


VAPING JULY 2022

Prevention and Interventions with
American Indian Populations





Traditional tobacco is a medicine, which can be used in a way that promotes physical, spiritual, emotional, and community well-being. It may be used as an offering to the Creator or to another person, place, or being.

A gift of traditional tobacco is a sign of respect and may be offered when asking for help, guidance, or protection. Traditional tobacco is sometimes used directly for healing in traditional medicine. It may be burned in a fire or smoked in a pipe, yet the smoke is generally not inhaled.

In many teachings, the smoke from burned tobacco has a purpose of carrying thoughts and prayers to the spirit world or to the Creator. When used appropriately, traditional tobacco is not associated with addiction and other health impacts. Continued use of traditional tobacco supports a good life and a healthy community today and for future generations to come.

WHAT IS VAPING?

Vaping or e-cigarettes are battery-operated devices that people use to inhale an aerosol, which typically contains nicotine, flavorings, and other chemicals.¹

Other Names

E-cigarettes, Electronic nicotine delivery systems (ENDS), E-cigs, E-hookahs, Hookah pens, Vape, Vape pens, Juuls, Mods

Ingredients

Vape pods contain harmful ingredients, including formaldehyde, propylene glycol, and acrolein.

- **Formaldehyde** is in building materials such as particleboard, plywood, and other pressed-wood products and preservation. It is also commonly used as a fungicide, germicide, and disinfectant, and as a preservative in mortuaries and medical laboratories.²
- **Propylene glycol**, or PG in vaping circles, is a type of alcohol. It is an organic compound that acts as a humectant (meaning it retains moisture) and disrupts the formation of ice crystals in water. It is used in pet food, cleaning supplies, cosmetics, and some medicines.
- **Acrolein** - used as a pesticide to control algae, weeds, bacteria, and mollusks.³



VAPING AND HEALTH IMPACTS

Mental Health

81% of youth, **15-24** years, that use e-cigarettes said they started vaping to decrease stress, anxiety, or depression.⁴

- Nicotine affects brain development. This can make it harder to learn and concentrate. Some of the brain changes are permanent and can affect mood and ability to control impulses as an adult.⁵
- Nicotine exposure may adversely impact the developing brains of youth, causing long-term effects on cognitive ability, mental health, and personality traits. Youth are vulnerable to addiction to nicotine due to being particularly susceptible to peer influences and social pressures.⁶
- Mood and anxiety disorders, suicidal ideation, depressive symptoms and negatively perceived mental health are all associated with e-cigarette use.⁷

Physical Health

- Some of the ingredients in e-cigarette aerosol could also be harmful to the lungs long-term. For example, some e-cigarette flavorings may be safe to eat but not inhale because the gut can process more substances than the lungs.⁸
- E-cigarettes contain toxic metal particles such as nickel, lead, and chromium, which can be inhaled into the lungs.⁹
- Vaping may lead to lung inflammation which can be troublesome for youth playing sports and other activities.⁷
- Nicotine found in e-cigarettes raises the heart rate and increases blood pressure, leading to hypertension and other heart diseases.⁸

VAPING AMONG MONTANA AND WYOMING AIAN YOUTH

According to the Youth Risk Behavior Survey (YRBS) 31% of AIAN youth in Wyoming and 29% of AIAN youth in Montana currently use electronic vapor products, while 54% of AIAN youth in Wyoming and 66% of AIAN youth in Montana have ever used electronic vapor products. ^{10, 11} Over the past few years, we have seen a decrease in E-cigarette use in youth. ¹²

SIGNS OF E-CIGARETTE USE

- **Sleep Disturbance.** People who vape tend to have their sleep patterns disrupted. They may stay up later than usual, have difficulty falling asleep, and/or be restless during sleep.
- **Changes in Emotion.** Vaping can lead to problems with decision making, memory, impulse regulation, and emotional control.
- **Strange cylinders, chargers, or batteries lying around.** Vaping devices come in all shapes and sizes; some look like USB devices.
- **Reducing or Skipping Caffeine.** E-cigarette users can develop a sensitivity to caffeine that makes them reduce or eliminate caffeine usage.
- **Weight Loss/Eating Less.** Nicotine suppresses appetite. If your child is vaping, they might eat less or lose weight.
- **Scents of fruity odors on skin, breath, and clothes.** Scents could include bubble gum, gummy bears, cotton candy, and more. ^{13, 14}



6 REASONS WHY YOUTH USE

#1

ATTRACTIVE FLAVORS

Flavors have been identified as one of the primary reasons youth report using e-cigarettes. ^{15, 16}

#2

WIDESPREAD ADVERTISING

In 2021, 7 out of 10 youth had seen e-cigarette advertising.

#3

AVAILABILITY AND LOWER COST

Youth have an easier time accessing e-cigarettes, and they remain cheaper than cigarettes.

#4

CURIOSITY

Youth report using e-cigarettes because they are curious about the products. ¹⁰

#5

SOCIAL EXPERIMENTATION

Youth report using them because they see their friends using them.

#6

TO DEAL WITH STRESS OR ANXIETY OR DEPRESSION

Youth may turn to e-cigarettes to deal with stress or anxiety, which can cause a cycle of tobacco addiction. ⁶



PREVENTION

Vaping prevention and intervention efforts led by healthcare and community stakeholders such as schools, local public health, and youth organizations can prevent or decrease youth vaping. Below are several strategies from the research for educators, policymakers, healthcare providers, parents, tribal leaders, and community organizations.

Education

- **Educate youth on the dangers of e-cigarette use.** Include information on the chemical, lung, and COVID-19 harms in educational messaging.¹⁷
- **Avoid imagery.** Do not incorporate imagery of candy and flavor in prevention messaging and education. This has been found to increase the appeal of vaping for youth. Ads with neutral or pleasant imagery do not prevent vaping.¹⁸
- **Develop resources for youth.** Feature real youth and engage youth in creating messages geared towards vape prevention.¹⁹
- **Provide education on resources that can support quitting.** Share messages for youth using e-cigarettes who may already be addicted and don't know where to turn for help.
- **Provide education in a variety of settings.** Education and brief counseling in primary care settings is effective at preventing the use of e-cigarettes.²⁰
- **Expand on existing campaigns.** "The Real Cost" campaign provides educational materials to help teens understand the risks of e-cigarettes. See the resources section for more.²¹
- **Engage social networks.** Use social networks or Peer Leader models like the Above the Influence of Vaping (ATI-V) prevention program.

Parents

- **Set the example.** Be commercial tobacco-free and do not expose your kids to secondhand emissions of commercial tobacco – including e-cigarettes.
- **Talk about the dangers of e-cigarettes** and include information about the chemical and lung harms.
- **Be consistent.** Check in with your youth frequently, choose informal opportunities to talk about vaping, and be clear and consistent with your expectations regarding vaping and substance use.
- **Be involved.** Speak to your child's teacher, administration, tribal leadership, and policymakers about the enforcement of tobacco-free schools and communities and the prevention curriculum for vaping.
- **Remain calm.** Being upset when you find out your child is vaping is understandable BUT take time to calm down and consider how you want to discuss this with your child. See the resource section for key talking points to discuss with your child.

Healthcare

- **E-Cigarettes are not a smoking cessation strategy.** Do not recommend vaping as a smoking cessation or harm reduction strategy.
- **Address the issue of vaping early with youth and families.** Discussions with youth should start at the age of 12 or earlier when appropriate. ²³
- **Use screening tools.** Use evidence-based assessment tools – youth prefer these to direct questioning.
- **Engage in behavioral strategies.** Use behavioral strategies that have proven effective for controlling substance misuse of other substances to help youth reduce or quit smoking. ²⁴

Policymakers

- **Establish policies.** Develop new policies for vaping or include vaping in existing commercial tobacco policies in the community, schools, and workplace.
- **Comprehensive policies.** Policies should encompass product classification, age restrictions, smoke-free policies, flavor bans, sales restrictions, taxation, packaging, and advertising. ^{19,22}

INTERVENTION

INDIVIDUAL-LEVEL INTERVENTION

Focus is on the characteristics of a person that influence behavior change. This includes knowledge, attitudes, behaviors, self-efficacy, age, values, goals, expectations, and stigma.

Example intervention:

Talk to talk to your youth about vaping. Be calm and offer help or information.

SCHOOL-LEVEL INTERVENTIONS

Focus is on implementing interventions in school-based settings, including elementary, middle, and high schools. Implement interventions in individual classrooms, specific schools, or entire school districts. Implement programs that promote protective factors, fulfillment, and inclusivity for youth.

Example intervention:

CATCH My Breath is a school-based program developed to prevent youth nicotine vaping and tobacco. It includes classroom lessons, physical education strategies, and parent education.

COMMUNITY-LEVEL INTERVENTIONS

Focus is on the entire population within a country, state, county, or city. These interventions attempt to influence youth behavior by changing social norms and attitudes, economic conditions, and environmental factors that may impact vaping behaviors.

Example intervention:

Media campaigns such as “The Real Cost Campaign” support positive outcomes associated with youth vaping. Additional interventions include increasing prices of tobacco products, compliance punishment for supplying tobacco products to youth, and policies banning flavored liquids. ^{8,25}

RESOURCES

Quit Partner

1-800-QUIT-NOW (1-800-784-8669)
quitpartnermn.com

Teens: text “Start My Quit” to
1-855-891-9989 or call to talk with a coach

Online tobacco cessation support
smokefree.gov

American Lung Association/ Tobacco Quit Line

651-227-8014 or 1-800-586-4872

Chantix® GetQuit Support plan

1-877-CHANTIX (1-877-242-6849)
get-quit.com

Financial aid for Chantix® or Nicotrol® inhaler

1-866-706-2400
pfizerrxpathways.com

Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program

1-800-344-5984 or 1-507-266-1930

ADDITIONAL INFORMATION

For parents, policymakers, teachers, and healthcare providers

Parents

- [Talking to Your Teen about Vaping \(samhsa.gov\)](http://samhsa.gov)
- [A Tip Sheet for Parents: Talk with Your Teen About E-cigarettes: A Tip Sheet for Parents \(surgeongeneral.gov\)](http://surgeongeneral.gov)

Policy Makers

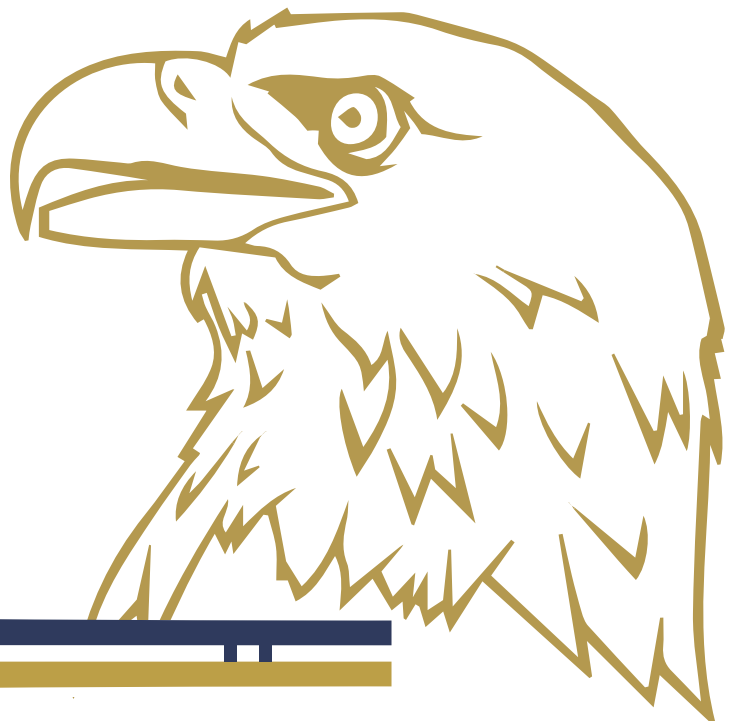
- [Policy Playbook for e-cigarettes \(vapingprevention.org\)](http://vapingprevention.org)

Teachers

- [Learning to Refuse Peer Pressure Activity: Refusal skills \(phsd.ca\)](http://phsd.ca)
- [E-Cigarette Prevention Information for Middle and High School Educators: “The Real Cost of Vaping” | Scholastic](#)
- [Evidence-based Vaping Prevention Program in School Settings: CATCH My Breath - CATCH](#)

Healthcare Providers

- Evidence-based screening tools that can be adapted for vaping
 - [Screening to Brief Intervention \(S2BI\)](#)
 - [Car-Relax-Alone-Forget-Friends-Trouble \(CRAFFT\)](#)
- [Report cases of e-cigarette, or vaping, product use-associated lung injury \(EVALI\)](#)



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