

# Tobacco and Vaping Use Among Youth

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Background

## Electronic Tobacco Products



**E-Cigarettes, Vaping Devices**



**Heated Tobacco Products**

*Graphic adapted with permission from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health*

## Combustible Tobacco Products



**Cigarettes**



**Cigars/Cigarillos**



**Hookah**



**Pipe**



**Bidis**



**Roll-Your-Own**

## Non-Combustible Tobacco Products



**Dissolvable Tobacco**



**Nicotine Pouch**



**Smokeless Tobacco**



**Snus**

# Cigs in a Pod



[tobaccopreventiontoolkit.stanford.edu](http://tobaccopreventiontoolkit.stanford.edu)

1 Pack of Cigarettes  
≈20 mg of nicotine



**≈20**  
CIGARETTES



1 JUUL pod  
≈41.3 mg of nicotine



**≈41**  
CIGARETTES



1 Puff bar  
≈50 mg of nicotine



**≈50**  
CIGARETTES



1 Suorin pod  
≈90 mg of nicotine



**≈90**  
CIGARETTES





# CSTS 2019-2020

- 28.6% of CA high school students ever used any tobacco product
- 9.7% used in the last 30 days (current use)
- Vapes were most common tobacco product (>90% using flavored)



# Risk Factors for Tobacco Use

- Easy access
  - Friends
  - Acceptance
  - Purchase
- Poor mental health
- Exposure
  - Tailored advertisements
  - Secondhand exposures

# Adverse Health Effects

- Brain
  - Nicotine linked to impaired memory and executive functioning
  - E-ciggs linked to increased impulsivity and hyperactivity
- Lungs
  - Nicotine, ultrafine particles, heavy metals, volatile organic compounds
  - Increase in PM2.5 and ultrafine particles in indoor settings
- Heart
  - Oxidative stress and inflammation

# Knowledge and Practice Gaps

SECTION ON TOBACCO CONTROL PROGRAM | MARCH 01 2021

## **Lost in The Haze: Knowledge and Practice Gaps For Vaping Versus Tobacco Smoke Exposure.**

Marwa Mansour, MD; Issa Hanna, MD; Matthew D. Garber, MD

*Pediatrics* (2021) 147 (3\_MeetingAbstract): 1003–1004.

<https://doi.org/10.1542/peds.147.3MA10.1003>

- 85% of respondents were unaware of prevalence of teens that vape
- Learners: barriers included lack of knowledge and resources/referrals
- Non-learners: lack of time

# Clinical Best Practices? – AAP recommendations

- **Ask**
- **Counsel**
- **Treat**

A.C.T. to Address Youth Cessation:		
ASK	COUNSEL	TREAT
Screen for tobacco use with all youth, during every clinical encounter.	Advise all youth who use tobacco to quit and have them set a quit date within two weeks.	Link youth to behavioral treatment extenders and prescribe pharmacologic support when indicated. After the visit, follow-up to assess progress and offer support.



# ASK

- Beginning at age 11, screen for all tobacco product use
- Support confidentiality
- Consider “open the door” approach: ask about use in friends, family, peers
- Self-administered screeners (use specific terms and list tobacco products)
  - S2BI
  - CRAFFT

# COUNSEL

- Be clear: facts, cessation can prevent short- and long-term effects
- Be personal: save money, other hobbies, athletic performance
- Explain benefits

## **SAMPLE COUNSELING STATEMENTS**

- **“Nicotine can harm your brain development.”**
- **“Vaping/Smoking exposes your family and friends to chemicals that can harm their health.”**
- **“When you vape, you’re inhaling chemicals and heavy metals: this can injure your lungs.”**
- **“I know you run cross-country. Quitting smoking can help your lung capacity, which could help you run farther and faster.”**
- **“Quitting will protect your health, save your money, and increase your independence.”**
- **“You’ve mentioned symptoms that happen when you haven’t vaped/smoked in a while. These are symptoms of withdrawal, and they tell us that the nicotine is starting to change your brain, and you’re developing an addiction.”**

# Motivational Interviewing

Shared-decision making strategy nonjudgmental, supportive, nonconfrontational

- **O**pen-ended questions
- **A**ffirm what patient says
- **R**eflective listening
- **E**licit self-motivational statement or change talk
- **S**ummarize
- **F**eedback on risks of behavior
- **R**esponsibility of patient to change or not change
- **A**dvice – professional recommendation
- **M**enu of strategies
- **E**mpathy
- **S**elf-efficacy – change talk

# TREAT

- For youth interested in quitting, set up quit date within 2 weeks
  - Connect to behavioral health program or treatment extenders
  - Tailor to level of dependence → pharmacologic therapy,
- For youth wants to cut down, discuss 5Rs
  - Relevance of quitting
  - Risks of not quitting
  - Rewards
  - Roadblocks
  - Repetition: may take multiple attempts to succeed
- For youth not ready to quit,
  - Consider 2-week challenge
  - Encourage and assure you're available
  - Revisit later

## The 2-Week Challenge: A Strategy for Youth who Aren't Ready to Quit



If a patient isn't ready to quit or tells you they can "quit anytime they want," challenge them to completely stop tobacco use for 2 weeks.

At the end of the 2 weeks, check in to hear how it went and revisit the conversation about cessation support.

**TIP:** If the patient isn't ready to stop for 2 weeks, ask them to try for 1-3 days, and check in to see how it went.

# Behavioral Cessation Supports

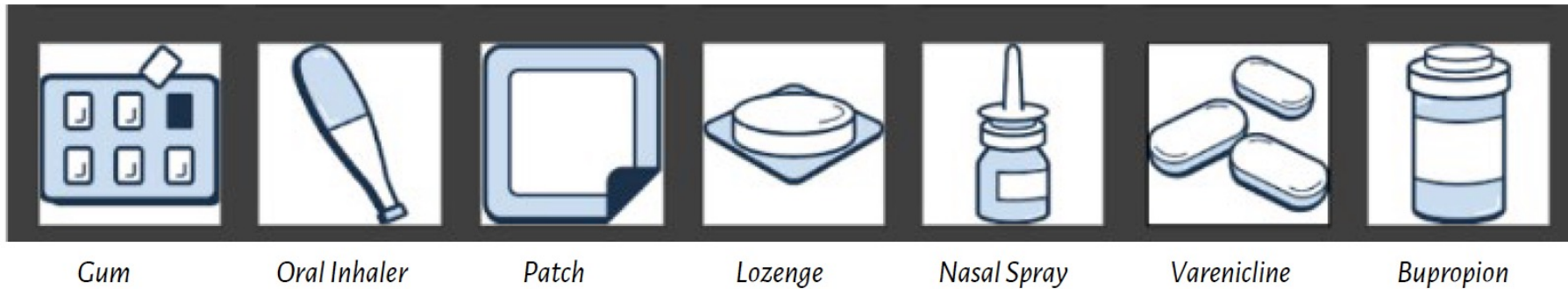
- Telephone Quitlines
- Text-Based
- Web-Based
- Smartphone Apps
- Parent Resources



# Pharmacotherapy (NRT)

- Off-label use for moderate to severe nicotine dependence
  - Hooked on Nicotine Checklist, E-cigarette Dependence Scale, Modified Fagerstrom Tolerance Questionnaire
- Prescriptions for youth under 18 yo

Types of Tobacco Cessation Pharmacotherapy



# State of Tobacco Control

# California landmark policies

- 2016
  - Tobacco tax raised \$2.00 through Proposition 56
  - Raised legal age to buy tobacco to 21 yo
  - Expanded smoke-free enclosed spaces
- 2019
  - Beverly Hills 1<sup>st</sup> city to ban sale of most tobacco products
  - Prohibited smoking and vaping in state parks and beaches

# Reducing Youth and Tobacco Product Use – Best Practices?

- Increasing taxes on products
- Prohibiting smoking indoors and in public spaces
- Raising minimum age to purchase products
- Targeting media messages to counter tobacco ads
- Encouraging tobacco-free spaces and lifestyles via campus and community policies

# State of Tobacco Control in California - 2023

Tobacco Prevention and Cessation Funding	Smokefree Air	Tobacco Taxes	Access to Cessation Services	Flavored Tobacco Products
<b>D</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>B</b>



## Statewide Tobacco 21 Grade



ENFORCEMENT

GRADE: C

LICENSING

GRADE: A

PENALTIES

GRADE: A

PREEMPTION

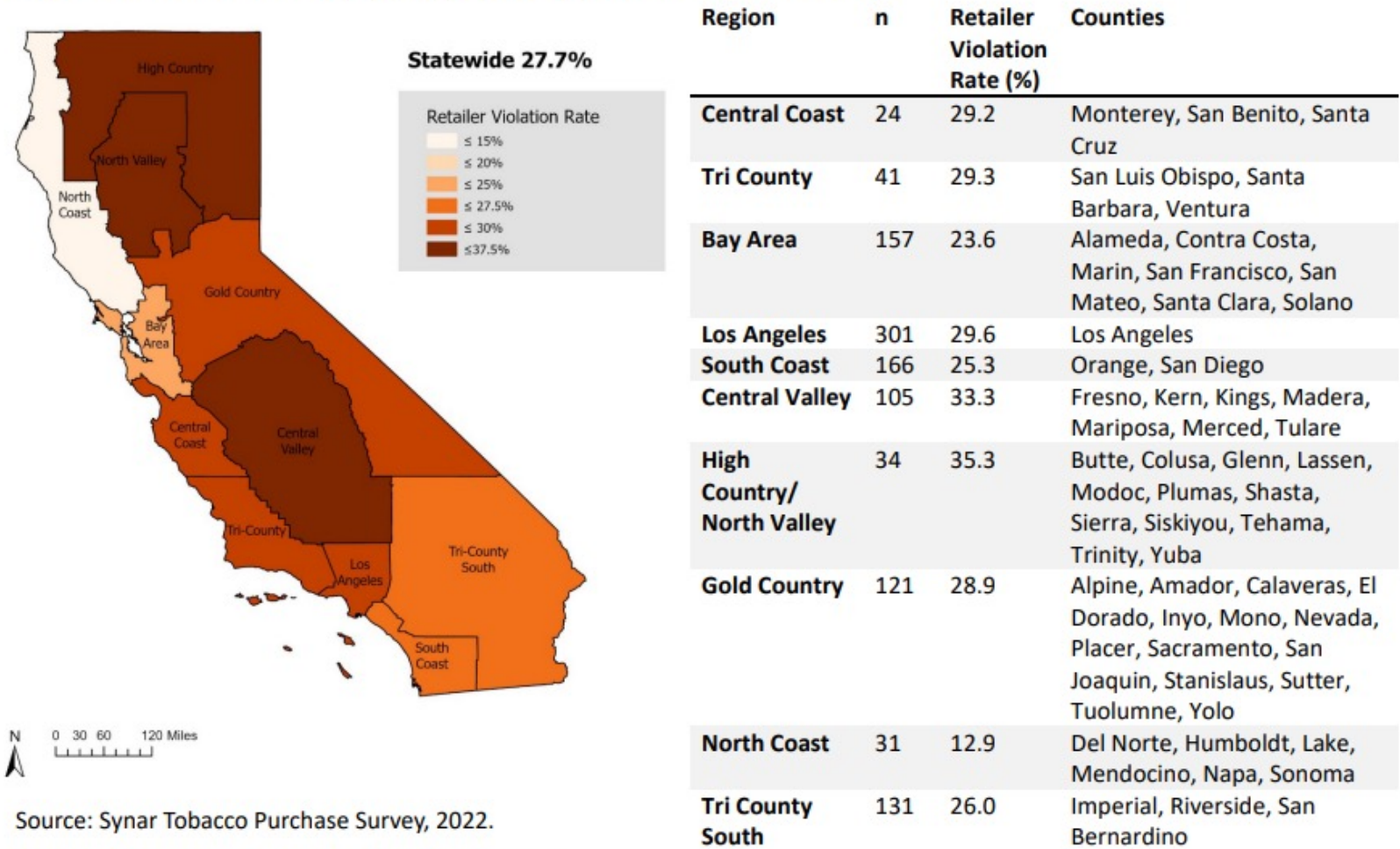
GRADE: A

DEFINITIONS

GRADE: A

TOBACCO  
~~eighteen~~ twenty-one

Figure 3. Retailer Violation Rate (%) by Region, 2022 Synar Tobacco Purchase Survey



Source: Synar Tobacco Purchase Survey, 2022.

Prepared by: California Department of Public Health,  
California Tobacco Control Program in July 2022

# Available Tools

- UCSF Smoking Cessation Leadership Center toolkits
  - School campus-free policies
  - Behavioral health agencies
- Informing policymakers of harms
  - Local chapter
  - Coalitions
  - Letters, social media
- Clinic office quality improvement
  - AAFP Office Champions Practice Manual

# Anti-Vaping Champions at UCLA

- Task Force Coalition
- Clinic Quality Improvement
- Health Professional School Curricular Development

Policy



Front line

**ANTIVAPING**  
**CHAMPIONS**

Thank you!