

Tobacco and Vaping Use Among Youth

Hannah Kwak, MD, MPH



Background

Electronic Tobacco Products

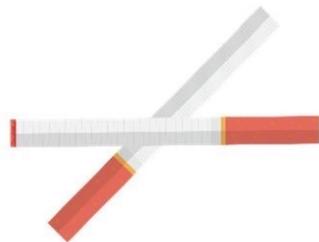


E-Cigarettes, Vaping Devices



Heated Tobacco Products

Combustible Tobacco Products



Cigarettes



Cigars/Cigarillos



Hookah



Pipe



Bidis



Roll-Your-Own

Non-Combustible Tobacco Products



Dissolvable Tobacco



Nicotine Pouch



Smokeless Tobacco



Snus

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

Cigs in a Pod



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.

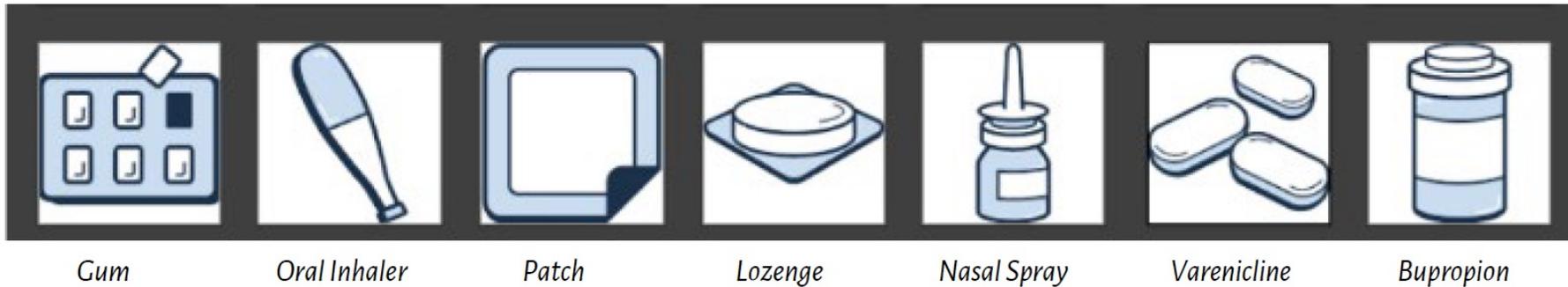
Behavioral Cessation Supports

- 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 1st 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
D	A	B	B	B

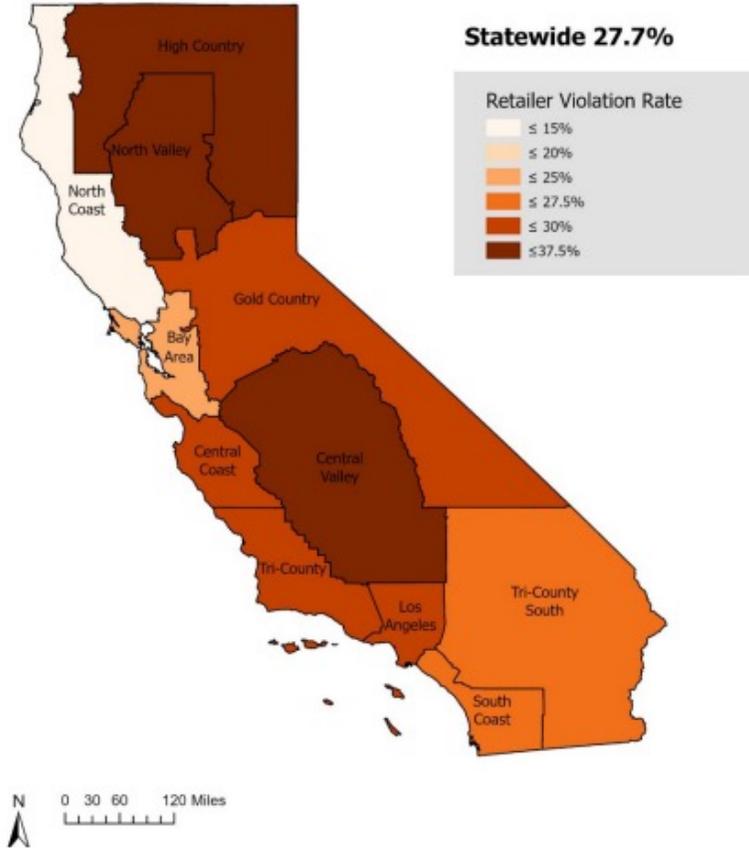
Statewide Tobacco 21 Grade



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



Region	n	Retailer Violation Rate (%)	Counties
Central Coast	24	29.2	Monterey, San Benito, Santa Cruz
Tri County	41	29.3	San Luis Obispo, Santa Barbara, Ventura
Bay Area	157	23.6	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano
Los Angeles	301	29.6	Los Angeles
South Coast	166	25.3	Orange, San Diego
Central Valley	105	33.3	Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare
High Country/ North Valley	34	35.3	Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Yuba
Gold Country	121	28.9	Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo
North Coast	31	12.9	Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma
Tri County South	131	26.0	Imperial, Riverside, San Bernardino

Source: Synar Tobacco Purchase Survey, 2022.

Prepared by: California Department of Public Health,
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Developed by the California Tobacco Control Program

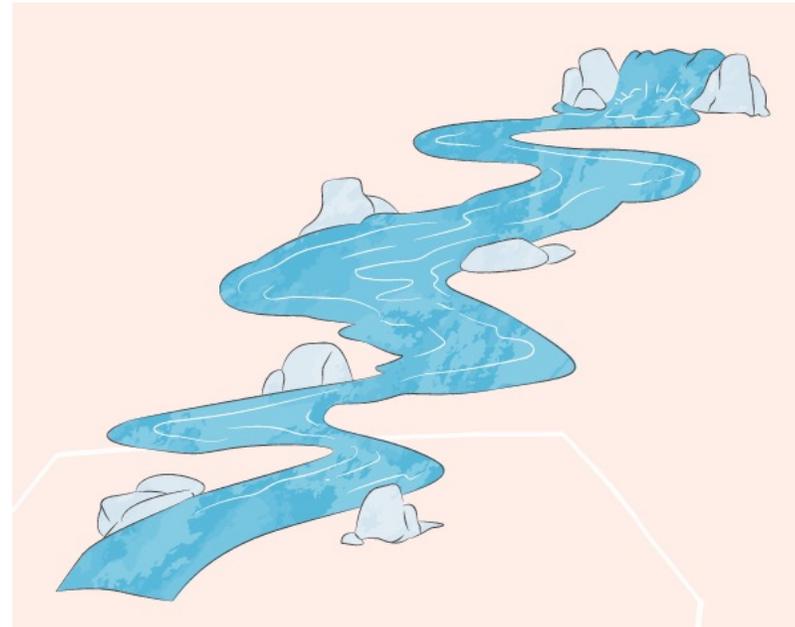
Available Tools

- 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!