

# HEALTH FACT SHEET

November 2018

### WHAT ARE E-CIGARETTES? WHAT IS VAPING?

**E**-cigarettes are devices that allow users to inhale an aerosol which typically contains nicotine, flavorings, and other additives or chemicals. E-cigarettes are sometimes called “e-cigs”, “e-cigars”, “e-pipes”, “e-hookas”, “mods”, “tank systems”, and most commonly, “vape pens” or “vapes”, the use of which is commonly called “vaping”.<sup>1</sup>

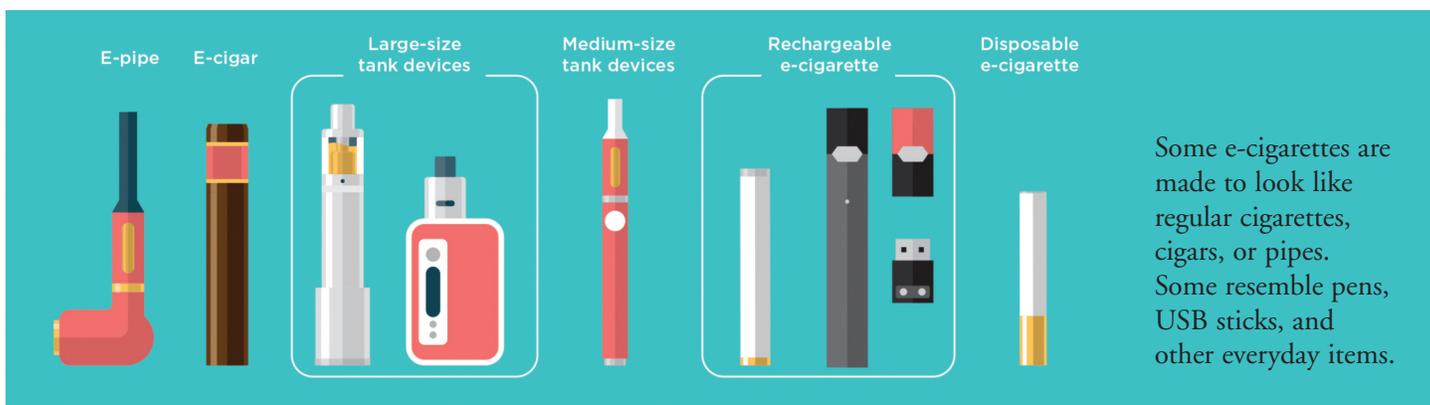
An increasingly popular e-cigarette device is marketed under the brand “JUUL”. JUUL has been available for sale since 2015 and is now the top-selling e-cigarette brand in the United States. A JUUL device has a sleek design which looks similar to a USB drive and is used to deliver the liquid nicotine in a cartridge called a “JUULpod” available in multiple flavors. The use of a

JUUL is sometimes called “JUUL – ing” and has been popularized on social media.<sup>2</sup> Nationally, middle and high school students report the top reasons they use e-cigarettes are because a family member or friend uses, for the flavors such as mint, candy, fruit, or chocolate, and the belief that they are harmless.<sup>3</sup>

E-cigarettes contain fewer toxic chemicals than regular cigarettes, however, e-cigarettes are not harmless and have been found to contain heavy metals such as nickel, tin, and lead, diacetyl, which has been linked to lung disease, and other cancer-causing chemicals.<sup>4,5,6</sup> E-cigarettes contain nicotine which can lead to addiction and can cause harm to developing adolescent brains.<sup>7</sup>

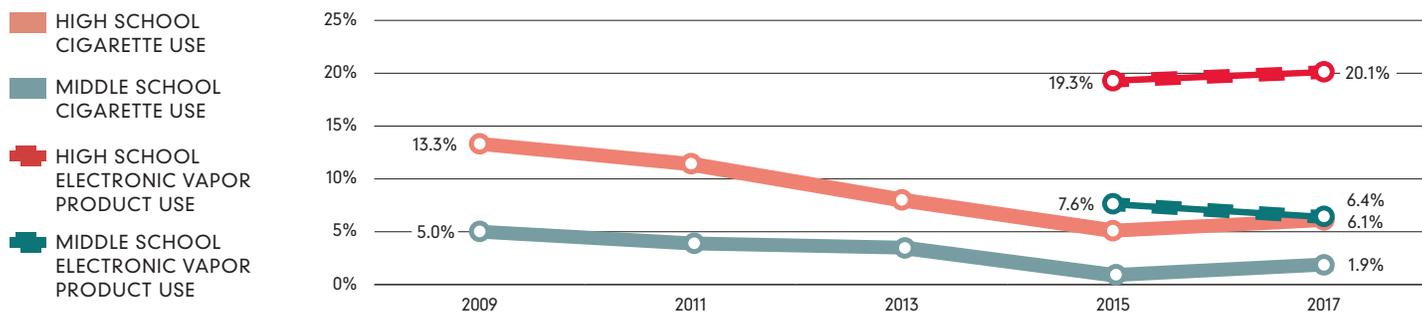
### FAST FACTS

- Although e-cigarettes pose less risk to an individual than traditional cigarettes, e-cigarettes are harmful to youth.<sup>8,9</sup>
- E-cigarettes contain nicotine, a highly addictive chemical that can harm brain development which continues through the teens and into the early to mid 20’s.<sup>10</sup>
- Some e-cigarette pods can have up to as much nicotine as a pack of traditional cigarettes.<sup>11</sup>
- Some e-cigarette products that market themselves as having zero nicotine have been found to contain nicotine.<sup>12</sup>
- Young people who use e-cigarettes may be more likely to transition to regular cigarettes and increase the frequency and amount of cigarette smoking in the future.<sup>13,14</sup>
- Bystanders can breathe in exhaled, or “secondhand”, aerosols from an e-cigarette user.<sup>15</sup>
- E-cigarette products can be used to inhale other drugs such as cannabis (marijuana).<sup>16</sup>
- Some defective batteries in e-cigarettes have caused explosions and fires resulting in serious injuries.<sup>17</sup>



## BOTH MIDDLE AND HIGH SCHOOL STUDENTS REPORT USING E-CIGARETTES AT MUCH HIGHER RATES THAN TRADITIONAL CIGARETTES

YOUTH CIGARETTE AND ELECTRONIC VAPOR PRODUCT USE\*, MIDDLE AND HIGH SCHOOL STUDENTS, RHODE ISLAND, 2009-2017



Source: Rhode Island Department of Health, Youth Risk Behavior Survey, 2009-2017.

Notes: \*Use is defined as currently smoking cigarettes or an electronic vapor product at least one day during the 30 days before the survey. \*\*Electronic Vapor Use was not asked on the YRBS survey before 2015.

## WHAT ADULTS CAN DO TO PREVENT AND REDUCE YOUTH E-CIGARETTE USE

- **LEARN** about e-cigarettes including the types and shapes of devices, the health risks posed by using them, and the policies surrounding e-cigarette use in your school district.

CATCH My Breath, a free, online, evidence-based youth e-cigarette and JUUL prevention program, includes tools for parents and teachers to learn the basics about e-cigarettes and JUUL. You can download it for free at: [www.catchinfo.org/cmbpresentation](http://www.catchinfo.org/cmbpresentation)

- **TALK** to youth about the health risks associated with e-cigarette use and explain expectations and school policies surrounding e-cigarettes.

Tobacco-Free RI provides examples of local e-cigarette school policies at: [www.tobaccofree-ri.org/electronic-delivery-systems.htm](http://www.tobaccofree-ri.org/electronic-delivery-systems.htm)

- **BE A ROLE MODEL** and set a positive example by being tobacco- and e-cigarette-free.

The Rhode Island Department of Health offers free tobacco and e-cigarette cessation support through an evidence-based smokers' helpline: 1-800-QUIT-NOW (1-800-784-8669)

## References

<sup>1,5,7,8,16</sup> *E-cigarette use among youth and young adults: A report of the Surgeon General - Executive summary.* (2016). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>2</sup> Huang, J., et al. (2018). Vaping versus JUULING: How the extraordinary growth and marketing of JUUL transformed the US retail e-cigarette market. Retrieved October 15, 2018, from <http://tobaccocontrol.bmj.com>

<sup>3</sup> Tsai, J., et al. (2018) Reasons for electronic cigarette use among middle and high school students – National Youth Tobacco Survey, United States, 2016. *National Academy of Sciences*, 67(6),196-200.

<sup>4,9,13</sup> *Public health consequences of e-cigarettes.* 2018. Washington, DC: The National Academies of Sciences, Engineering, and Medicine.

<sup>6,10,11,15,17</sup> Centers for Disease Control and Prevention. (2018). *Quick facts on the risks of e-cigarettes for kids, teens, and young adults.* Retrieved October 17, 2018, from [www.cdc.gov](http://www.cdc.gov)

<sup>12</sup> Goniewicz, M., et al. (2015). Nicotine levels in electronic cigarette refill solutions: A comparative analysis of products from the United States, Korea, and Poland. *Int J Drug Policy*, 26(6),583–588.

<sup>14</sup> Barrington-Trimis, J., et al. (2016). E-cigarettes and future cigarette use. *Pediatrics*, 138. (1), e20160379.



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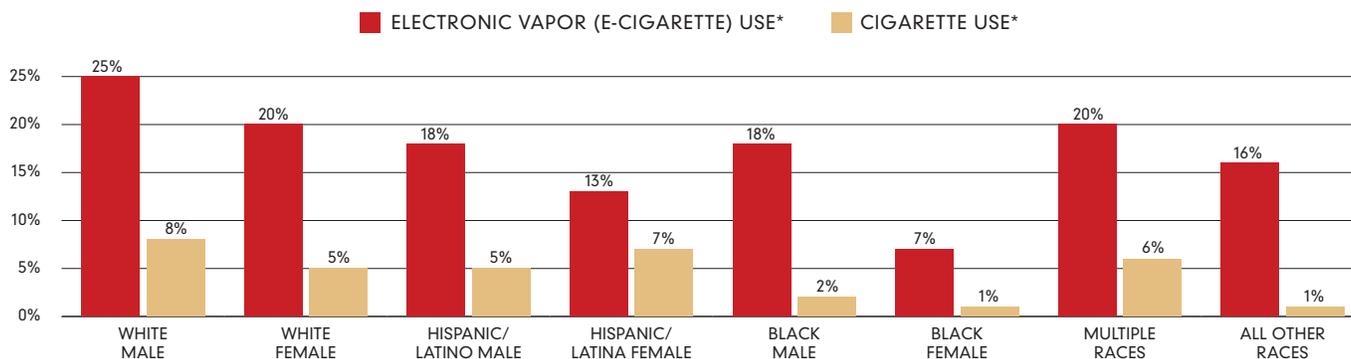


November 2018

## TRENDS AND FACTORS RELATED TO YOUTH TOBACCO USE

Nationally and in Rhode Island, tobacco use rates vary by race, ethnicity, and gender and higher rates of tobacco use are found among youth who experience certain influencing factors.<sup>1</sup> These factors include historic and emerging advertising trends, community acceptance, and social factors and stressors that influence initiation and continuation.<sup>2,3,4,5</sup>

## AMONG HIGH SCHOOL STUDENTS IN 2017, WHITE MALES REPORT HIGHEST USE, BLACK FEMALES REPORT LOWEST USE OF BOTH CIGARETTES AND E-CIGARETTES



Source: Rhode Island Department of Health, *Youth Risk Behavior Survey*, 2017.

Notes: \*Use is defined as currently smoking cigarettes or using electronic vapor products at least one day during the 30 days before the survey.

- In Rhode Island high schools in 2017, male students reported smoking cigarettes or cigars or using smokeless tobacco (16%) and using electronic vapor products (22%) at higher rates than female students (7% and 17%).<sup>6</sup>
- Despite tobacco industry marketing efforts targeting Black communities to initiate and continue smoking menthol tobacco products, Black high school students have historically and currently report smoking cigarettes or cigars or using smokeless tobacco (9%) and e-cigarettes (12%) at lower rates than Hispanic/Latino high school students (10% smoking cigarettes or cigars or using smokeless tobacco and 16% using e-cigarettes) and White high school students (13% smoking cigarettes or cigars or using smokeless tobacco and 23% using e-cigarettes).<sup>7,8</sup>
- Black female high school students report the lowest rates of smoking cigarettes or cigars or using smokeless tobacco (1%) and using e-cigarettes (7%).<sup>9</sup>
- Survey data of Rhode Island Native American youth is not available due to insufficient sampling, however, a national survey released in 2017, found that American Indian or Alaskan Native high school students reported higher rates of using any tobacco product including e-cigarettes (35%) than their Asian (6%), Black (15%), Hispanic (17%), and White (22%) peers.<sup>10</sup> In some Native American communities, tobacco is used in ceremonial practices to protect and heal sick individuals and can be used as an educational tool linked to storytelling.<sup>11</sup> Some tobacco companies target American Indian/Alaska Native communities through advertising campaigns featuring symbols or names with special meaning to this group or promote tobacco products as “natural” cigarettes.<sup>12</sup>

## FACTORS INFLUENCING INITIATION AND USE OF TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, AMONG YOUTH

### MENTAL HEALTH

Youth who experience depression, anxiety, and stress are more likely to initiate smoking and become regular users.<sup>13,14</sup> In 2017, 27% of Rhode Island high school students who reported feeling sad or hopeless also reported currently using e-cigarettes compared to 17% of their peers who did not report feeling sad or hopeless.<sup>15</sup>

### BULLYING

Both youth who bully others and youth who are victims of bullying have higher rates of tobacco use. These students may initiate use to gain peer acceptance and/or to relieve stress.<sup>16</sup> In 2017, 31% of Rhode Island high school students who reported being bullied at school or online reported using e-cigarettes compared to 17% of students who did not report being bullied.<sup>17</sup>

### LGBTQ+ DISCRIMINATION

Discrimination, family rejection, emotional abuse, social stigma and isolation may contribute to higher rates of tobacco use among lesbian, gay, bisexual, and transgender youth, and youth who are unsure of their sexuality.<sup>18</sup> In Rhode Island in 2017, 52% of lesbian, gay, and bisexual youth reported having ever tried/used an e-cigarette compared to 39% of their peers.<sup>19</sup>

### RURAL COMMUNITIES

Industry marketing that perpetuates a culture of tobacco in rural communities contributes to a social norm of smoking.<sup>20</sup> In the 2013-2014 school year, 10% of rural high school students in Rhode Island reported currently smoking cigarettes compared to 9% of students statewide and 5% of students in the four core cities.<sup>21</sup>

Notes: Feeling sad or hopeless is defined as two or more consecutive weeks in a row in the last 12 months in which the student felt so sad or hopeless they stopped doing some normal activities. Bullied is defined as being bullied on school grounds or electronically in the last 12 months. Use is defined as currently smoking a cigarette or using an e-cigarette at least one day during the 30 days before the survey. The Rhode Island Department of Health defines Burrillville, Coventry, Charlestown, Exeter, Foster, Glocester, Hopkinton, Jamestown, Little Compton, New Shorham, Portsmouth, Richmond, Scituate, Tiverton, West Greenwich, and Westerly as rural communities. The four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

## ACCESS INFLUENCES YOUTH INITIATION

Experimentation with and initiation of tobacco products among youth can be attributed to the ease of access to tobacco products through retailers despite laws prohibiting sales to minors.<sup>22</sup> In 2017, 26% of Rhode Island high school students under age 18 who use tobacco products reported purchasing tobacco products at a retail establishment.<sup>23</sup> In FFY 2018, 12% of retail tobacco outlet inspections resulted in retailer violation.<sup>24</sup>

Note: Retailor violations rates are the percentage of inspected retail outlets that sold tobacco products to an inspector under age 18.

### References

<sup>1,6,8,9,23</sup> 2017 Youth Risk Behavior Survey, Rhode Island Department of Health.

<sup>2,7,11,13,22</sup> Preventing tobacco use among youth and young adults: A report of the Surgeon General. (2012). Rockville, MD: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention.

<sup>3,20</sup> Cutting tobacco's rural roots: Tobacco use in rural communities. (2012). Washington, DC: American Lung Association.

<sup>4,16</sup> Weiss, J. W., Cen, S., Mouttapa, M., Johnson, A. C., & Unger, J. (2011). Longitudinal effects of hostility, depression, and bullying on adolescent smoking initiation. *Journal of Adolescent Health*, 48(6), 591-596.

<sup>5,14</sup> Center for Disease Control and Prevention. (n.d.). *Youth and tobacco use*. Retrieved November 5, 2018, from www.cdc.gov

<sup>10</sup> Centers for Disease Control and Prevention. (n.d.). *2017 Youth Risk Behavior Survey currently used tobacco results*. Retrieved November 5, 2018, from www.cdc.gov

<sup>12</sup> Centers for Disease Control and Prevention. (n.d.). *American Indians/Alaska Natives and tobacco use*. Retrieved November 13, 2018, from www.cdc.gov

<sup>15,17,19</sup> Rhode Island Department of Health analysis of data from the 2017 Youth Risk Behavior Survey.

<sup>18</sup> Dai, H. (2017). Tobacco product use among lesbian, gay, and bisexual adolescents. *Pediatrics*, 139(4), 1-8.

<sup>21</sup> 2013-2014 SurveyWorks!, Rhode Island Department of Elementary and Secondary Education.

<sup>24</sup> Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2017). *Annual Synar report: FFY 2018, RI*. Retrieved November 5, 2018, from www.bhddh.ri.gov



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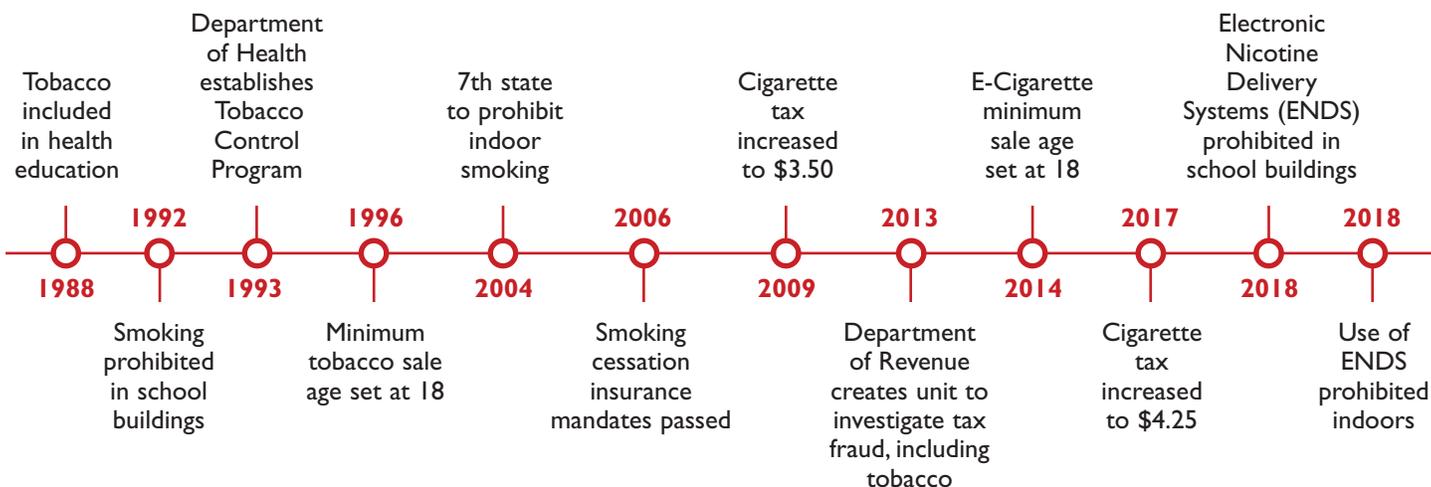
## TRENDS IN YOUTH TOBACCO USE: STATE AND SCHOOL TOBACCO POLICIES



December 2018

### HISTORY OF TOBACCO CONTROL POLICY IN RHODE ISLAND

Rhode Island has a strong history of supporting policies that prevent youth tobacco use. Due to both persistent and emerging trends in youth tobacco use, including e-cigarette use, Rhode Island should continue to enact evidenced-based policies, update existing laws, and increase funding for prevention, cessation, and tobacco control programs in order to reduce the number of youths initiating, using, and becoming addicted to tobacco products. Both the state and school districts have unique roles to play to reduce tobacco use and support healthy, smoke-free communities.<sup>1,2,3,4,5,6,7</sup>



### UPDATING LAWS AND POLICIES TO INCLUDE E-CIGARETTES

#### FEDERAL

The Food and Drug Administration (FDA) issued a final rule in 2016 that extended its authority to e-cigarettes, e-cigars, and e-hookah within the *Tobacco Control Act*. The FDA requires retailers to verify a customer is at least 18 years old before the sale of e-cigarettes. The FDA also subjects existing and new electronic products to review by the agency before entering the market.<sup>8</sup> In September 2018, the FDA issued notices to five e-cigarette manufacturers requiring them to put forward plans to address and reverse youth access to and appeal of their products.<sup>9</sup>

#### RHODE ISLAND

In 2014, Rhode Island passed a law that prohibited the sale of e-cigarettes to minors. The law did not define these substances and devices as tobacco products (as the FDA does) and instead created a definition called “electronic nicotine delivery systems” or “ENDS.”<sup>10</sup>

- ENDS are not currently subject to state tobacco control provisions including taxes.
- In 2017, legislation passed that prohibits the use of ENDS in schools.<sup>11</sup>
- In 2018, ENDS were added to the *Public Health and Workplace Safety Act* that bans smoking in enclosed areas including businesses, public places, or common areas in apartment buildings.<sup>12</sup>

Six states (including California, Hawaii, Maine, Massachusetts, New Jersey, Oregon), DC, and at least 350 localities (including two towns in Rhode Island, Barrington and Central Falls) have raised the sale age of tobacco products from 18 to 21.<sup>13</sup> The American Academy of Pediatrics and the Institute of Medicine recommend increasing the minimum sale age to 21 to delay access and initiation among youth.<sup>14,15</sup> Nationally, 88% of adult cigarette users who smoke daily report starting by the age of 18, and 99% of all tobacco initiation occurs by age 26.<sup>16</sup>

## SCHOOL POLICIES ON ELECTRONIC NICOTINE DELIVERY SYSTEMS

Effective January 1, 2018, Rhode Island law prohibits Electronic Nicotine Delivery Systems (ENDS), also known as e-cigarettes, from schools and related properties along with other tobacco products. These products cannot be used or possessed in these settings.<sup>17</sup> While this state law is in effect, in order to be effective, schools must also update their school policy on how they plan to enforce the state law.

School enforcement policies should:

- Focus enforcement on education and cessation support
- Be aligned with other tobacco enforcement strategies
- Include education about the impacts of e-cigarettes and other tobacco products
- Include referral to a school counselor or social worker
- Notify the parent/guardian
- Confiscate the product

Rhode Island restricts the use of out-of-school suspensions to situations when a child's behavior poses a demonstrable threat that cannot be dealt with by other means.<sup>18</sup> During the 2016-2017 school year, there were 228 suspensions related to tobacco use, including 117 in-school suspensions and 111 out-of-school suspensions.<sup>19</sup>

To Protect Everyone's Health

### This is a Tobacco-Free School Campus



Use of All Tobacco Products, Including E-Cigarettes, is Prohibited.  
Everywhere. Everyone. At All Times.

Want help quitting?  
**1-800-QUIT-NOW (1-800-784-8669)**  
QuitNowRI.com

Pursuant to R.I. General Law Chapter 23-20.9-5. To report a violation, call the Rhode Island Department of Health at (401) 222-9960.

## References

<sup>1</sup> Rhode Island Department of Elementary and Secondary Education. *Rhode Island Department of Education: Comprehensive health instructional outcomes*. (2015) Providence, RI: Rhode Island Department of Elementary and Secondary Education.

<sup>2</sup> Roberts, C., Boles Welsh, E., Collins, E., & Pearlman, D.N. (2013). *2013 Tobacco Control Program data report: Adult tobacco use in Rhode Island*. Providence, RI: Rhode Island Department of Health.

<sup>3</sup> State of Rhode Island, Division of Taxation. 2017.

<sup>4,10</sup> Rhode Island General Law 11-9-13.4.

<sup>5</sup> House Fiscal Advisory Staff, (2017). *Budget as enacted: Fiscal Year 2018*. Providence, RI: Rhode Island House of Representatives.

<sup>6,11,17</sup> Rhode Island General Law 23-20.9.5.

<sup>7,12</sup> Rhode Island General Law 23-20.10.

<sup>8</sup> Food and Drug Administration, Department of Health and Human Services. (2016). *Deeming tobacco products to be subject to the federal food, drug, and cosmetic act, as amended by the family smoking prevention and tobacco control act*. (21 CFR Parts 1100, 1140, and 1143). Washington, DC.

<sup>9</sup> U.S. Food and Drug Administration. (2018). *FDA takes new steps to address epidemic of youth e-cigarette use*. [Press release]. Retrieved from [www.fda.gov](http://www.fda.gov)

<sup>13</sup> Campaign for Tobacco-Free Kids. (n.d.). *States and localities that have raised the minimum legal sale age for tobacco products to 21*. Retrieved November 10, 2018, from [www.tobaccofreekids.org](http://www.tobaccofreekids.org)

<sup>14</sup> American Academy of Pediatrics. (n.d.). *Tobacco to 21: An easy way to save young lives*. Retrieved August 1, 2017, from [www.aap.org](http://www.aap.org)

<sup>15</sup> *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC (2015): Institute of Medicine of the National Academies.

<sup>16</sup> *Preventing tobacco use among youth and young adults: A report of the Surgeon General: Executive summary*. (2012). Atlanta, GA: U.S. Department of Health and Human Services.

<sup>18</sup> Rhode Island General Law, and schools are required to post this signage. 16-2-17.1.

<sup>19</sup> Rhode Island Department of Education, 2016-2017 school year.



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