

Addressing E-cigarettes in the Community Setting

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LEARNING OBJECTIVES

At the end of this session, participants will be able to:

- Understand the three elements for policy change
- Describe policy priorities for tobacco control
- Understand their role as pediatric advocates
- Describe where and how to advocate for tobacco control



NECESSARY ELEMENTS FOR POLICY CHANGE¹⁻²



AAP Policy Priorities for Protecting Youth from E- Cigarettes and other Tobacco Products

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2019 AAP POLICY STATEMENT

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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E-Cigarettes and Similar Devices

Brian P. Jensen, MD, MSPH, FAAP* Susan C. Wallay, MD, FAAP* SECTION ON TOBACCO CONTROL

Electronic cigarettes (e-cigarettes) are the most commonly used tobacco product among youth. The 2016 US Surgeon General's Report on e-cigarette use among youth and young adults concluded that e-cigarettes are unsafe for children and adolescents. Furthermore, strong and consistent evidence finds that children and adolescents who use e-cigarettes are significantly more likely to go on to use traditional cigarettes—a product that kills half its long-term users. E-cigarette manufacturers target children with enticing candy and fruit flavors and use marketing strategies that have been previously successful with traditional cigarettes to attract youth to these products. Numerous toxicants and carcinogens have been found in e-cigarette solutions. Nonusers are involuntarily exposed to the emissions of these devices with secondhand and thirdhand aerosol. To prevent children, adolescents, and young adults from transitioning from e-cigarettes to traditional cigarettes and minimize the potential public health harm from e-cigarette use, there is a critical need for an e-cigarette regulation, legislative action, and counterpromotion to protect youth.

DEFINITIONS

- Electronic cigarette (e-cigarette): handheld devices that produce an aerosol from a solution typically containing nicotine, flavoring chemicals, and other additives for inhalation through a mouthpiece by the user (alternative names include "e-cig," "electronic cigar [or "e-cigars"]," electronic nicotine delivery systems, electronic hookah [or "e-hookah"], hookah sticks, personal vaporizers, mechanical mods, vape pens, pod systems, and vaping devices);
- secondhand aerosol: e-cigarette emissions that are discharged into the surrounding environment with e-cigarette use both directly from the e-cigarette and exhaled from the lungs of the user; and
- thirdhand aerosol: e-cigarette emissions that remain on surfaces and in dust after e-cigarette use.

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FROM THE AMERICAN ACADEMY OF PEDIATRICS

Key Public Policy Recommendations:³

1. FDA should regulate e-cigarettes and raise the sales age to 21 years
2. Reduce youth demand by banning flavors, including menthol
3. Ban internet sales of e-cigarettes and e-juice
4. Ban e-cigarette advertising in places where youth can see it
5. Tax e-cigarettes at comparable rates to conventional tobacco products
6. Incorporate e-cigarettes into tobacco-free laws and ordinances in places where children spend time

Image Source: American Academy of Pediatrics, E-Cigarettes and Similar Devices, 2019. Cover

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LEVERAGING YOUR CREDIBILITY AS A PEDIATRICIAN

Ways you can advocate for tobacco control in your community or state:

- Earned media
- Letters to the editors
- Speaking to students at your local school district(s)



TOBACCO 21

- Tobacco 21 laws make it illegal to sell tobacco products, including vaping devices and products, to people under 21 years⁴
 - A federal Tobacco 21 law was passed in December 2019, raising the national purchase age for all tobacco products, including e-cigarettes, to 21
- Tobacco 21 laws:
 - Put the onus on the retailer: it is illegal to sell to minors under age 21
 - Generally enforced through fines
 - Protect younger adolescents from accessing tobacco products through friends who are legally able to buy them



TOBACCO 21

- Institute of Medicine report (2015):⁴
 - Expert review of the literature related to Tobacco 21
 - Predicted public health impact of raising tobacco purchase age to 19, 21, 25 years
 - Determined that raising the age of 21 was an effective course of action
- Raising the tobacco sales to age 21 would result in a 12% reduction in U.S. smoking prevalence
 - 4.2 million years of life saved in the United States
- Increasing the tobacco sales age can prevent or delay initiation of tobacco use by adolescents



FLAVOR BAN

- The Tobacco Industry has a long history of using flavored tobacco products to attract youth⁵
- Flavors are used to increase the appeal of tobacco and e-cigarettes by improving flavor and reducing harshness⁵
- Most youth who use e-cigarettes report using a flavored product⁶
- In order to protect children from initiating tobacco use, AAP advocates for a complete removal of all flavored tobacco products, including mint and menthol, from the market^{3,7}



BAN INTERNET SALES

- The federal legal purchase age for tobacco products, including e-cigarettes, is 21 years
- Online sales of tobacco products provides a loophole, as age verification is a challenge⁸
- To protect child health, AAP advocates for a ban on internet sales of all tobacco products, including e-cigarettes³



BAN ADVERTISING TO YOUTH

- Most youth in the US are exposed to e-cigarette marketing⁹
- Youth who are exposed to e-cigarette marketing are more likely to use e-cigarettes¹⁰
- To protect child health, AAP advocates for a ban on all e-cigarette advertising in places where youth can see it³



HIGH TAXES ON TOBACCO AND VAPING PRODUCTS

- Raising taxes on tobacco products has demonstrated success in lowering tobacco use¹¹
- To protect child health, AAP Policy recommends tobacco product prices should be increased, and that e-cigarettes should be taxed at the same level as other tobacco products^{3,12}



COMPREHENSIVE SMOKE FREE AIR LAWS

- Comprehensive smoke free air laws protect children from being exposed to tobacco product emissions and prevent youth from seeing adults using tobacco products and subsequently modeling that behavior¹²
- Smoke free air laws are an effective tool in lowering rates of tobacco use¹¹
- AAP Policy recommends that all places where children spend time should have comprehensive smoke free air laws that include a ban on e-cigarette use^{3,12}



Pediatricians as Advocates

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MOVING BEYOND INDIVIDUAL CHANGE

Health care providers are natural advocates:

- ***Credibility and Trust***

By position, reputation, experience

- ***Skill set***

Advocacy skills mirror patient-care, education skills

- ***Strength in numbers***

Physicians, nurses, social workers, and other health care providers can unite together in support of population health



ADVOCATE WITHIN THE HEALTH SYSTEM¹¹

- Keep healthcare facilities tobacco free
- Encourage standard screening, interventions
- Utilize handouts/posters with tobacco-control messages in hallways, waiting rooms
- Integrate tobacco messaging into standard care



COMMUNITY-BASED INTERVENTIONS¹³

- Collaborate with local, national organizations attempting to reduce tobacco use
- Disseminate tobacco-use prevention messages, education to clinicians and general public
- Participate in school-based prevention programs



ADVOCATE FOR PUBLIC POLICY¹³

- Provide expert testimony to legislative bodies
- Respond to requests for public comments on tobacco control policy from FDA, CDC, USPSTF
- Ask legislators to support tobacco control policies
 - eg, excise taxes on tobacco products, tobacco-free policies, Tobacco 21 laws
 - Preemptive state or federal laws can invalidate local tobacco control policies and are difficult to repeal; find more information [here](#) and [here](#)¹⁴



HARNESS THE POWER OF NATIONAL MEDICAL ASSOCIATIONS

National Medical Associations can:

- Promote and contribute new scientific research
- Act as advisors to support all aspects of policy development and implementation
- Provide educational content to healthcare providers, patients, families, lawmakers and the general public
- Advocate for local, state, and national tobacco control policies
- Engage large national groups of health care providers in advocacy efforts



ADDITIONAL RESOURCES

For pediatricians who are interested in tobacco control advocacy in their local and state jurisdictions:

- [Chapters and Districts](#), AAP
- [Lung Action Network](#), American Lung Association



ADDITIONAL RESOURCES

For pediatricians who work with educators or youth in school settings:

- [Tobacco Prevention Toolkit](#), Stanford Medical School
- [The Real Cost of Vaping](#), FDA/Scholastic
- [INDEPTH: An Alternative to Teen Nicotine Suspension or Citation](#), American Lung Association
- [Commercial Tobacco Use](#), Public Health Law Center
- [Catch my Breath E-cigarette and JUUL Prevention Program](#), UTX Health Science and CVS



KEY POINTS

- Pediatricians can utilize both clinical and community-level strategies to protect youth from tobacco and e-cigarette use
- Key priorities for protecting youth from tobacco and e-cigarette use and exposure include Tobacco 21 laws, bans on flavors, bans on internet sales, bans on advertising to youth, raising taxes, and comprehensive smoke free air laws
- Pediatricians can advocate to protect children from e-cigarettes within their health system, community, and at the state and federal level



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