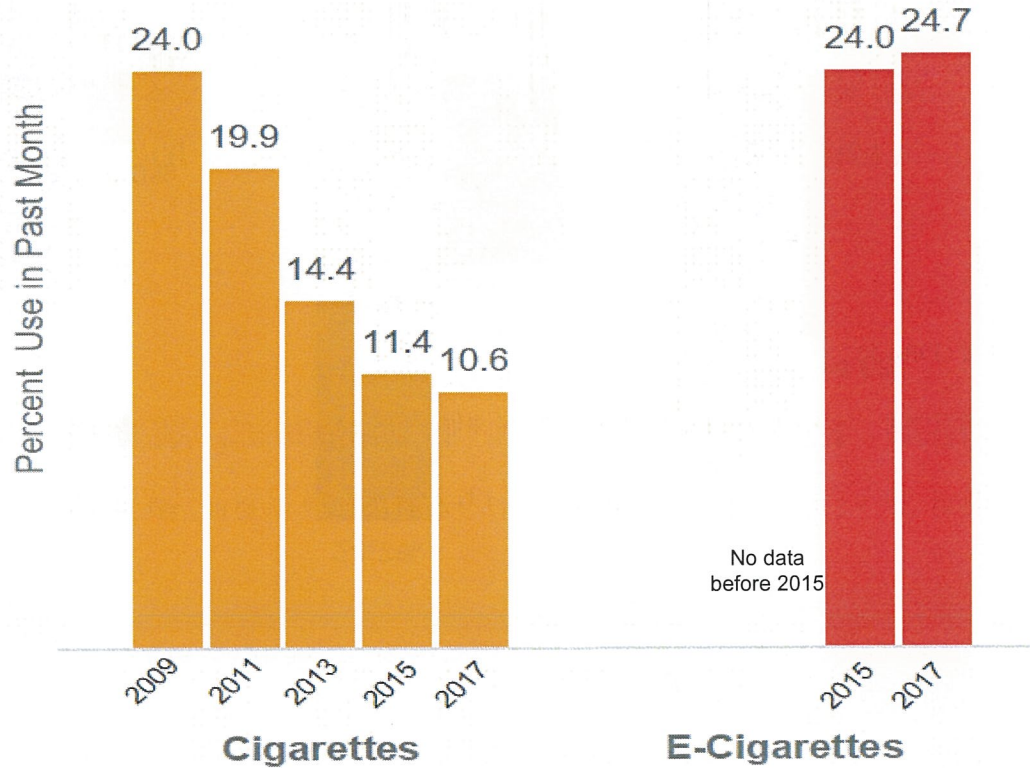
All these products have two things in common ... the addictive drug nicotine and candy flavor.



# NM High School Youth Cigarette & E-Cigarette Use, 2009-2017

Cigarettes: >7000 harmful chemicals and carcinogens

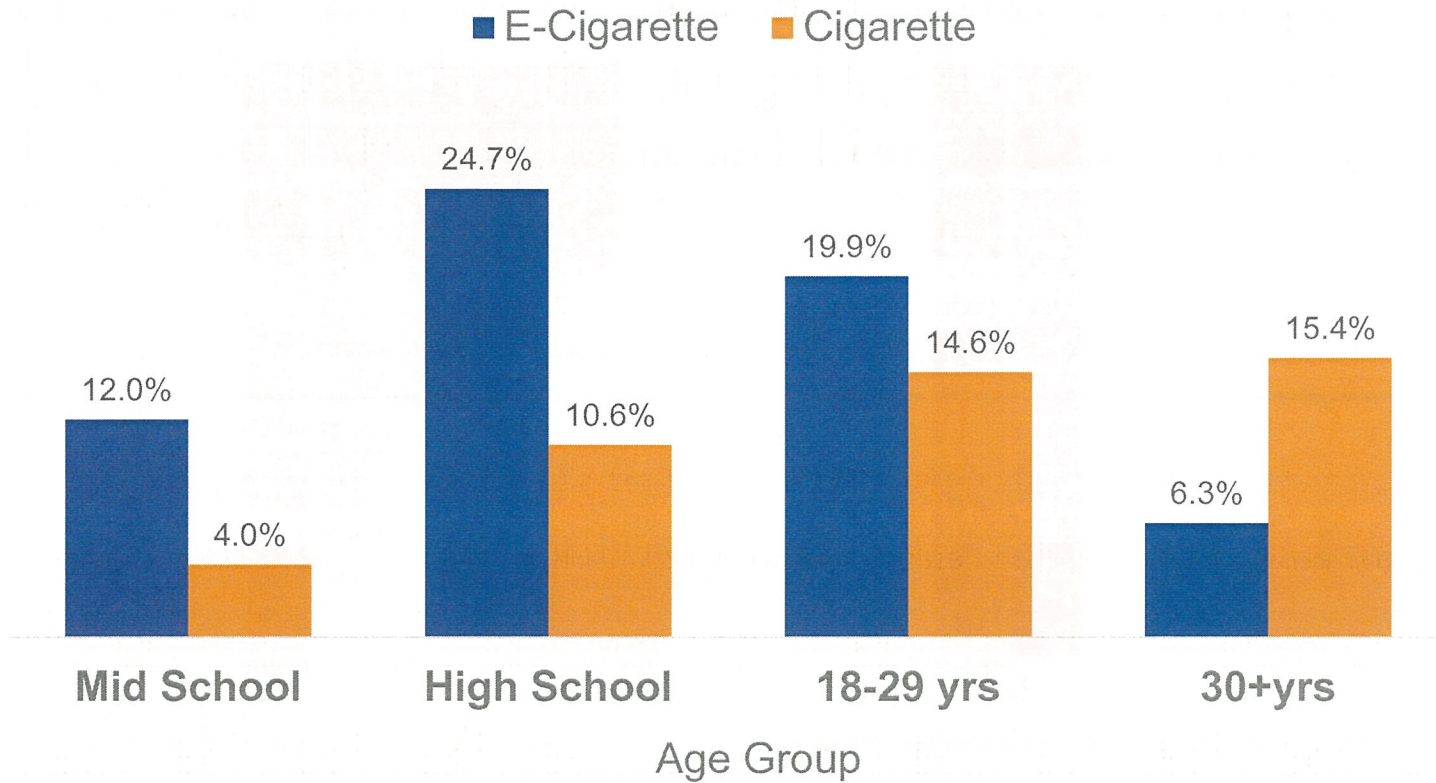
E-Cigarettes marketed as “safer” & smoking cessation aides



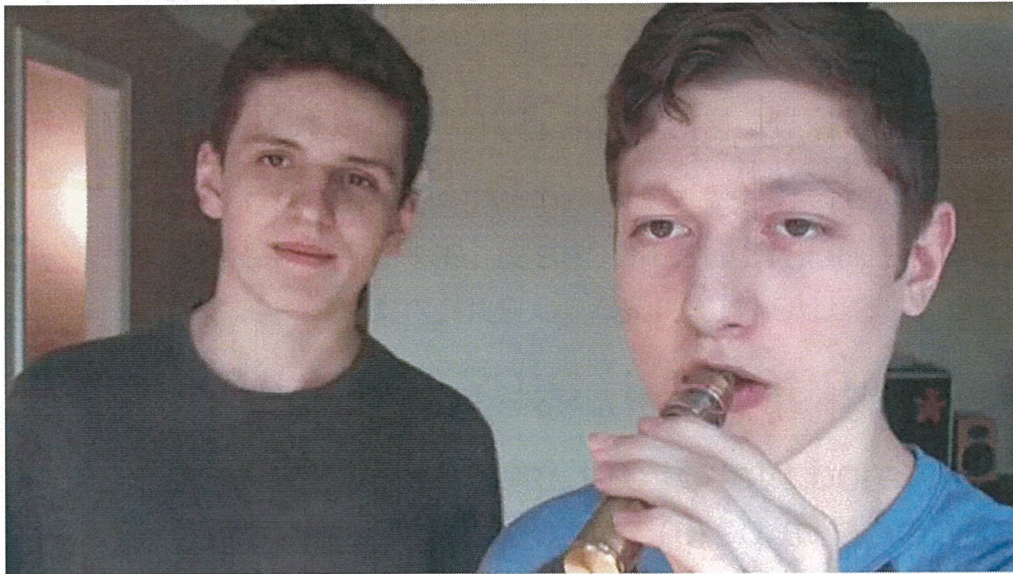
SOURCE: 2009-2017 YRRS



# E-cigarette use: highest among youth and young adults, Older adults are more likely to smoke cigarettes

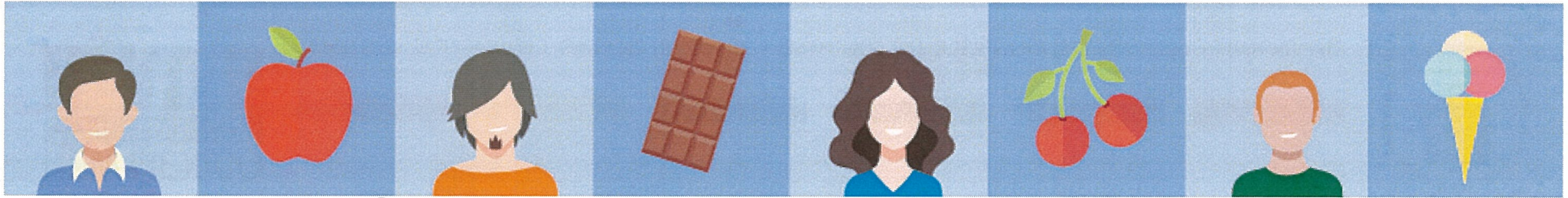


***“Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens.” — Philip Morris, 1981***



## Peer-to-Peer Marketing: Kids Share





# Concern about e-Cigs

- They are not regulated
  - Manufacturers not required to disclose the chemicals in their products, where or how they are made, potential health risks
- They are not safe (not just water vapor!)
  - Aerosol: mixture of variable amts of nicotine, tiny particles of metals, formaldehyde, lead, oils, other materials?
- They are addictive – 1 JUUL pod as much nicotine as one pack of cigarettes or 200 puffs
- Intentionally attracting kids
  - Colorful packaging, kid targeted advertising; social media, Tech appeal, candy and fruit flavors, such as cherry crush, cotton candy, chocolate mint...





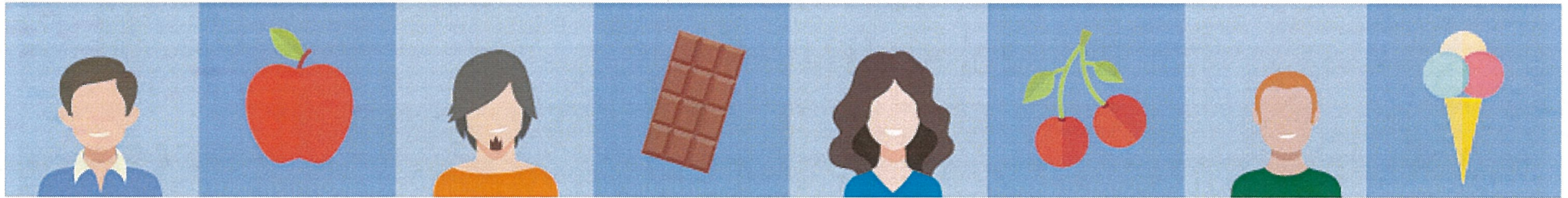
HUGE BACK TO SCHOOL  
SALE BRING IN ANY COLLAGE ID

1800

OPEN

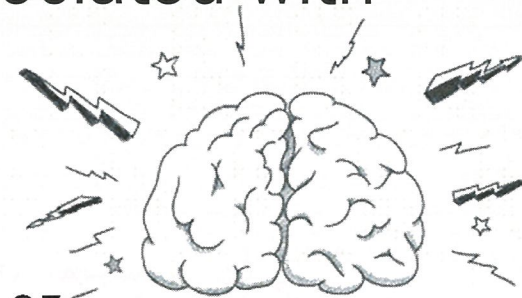
M&M  
M&M Customers  
Parking Only  
15 Minutes Max

shine  
CIGARETTES  
M&M



## More Reasons for Concern

- Minimal evidence that e-cig -> tobacco cessation
- Good evidence that vaping is associated with future cigarette use
- Bad for the developing brain
  - Brain development begins fetus in the womb
  - Continues through childhood and to about age 25.
  - Nicotine exposure during adolescence and young adulthood can cause addiction and harm the developing brain.
- Long-term health effects are unknown





**FOR IMMEDIATE RELEASE:**

**August 29, 2019 : New Mexico Department of Health Reports Eight Cases of Severe Lung Disease Associated with Vaping of THC Products**

**SANTA FE-** NMDOH .... To date (9-11-19) 12 New Mexico residents age range: 17 – 46 have required hospitalization following vaping-related respiratory distress; 8 required intensive care, most are men (8/12).

**CDC** (9/7) Over 450 people across the United States, including 5 who have died, have been identified with severe breathing problems after vaping nicotine and THC oil... Most of the victims are males with a median age of 19. **CDC:** It’s too soon to pinpoint a single product or substance as the cause” but “many products have high levels of vitamin E acetate. People add oil and other substances to cannabis products to make the extracts form a vapor.”

**FDA** is telling people to avoid products containing THC or Vitamin E  
**CDC** is saying to avoid e-cigarettes



# TUPAC and Comprehensive Tobacco Control in New Mexico

David Tompkins  
Community Health Initiatives Manager  
New Mexico Department of Health  
Tobacco Use Prevention and Control  
[www.nmtupac.com](http://www.nmtupac.com)



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • [nmhealth.org](http://nmhealth.org)



# TUPAC Funding Sources (FY 20)

## New Mexico Tobacco Settlement Fund: \$5,435,200

- 10 Contracts Awarded under 4 RFPs
  - Environmental Strategies
  - Cessation Services
  - Evaluation Services
  - Health Communications
- Epidemiology and Response Division Support
  - BRFSS and YRRS state surveillance
- Minimal Administrative and Personnel Costs
  - 2.25 FTE

## CDC Cooperative Agreement: \$1,032,000

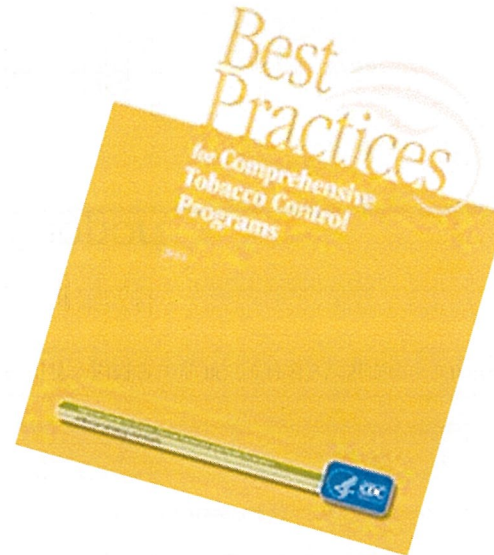
- Covers the majority of Program's administrative costs
  - 10 FTE



# CDC Best Practices

**A comprehensive statewide tobacco control program is a coordinated effort to:**

- Prevent initiation of tobacco use
- Promote cessation and assist tobacco users to quit
- Establish smoke-free policies and social norms



# Comprehensive Tobacco Control

## TUPAC tobacco control efforts include:

- State and community interventions designed to:
- Mass-reach health communications
- Cessation interventions
- Surveillance and evaluation
- Infrastructure, administration, and management



# TUPAC Goals

**The overarching goals of TUPAC are to reduce disease, disability and death related to tobacco use**

**GOAL 1:** Prevent initiation among youth and young adults

**GOAL 2:** Promote quitting among youth and adults

**GOAL 3:** Eliminate exposure to secondhand smoke (SHS)

**GOAL 4:** Identify and eliminate tobacco-related disparities among population groups



# GOAL 1: Prevent Initiation

**Environmental Strategies** that encourage and reinforce tobacco-free lifestyles and behaviors

Youth Engagement:  
**Advocacy**



Policy Development:  
**Tobacco-Free High Schools**



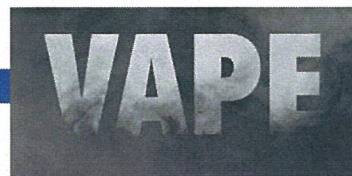
Policy Development:  
**Point of Sale**



Policy Development:  
**Tobacco-Free College Campuses**



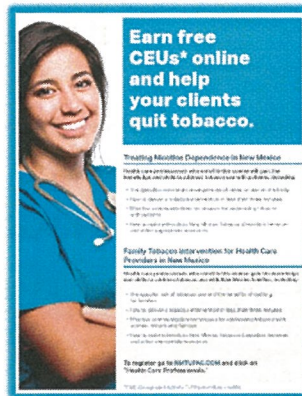
Mass Media:  
**Awareness and Education**



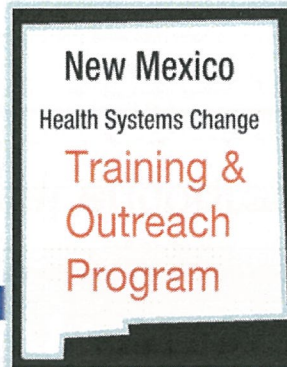
# GOAL 2: Promote Quitting



**Comprehensive Cessation Services**  
for those who want to quit



**Online Training**  
for Health Professionals



**Health Systems Change**  
Training and Outreach Program





# GOAL 3: Eliminate SHS Exposure

**Voluntary protections and home rules to create smoke-free and tobacco-free environments**

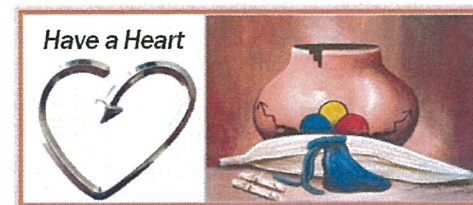
Policy Development:  
**Multi-Unit Housing**



Policy Development:  
**Homes and Cars**



Policy Development:  
**Tribal Communities**



# GOAL 4: Eliminate Disparities

**Systematic implementation of the TUPAC Anti-oppression Framework** to examine and develop attitudes and actions that support inclusivity, accessibility, equity, and social justice

**Capacity building** to engage priority populations in culturally appropriate tobacco control efforts using a Network model

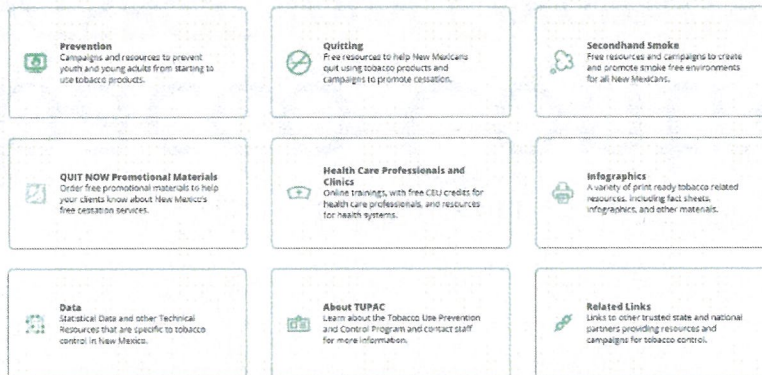
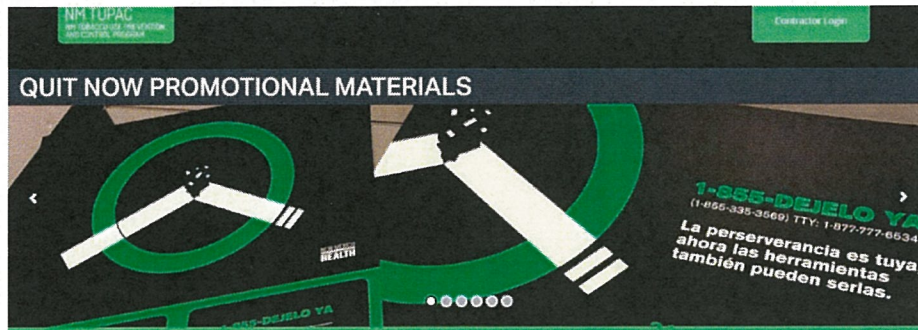
- African Americans
- Hispanics
- Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ)
- Native Americans/American Indians
- Asian/Pacific Islander
- People Experiencing Poverty
- People with Behavioral Health Issues, including Substance Abuse
- People with Chronic Conditions, including Disabilities

**Comprehensive implementation of Continuous Quality Improvement** to increase effectiveness of TUPAC strategies among priority populations

**Dissemination of information** about improved practices that can sustain change needed to decrease disparities and to improve health equity



# TUPAC Online Resources



1-800-QUIT NOW  
(1-800-784-8600)  
QUITNOWNM.COM  
TTY: 1-877-777-6534

1-855-DEJELO YA  
(1-855-335-3569)  
DEJELOYANM.COM  
TTY: 1-877-777-6534

SURGEON  
GENERAL®  
Report on Smoking & Health

- Order Promo Materials
- Links to Cessation Services
- Resources for Health Care Professionals
- Online Training
- Resources on Tobacco-related Disparities
- Links to National Networks Addressing Tobacco Disparities
- New Mexico Specific Data and Reports
- TUPAC Media
- Contact Information for TUPAC Staff and Contractors
- Contractor Login



# Tobacco Control Legislation

LHHS/TSROC Joint Committee Hearing  
September 12, 2019

Dr. Abinash Achrekar  
Deputy Cabinet Secretary, NMDOH

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



## Tobacco Settlement Program Fund Appropriations

	FY20	FY19	FY09
<b>Human Services Department</b>			
Medicaid	\$ 6,563,900	\$ 7,063,900	\$4,300,000
Medicaid Treatment for BCC*	\$ 1,255,400	\$ 1,255,400	**
HSD Total	\$ 7,819,300	\$ 8,319,300	\$ 4,300,000
<b>Indian Affairs Department</b>			
Commercial Tob Control-Native Communities	\$ 249,300	\$ 249,300	\$500,000
IAD Total	\$ 249,300	\$ 249,300	\$500,000
<b>Department of Health</b>			
TUPAC	\$ 5,435,200	\$ 5,435,200	\$9,115,000
Diabetes	\$ 715,500	\$ 715,500	\$1,000,000
Harm Reduction	\$ 293,000	\$ 293,000	\$470,000
Breast & Cervical Cancer Screening	\$ 128,600	\$ 128,600	\$200,000
DOH Total	\$ 6,572,300	\$ 6,572,300	\$ 10,785,000
<b>University of New Mexico</b>			
Health Sciences	\$ 2,859,100	\$ 2,859,100	\$5,400,000
UNM Total	\$ 2,859,100	\$ 2,859,100	\$5,400,000
<b>Grand Total</b>	<b>\$17,500,000</b>	<b>\$18,000,000</b>	<b>\$ 20,985,000</b>

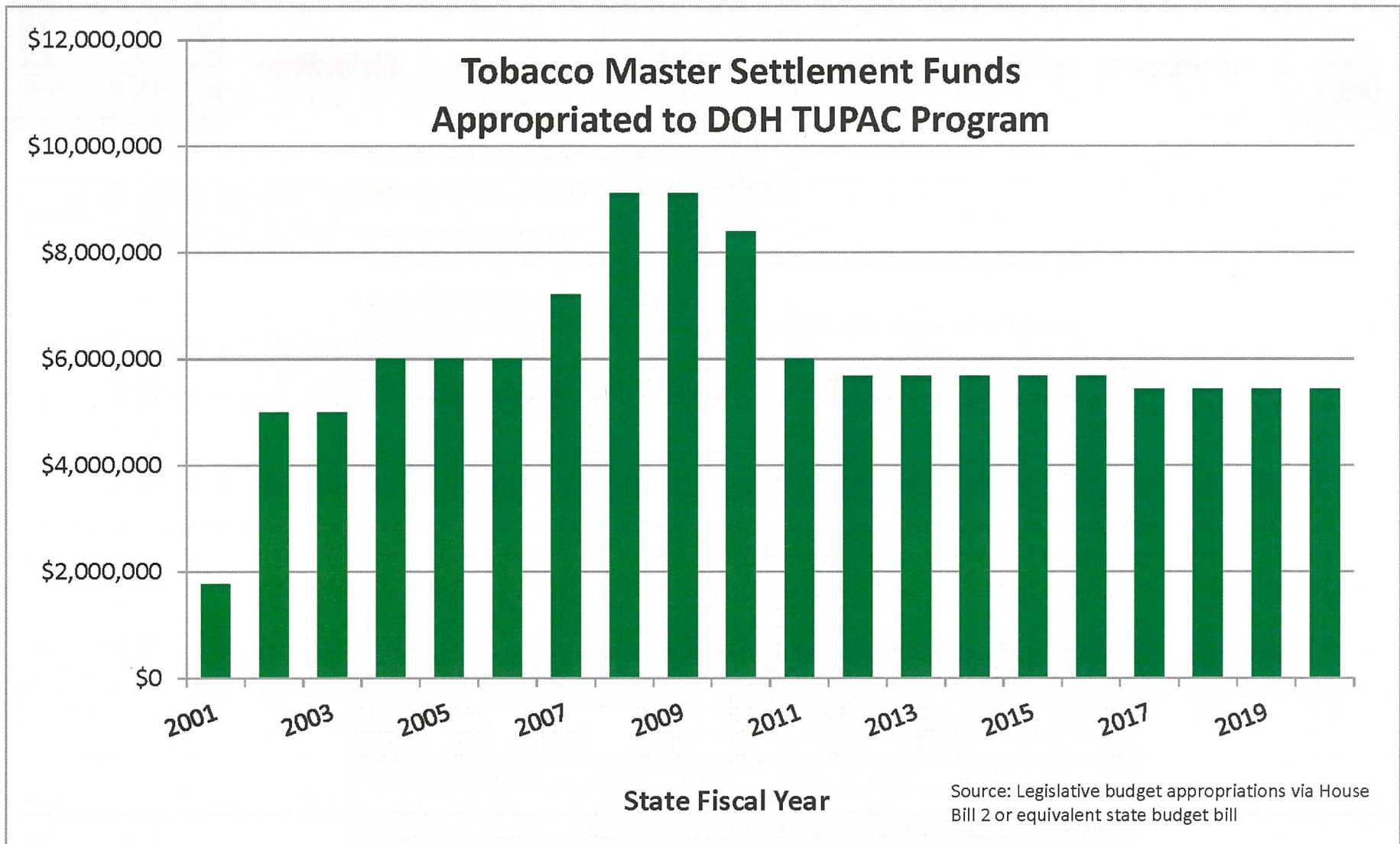
\*Special appropriation to Medicaid for treatment of breast and cervical cancers for patients screened through the DOH BCC program.

\*\*In FY09, the Medicaid appropriation included treatment for breast and cervical cancer. They were not separate line items.

sources: House Bill 2 for 2019, 2018 and 2008 sessions

contact: Sandra.Adondakis@cancer.org





# Recommendations of the Surgeon General

- Raise and strongly enforce **minimum-age-of-sales laws to 21** for all tobacco products, including e-cigarettes
- &
- Incorporate e-cigarettes into **smoke-free policies**
- &
- Reduce access to **flavored tobacco** products by young people
- &
- Sponsor **high-impact media campaigns** to educate public on harms of e-cigarettes among young people
- &
- **Increase price** of tobacco products, including e-cigarettes
- &
- **Require tobacco retailer licensure**



# Tobacco 21: Ban the sale of tobacco products, e-cigarettes and nicotine liquid to any person under 21 years of age

## ☑ Protects kids

- Kids who use tobacco commonly get it from people between ages 18–20.
- The brain is still developing during the late teens and early 20s, and the probability of nicotine addiction is especially high during this time.
- Youth addicted to nicotine are 7 times more likely to have a drug use disorder.

## ☑ Proven to work

- People who have not used tobacco by age 21 are unlikely to ever start.
- Research shows that a sales age of 21 across the U.S. could result in:
  - 249,000 fewer premature deaths
  - 286,000 fewer pre-term births
  - 438,000 fewer babies with low birth weight

## ☑ Pays off

- Smoking-related illnesses hurt our health and our wealth. Hospital patients who smoke have longer stays and higher medical costs than non-smokers.
- A sales age of 21 across the U.S. would save society an estimated \$212 billion dollars over a 50-year period.

## ☑ Popular across the USA

- 75% of adults support raising the age to 21, including 70% of smokers.
- California, Hawaii, & more than 200 U.S. cities have already raised the age to 21.



1. Institute of Medicine, 2015.; The National Center on Addiction and Substance Abuse, 2015; Ahmad, 2005. 5. King et al., 2015.



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org





# Enforcing Tobacco 21 with tobacco retailer licensing

## What is required of retailers?

- Obtain a license to sell tobacco products and renew it annually; and
- Comply with all laws relevant to the sale of tobacco products.

## How can tobacco retail licensing help enforce a sales age of 21?

Tobacco retail licensing allows government agencies to:

- Identify all businesses selling tobacco to consumers; and
- Suspend or revoke licenses from businesses that violate relevant laws, including those restricting the sale of tobacco to people at least 21 years of age.

## What are the best practices for tobacco retail licensing ordinances?<sup>1</sup>

- Require all tobacco retailers to obtain a license and renew it annually;
- Provide that violation of any tobacco control law is also a violation of the license;
- Authorize suspension or revocation of the license for any violation and identify a dedicated enforcement agency; and
- Provide a license fee that covers the costs of administration, implementation, and enforcement of the license. Fees that are self-funding and do not require independent government funds typically range from \$150 to \$400 annually.



# The Importance of Point of Sale



# Tobacco Industry spends \$1M/hour on Point of Sale Advertising

Retail marketing:

- Prompts initiation
- Promotes daily consumption
- Discourages quitting



# Kids are frequent convenience store shoppers

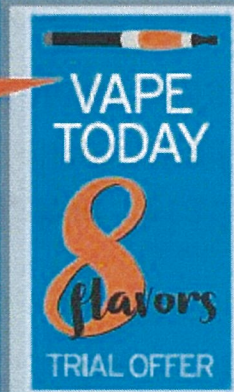
- 2011-12 nationally representative sample of 13-16 year olds: Almost half (48%) visit at least once a week<sup>1</sup>
- C-stores have more tobacco marketing materials than other store types<sup>2-5</sup>



**43%** of schools are close to a store that sells tobacco.

**PLACEMENT**  
It's right up front where kids will see it. 90% of stores sell junk food, alcohol, or tobacco products right at checkout.

# FOOD • CIGARETTES • SODAS • BEER



VAPE TODAY  
8 flavors  
TRIAL OFFER



CIGARILLOS  
BUY 1  
GET 1  
FREE



Background image of a store interior with a person standing in the aisle. A sign above the person says "2 for 1".



CIGARILLOS  
2 FOR 99¢



LOW PRICES  
HERE

**PRICE**  
Addiction comes at prices even a kid can afford. Most stores sell flavored cigarillos for less than \$1. Even with cigarette prices on the rise, cigarette prices are cheaper in neighborhoods with more low-income residents.



# Higher retail density associated with initiation among US young adults

- 2013 nationally representative sample of young adults aged 18-34, merged with 2012 US tobacco retailer list and home addresses
- Higher retailer density associated with higher likelihood of *initiating* cigarette use among 25-34 year olds (OR=3.75, 95% CI 1.18, 11.90)
- Higher retailer density associated with higher likelihood of *initiating* non-cigarette combustible use among 18-24 year olds (OR=3.16, 95% CI 1.03, 9.74)



# Cigarette display cues craving

PICTURE OF EIGHT CIGARETTE PACKS INCREASED CRAVING AMONG NICOTINE-DEPRIVED AND NON-NICOTINE DEPRIVED SMOKERS



SMOKER

Carter, et al., 2006, *Nicotine & Tobacco Research*



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



# Cigarette displays prompt impulse purchase

SMOKERS NOTICE THE DISPLAY. SOME GET THE URGE TO BUY. SOME BUY, EVEN THOUGH TRYING TO QUIT



SMOKER



TRYING TO QUIT



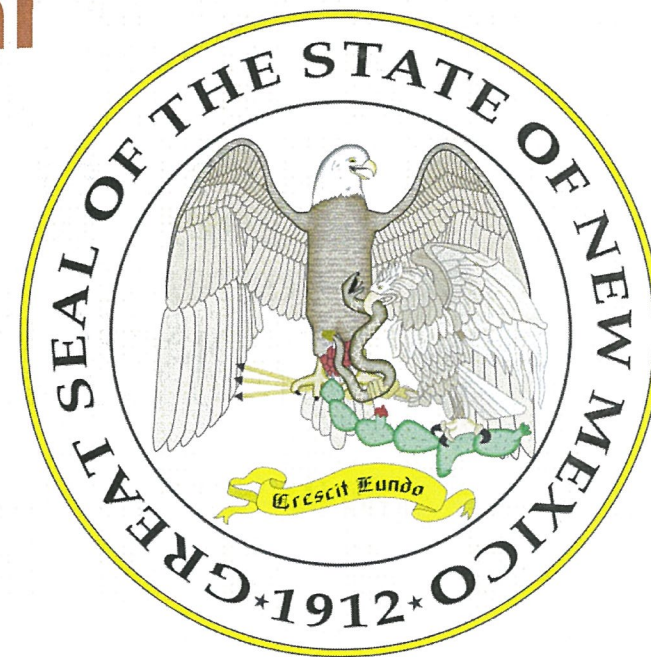
Wakefield, et al., 2008, *Addiction*





# Next Steps for New Mexico: NM Attorney General

- **Provided a list of 1,602 retailers who sell cigarettes and roll-your-own tobacco; most of them also sell e-cigarettes**
- ***There is an undetermined number of retailers who sell only e-cigarettes***



# Tobacco Retail Licensing – Current Status:

- New Mexico is one of only 7 states that does not license tobacco or e-cigarette retailers, distributors and manufacturers
- Legislation would be required to authorize the creation of a licensing system, collection of licensing fees, and establishing penalties
- The epidemic of vaping among youth is quickly becoming a national health crisis as more and more vaping youth suffering from severe lung diseases (Michigan has become the first state to ban nicotine-flavored vaping products)
- Sales to minors will continue with minimal enforcement and very limited funding for enforcement of current law



# Current Status (con't):

- During 2017-2018 alone, e-cigarette use among US high school students increased by 78 percent and vaping among middle school students went from 0.6 percent in 2011 to over 6.0 percent in 2018 and is still climbing
- In 2017, about 1 in 4 New Mexico high school youth currently used e-cigarettes, far higher than use of conventional cigarettes (11%)
- More copycat e-cigarette products are flooding the market with dangerous and unknown chemicals
- New Mexico needs to get a handle on the influx and sales of these dangerous products being sold to our residents, especially to our children



# NM Tobacco Retail Licensing Goals:

- Establish fees and penalties to enforce the Tobacco Products Act
- Implement licensing of tobacco retailers
- Increase tobacco control funding (RLD estimates it will cost approx. \$4 million per year to run a licensing and enforcement program for tobacco product retailers)





NEW MEXICO  
DEPARTMENT OF  
**HEALTH**



1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • [nmhealth.org](http://nmhealth.org)



