LOOKING CLOSELY AT PREVENTION AND PROTECTION POLICIES FOR YOUTH USE OF E-CIGARETTES AND TOBACCO PRODUCTS

By
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Community Health and Health Behavior
For use of e-cigarettes by youth zero-tolerance, abstinence-only is the politically-impeccable approach.
Dr. Jerome Adams,
Surgeon General of the United States, February 23, 2018, SRNT Conference

“I’m a father, I am physician, I am a public health advocate.
“No child should be vaping! Point blank! Period!
“And if we start there, then I think we’d be able to improve the health of our country and prevent a pathway for addiction for youth.”
No child should be vaping!
Point blank!

Period!
As a father, scientist, and public health advocate,

I agree that no child *should be* vaping, but disagree that the official response should end there.
Insisting on what ‘should be’ is a limited way to deal with what ‘is.’

https://commons.wikimedia.org/wiki/File:Bury_your_head_in_the_sand.jpg
What are the real costs of such an official abstinence-only message?
Some kids will misbehave, despite our best efforts.

And these best efforts should continue!
Youth substance use from Monitoring the Future, 2017 [Past 30 day Use]

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Look at the data on sexual intercourse in High School.
Sexual Intercourse Among High School Students — 29 States and United States Overall, 2005–2015

MMWR / January 5, 2018 / 66(5152);1393–1397

Ever Had Sexual Intercourse

- 9th Grade: 24.1%
- 10th Grade: 35.7%
- 11th Grade: 49.6%
- 12th Grade: 58.1%
Is there even one example of an ‘adult-only’ (legal or illegal) activity that some youth will not also be doing?
Be assured some youth will be puffing, vaping, or dipping tobacco products.
Wanting no child to vape does not justify evasion or misinformation on differential harms of products that they should ‘not use,’ but are using.
Youth need to know the real costs—the greatly different real costs—of different tobacco/nicotine products they are using.
Modern, comprehensive sex education provides an appropriate science-based model.
Review article

Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact

John S. Santelli, M.D., M.P.H., Leslie M. Kantor, Ph.D., M.P.H., Stephanie A. Grilo, M.A., Ilene S. Speizer, Ph.D., Laura D. Lindberg, Ph.D., Jennifer Heitel, M.P.H., Amy T. Schalet, Ph.D., Maureen E. Lyon, Ph.D., Amanda J. Mason-Jones, Ph.D., M.P.H., Terry McGovern, J.D., Craig J. Heck, M.P.H., Jennifer Rogers, M.P.H., and Mary A. Ott, M.D.

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f Department of Sociology, University of Massachusetts Amherst, Amherst, Massachusetts
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h Department of Health Sciences, University of York, North Yorkshire, England
i Altarum Institute, Rockville, Maryland
j Department of Pediatrics, Indiana University, Indianapolis, Indiana
“The weight of the scientific evidence finds that Abstinence-Only-Until Marriage programs are not effective in delaying initiation of sexual intercourse or changing sexual risk behaviors. . . .
“[These] programs threaten fundamental human rights to health, information and life. Young people need access to accurate and comprehensive sexual health information to protect their health and lives.”
Position paper

Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine

The Society for Adolescent Health and Medicine
Positions of the Society for Adolescent Health and Medicine

Based on our review, SAHM believes

1. Young people have a right to accurate and complete information to protect their lives and their health.
2. Abstinence can be a healthy choice, but adolescents should decide for themselves when they are ready to initiate sex. An adolescent’s choice of abstinence or sexual activity should never be coerced.

Of course, teenagers are deciding for themselves with respect to many behaviors. But, alas, this is not a perspective commonly found in tobacco control.
3. Young people should be empowered to become full partners in the development and implementation of comprehensive sexuality education programs.
9. United States government programs promoting abstinence-only-until-marriage are ethically flawed, are not evidence-based, and interfere with fundamental human rights to complete and accurate health information.
Back to vaping and tobacco products. . . .
Kids are different and have different interests


https://www.pexels.com/photo/adult-blur-books-close-up-261909/
Message effects depend on personal interests.
Personal relevance is critical

✓ Research on persuasion
  • ‘Elaboration-Likelihood Model’
  • Tailoring messages in health communication

✓ Psychographic market segmentation
Let’s consider different categories of youth (Grades 6 to 12)
Identifying patterns of tobacco use among US middle and high school students: A latent class analysis

Mansoo Yu\textsuperscript{a,\*}, Paul Sacco\textsuperscript{b}, Hye Jeong Choi\textsuperscript{c}, Jenna Wintemberg\textsuperscript{c}

\textsuperscript{a} School of Social Work, Public Health Program, University of Missouri, Columbia, USA
\textsuperscript{b} School of Social Work, University of Maryland, USA
\textsuperscript{c} Department of Health Sciences, University of Missouri, Columbia, USA

Results from the 2013 National Youth Tobacco Survey
The large majority (about 8 in 10), if they have any thoughts about tobacco, may like their non-use reinforced.
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• Never start!
• Avoid brain damage!
• No safe product!
• Avoid loss of control/addiction
But the highest risk youth need additional messages

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“To reduce harm, stop all use ASAP.”
Information on real costs of different choices

“To reduce harm, stop any burned product ASAP.”
Information on real costs of different choices

“All products are harmful, but some are much more harmful.”
Information on real costs of what they do!

“Cigarettes are much more harmful than vape or dip.”
So, as a father, scientist, physician, or public health advocate, what would you tell your own child if he or she were in this group?
Peter De Vries on Parenthood

“There are times when parenthood seems nothing more than feeding the hand that bites you.”
FDA researchers in March 2018 took a step toward conveying differential harms
Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States

Benjamin J. Apelberg, Ph.D., M.H.S., Shari P. Feirman, Ph.D., Esther Salazar, Ph.D., Catherine G. Corey, M.S.P.H., Bridget K. Ambrose, Ph.D., M.P.H., Antonio Paredes, M.S., Elise Richman, M.P.H., Stephen J. Verzi, Ph.D., Eric D. Vu grin, Ph.D., Nancy S. Brodsky, Ph.D., and Brian L. Rostron, Ph.D., M.P.H.

“We applied estimates of the risk of death for smokeless tobacco use from the Cancer Prevention Study II (CPS-II) to estimate mortality in our model among users of noncombusted tobacco products.”

All-Cause Mortality Hazard Ratio (HR) = 1.18 for current users of smokeless tobacco.
“.... the model applies the risks of using traditional smokeless tobacco to e-cigarette users.”
21st-Century Hazards of Smoking and Benefits of Cessation in the United States

Prabhat Jha, M.D., Chinthanie Ramasundarahettige, M.Sc., Victoria Landsman, Ph.D., Brian Rostron, Ph.D., Michael Thun, M.D., Robert N. Anderson, Ph.D., Tim McAfee, M.D., and Richard Peto, F.R.S.

DOI: 10.1056/NEJMsa1211128

All-cause mortality

Current Cigarette Smokers

SLT
Males 25-79
Females 25-79

0.5
1
1.5
2
2.5
3
3.5

HR

2.8
3

57
All-cause mortality

- Males 25-79: HR = 2.8
- Females 25-79: HR = 3
- Current Cigarette Smokers: HR = 1.18

Smokeless or E-Cigs
Interesting for current users of tobacco products??

The campaign identity, “The Real Cost,” is a personal call to action to teens, encouraging them to be in the know and understand the real costs and risks of tobacco use, beyond just the financial costs. “The Real Cost” is designed to be candid, empowering and respectful. It speaks directly to teens in a straightforward, authentic and peer-to-peer manner.
ALL TOBACCO PRODUCTS CONTAIN DANGEROUS CHEMICALS. NOT JUST CIGARETTES.

The Real Cost website: April 2018

https://therealcost.betobaccofree.hhs.gov/tobacco-basics.html
AS A TEEN, YOUR BRAIN IS STILL DEVELOPING, MAKING YOU MORE VULNERABLE TO NICOTINE ADDICTION

https://therealcost.betobaccofree.hhs.gov/tobacco-basics.html
THERE’S NO SAFE TOBACCO, BUT WHAT COUNTS AS TOBACCO?

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‘No tobacco product is harmless’ can be irrelevant to low-risk ‘Good Kids’ who have little interest in tobacco or vaping.
When consumers hear ‘not safe,’ many interpret it as meaning ‘not safer’ than smoking—as shown in NIH and FDA funded research in peer-reviewed journals.


What’s wrong with the public thinking that smokeless tobacco or e-cigs are just as harmful as cigarettes?

1) It is far from true and is unethical!
What’s wrong with the public thinking that smokeless tobacco or e-cigs are just as harmful as cigarettes?

2) And many young consumers already use more than one tobacco product.
What’s wrong with the public thinking that smokeless tobacco or e-cigs are just as harmful as cigarettes?

3) No evidence that keeping youth ignorant or misinformed advances public health goals!
3) No evidence that keeping youth ignorant or misinformed advances public health goals!
Consider a recent CDC Infographic on sexually-transmitted diseases.
THE LOWDOWN ON
HOW TO PREVENT
SEXUALLY TRANSMITTED DISEASES
Here’s How You Can Avoid Giving or Getting an STD:

Practice Abstinence

The surest way to avoid STDs is to not have sex.

This means not having vaginal, oral, or anal sex.
Use Condoms

Using a condom correctly every time you have sex can help you avoid STDs.

Condoms lessen the risk of infection for all STDs. You still can get certain STDs, like herpes\(^1\) or HPV\(^2\), from contact with your partner's skin even when using a condom.

Most people say they used a condom the first time they ever had sex\(^3\) but when asked about the last 4 weeks, less than a quarter said they used a condom every time\(^4\).

Step by step male condom instructions
THE LOWDOWN ON

HOW TO PREVENT

Tobacco Caused Diseases
Practice Abstinence

The surest way to avoid tobacco or nicotine harms is to not use any of these products.
Or use a page from the CDC’s new Infographic on e-cigarettes
ARE E-CIGARETTES LESS HARMFUL THAN REGULAR CIGARETTES?

E-cigarette aerosol generally contains fewer toxic chemicals than the deadly mix of 7,000 chemicals in smoke from regular cigarettes. However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf

Last updated and reviewed: February 22, 2018
Now is not the time to present a new Infographic on this.
The field of sex education knows the need for comprehensive programs.

(And there were similar “gateway” fears that lessons on safer sex would reduce abstinence.)
Why is the need for comprehensiveness so hard for many to accept?

“No child should be vaping!
Point blank!
Period!”
‘Moral emotional responses’ or ‘moral intuitions’ effect attitudes and opinions; and can be more important than ‘reasoning.’

The New Synthesis in Moral Psychology

Jonathan Haidt

Science  18 May 2007:
Vol. 316, Issue 5827, pp. 998-1002
DOI: 10.1126/science.1137651
Beneath the Surface

Minors, Moral Psychology, and the Harm Reduction Debate:
The Case of Tobacco and Nicotine

Lynn T. Kozlowski
University at Buffalo, The State University of New York

DOI: https://doi.org/10.1215/03616878-4193642
“Disgust at contaminating the “purity” of youth, especially “good,” low-risk youth, with any tobacco/nicotine products opposes harm reduction, as does contempt for violating so-called community values and disrespecting authority.”
Disgust  Contempt  Fear

“E-cigs are a gateway to smoking!”

“We must not let that happen!”
With little concern for effect sizes.

Or the net public health effects.

Or the ethics of health communication.

Or the appropriate policy implications.
Majority

Minority
The image illustrates a balance scale with the terms 'DISGUST' and 'CONTEMPT' on opposite ends, labeled 'Majority' and 'Minority'. The scale is weighted towards 'Majority', indicating a disparity in perception between the two groups.
Attitude Roots and Jiu Jitsu Persuasion: Understanding and Overcoming the Motivated Rejection of Science

Matthew J. Hornsey and Kelly S. Fielding
University of Queensland, Australia

American Psychologist, 0003-066X, 20170701, Vol. 72, Issue 5

Provides a related model for how certain emotional and intellectual factors influence the positions that are taken.
‘attitude roots’ are the beliefs, ideologies, fears, and identity issues that motivate people’s attitudes
What lies above the surface—the leaves and branches in this metaphor—are specific and concrete attitudes (e.g., anti-vaping).
The attitudes and views we express to the world

‘Attitude roots’ provide the nourishment and support for

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcR7XD0DSYGPYc4slwwsLGAlyfoeqXudDwsQbncrnDIF_Ond-8

Based on Hornsey & Fielding
American Psychologist, 2017
“Attitude Roots” feed and form the “Surface Attitudes”

I am completely against any e-cig use by kids!

‘Vested interests’—
I don’t trust industry supported research

‘Social identity needs’—
as a parent or health professional
I am against this!

Moral psychological intuitions/emotions

Disgust at the contamination of the purity of youth

Contempt for disrespecting medical authority or community standards

‘Conspiracy ideation’—
Industry is behind this to defeat tobacco control

‘Fears & Phobias’—
Gateways, brain damage, addiction

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcR7XD0DASYGPYc4sIwwSLGAllyfoegXudDwsQbncrnDIF_Ond-8

98
Ethical, personally-relevant interventions are needed for both ‘good’ and ‘bad’ kids to minimize harms from tobacco/nicotine products.
Promote Abstinence

The surest way to avoid tobacco or nicotine harms is to not use any of these products.
As parents or health professionals abandon one-size-fits-all approaches to youth and be comprehensive!
Let the ‘bad kids’ know
The Real Costs
of what they do!
THANKS FOR YOUR ATTENTION

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