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E-Cigarette Use Among Youth in Iowa

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Youth, Iowan, e-cigarette, electronic nicotine delivery products, social learning theory, prevention, outreach.

[E-Cigarette Use Among Youth in Iowa]

Goal Statement: The intended goal for the social change paper is to reduce access and prevalence of e-cigarette use among youth in Iowa through public policy advocacy and prevention outreach efforts within communities.

Significant Findings: A survey performed by the Iowa Department of Public Health (IDPH) (2018) showed that 1 out of 4 11th graders reported smoking e-cigarettes and that 93% of these students liked e-cigarette more than traditional tobacco products. Students reported liking e-cigarette due to flavor additives and marketing that suggest they are safer than all other tobacco products. The U.S. Food and Drug Administration (FDA) and the Center for Disease Control and Prevention (CDC) have clarified that any exposure to nicotine for teens is harmful and that there is no research to suggest that e-cigarettes are a healthy smoking alternative for teens (U.S. Food and Drug Administration (FDA), 2018; Center for Disease Control and Prevention (CDC), 2018). Lack of education regarding the risks of e-cigarette, pressures to smoke, and inadequate regulation regarding the sale of flavored e-cigarettes continue to influence teen e-cigarette use.

Objectives/Strategies/Interventions/Next Steps: Strategies to reduce e-cigarette use among teens in Iowa must occur at the social and policy level. Suggested objectives and interventions include:

- Professionals work to encourage local school boards through presentation demonstrations and introduce LifeSkills Training programming in middle school to enhance

psychoeducation regarding the direct consequences of youth tobacco use and how to handle the social pressures to smoke. This program is an evidence-based practice that demonstrates decreased tobacco use among high-school students who engage in this course programming during middle school years (Social Programs That Work, 2019).

- Specialists can advocate at a public policy level to pass the Reserving the Youth Tobacco Epidemic Act which would prohibit all sales of flavored e-cigarette products as another prevention effort to reduce e-cigarette use among teens (Take Down Tobacco, 2020).

- Prevention efforts focused on educating and advocating teachers to implement procedures that encourage educational and supportive conversations with teens regarding e-cigarette rather than punitive approaches may combat harmful learned beliefs and attitudes about these products among teens.

- Advocating on a public policy level for funding to address the lack of existing research regarding the long-term effects of e-cigarette use among teens and limited existing rules and regulations regarding the sale and marketing of e-cigarette can help reduce youth access to these products (Osman et al., 2019).

- An advocacy initiative at the community level is to partner with local schools or local organizations and register to join the National Take Down Tobacco Day. Take Down Tobacco Day is a global effort among communities to educate and raise awareness about tobacco use risks, encourage conversations about tobacco use, and promote a tobacco-free lifestyle (Take Down Tobacco, 2020).

INTRODUCTION
E-Cigarette Use Among Youth in Iowa

Electronic cigarettes or electronic nicotine delivery products are battery-operated, heating elements that individuals use to inhale nicotine products rather than traditional cigarettes or cigars (Center for Disease Control and Prevention (CDC), 2020). E-cigarettes can also be used to inhale illicit drugs such as marijuana. Electronic cigarettes can resemble traditional cigarettes, cigars, or pipes, while other products may look like pens, USB sticks, or mods (larger tanks) (CDC, 2020). The e-cigarettes have an atomizer or heating element that helps individuals inhale liquid nicotine vapors. Electronic cigarettes were developed as a potential health tobacco cessation product and thought to reduce the health risks associated with nicotine use. E-cigarette use has gained significant popularity in the United States among youth. They comprise of the largest demographic utilizing these products making e-cigarette use among youth "an epidemic" (CDC, 2020). Little is known about future use trends or long-term risks for youth at this time.

PART 1: SCOPE AND CONSEQUENCES
E-Cigarette Use Among Youth in Iowa

According to the CDC (2020), "depending on the brand, e-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate)" (n.d.). E-cigarettes contain other harmful chemicals such as animal carcinogens, diacetyl, tin, lead, microparticles, and genotoxins. The CDC notes that e-cigarettes typically are less harmful to non-pregnant adults than traditional nicotine products. Research regarding the long-term harmful effects of e-cigarette products is still unknown; however, researchers have determined that e-cigarettes are particularly harmful to

minors up into their early 20's. Research shows that any nicotine-based products can impact healthy brain development and brain functioning associated with learning, memory, concentration and focus (CDC, 2019). Exposure also increases the risk of toxic poisoning within this age demographic.

E-cigarettes have maintained prominent popularity among today's youth; however, this trend's extent is still unclear. In 2020, reports showed that youths are more likely than any other age demographic to use or electronic nicotine delivery products. The CDC (2020) report found that "five million U.S. middle and high school students used e-cigarettes in the past 30 days, including 10.5% of middle school students and 27.5% of high school students in a 2019 study" (n.d.). Roughly 80% of students report that they started smoking with flavored e-cigarettes, noting that flavored varieties were the main reason for starting to use these products. Recent data from 2019 shows that only five states in the U.S. have taken action to restrict or remove the sale of flavored tobacco products making these products accessible in most states. In 2012, a study showed that 80.5% of high school students who screened positive for lifetime tobacco use reported current electronic methods over 7.2% that reported using traditional smoking methods such as cigarettes (CDC. 2013). Roughly 10% of Iowan high school students reported smoking e-cigs within the last 30 days in a 2017 study (CDC, 2017).

In Iowa, tobacco use is the leading cause of preventable death (CDC, n.d.). Minor found in possession of tobacco products receive a fine. There are currently no other legal repercussions for underage use of tobacco in Iowa. In December 2019, Iowa raised the legal limit to purchase nicotine products to the age of 21. Impacts of increased underage use are still unknown during this time. Iowa is ranked 30th for its low cigarette taxes, making these products more affordable than in other states (CDC, 2017).

The use of e-cigarettes is of considerable concern due to health-related risks among youth, but e-cigarettes are also concerning due to being a predictor of co-occurring use of alcohol and marijuana use over time. E-cigarette use is one of the strongest predictors of co-occurring use in youth compared to adults who use these products (Hansen et al., 2020). Studies that focused on examining other risk factors like age, social environments, or groups and accessibility found that e-cigarettes significantly enhance the probability of using alcohol and marijuana use (Hansen et al., 2020). Hussong et al. (2020) note that multiple studies show that electronic nicotine delivery products are more significant predictor of potential marijuana use than traditional nicotine products among youth, making the prevalence of these products among youth concerning. Youths commonly report that they use e-cigarettes because they are marketed as having low risks; however, research now informs the public that these products' use leads to significant risks for adolescent addiction. Mixed messages regarding the risks of tobacco use and notoriety of use create challenging prevention and acceptability issues for adolescents.

Electronic nicotine delivery products or e-cigarettes and ease of accessibility continue to rise among youth in the United States (CDC, 2013). Due to current research results stating that e-cigarettes are strong predictors of developing co-occurring disorders among youth, prevention efforts are needed to reduce risks of co-occurring disorders. Enhancing prevention education and outreach regarding the risk electronic nicotine delivery products among youth is critical to youth development and improving behavioral health prevention efforts (Hussong et al., 2020). This prevention portfolio aims to enhance education regarding teen e-cigarette use and discuss prevention possibilities to reduce overall e-cigarette use in teens and promote healthy development.

PART 2: SOCIAL-ECOLOGICAL MODEL
E-Cigarette Use Among Youth in Iowa

The social-ecological model explores how the individual interconnects on multiple system levels, such as interpersonal, societal, environmental, or cultural levels, and how each of these factors impact a social phenomenon. Swearer and Hymel (2015) states that the social-ecological theory "conceptualizes human development as a bidirectional interaction between individuals and the multiple systems in which they operate—home, neighborhood, school, community, and society" (p. 344). Cho et al. (2012) notes that addressing a social phenomenon from all levels leads to a more integrated result, as an imbalance between a person and other system levels affects the capability for lasting social change and restoration of balance.

Electronic cigarettes or electronic nicotine delivery product use among youth is influenced by multiple risks and protective factors at the individual, peer, family, and community levels. Personal perceptions regarding the use of e-cigarettes or vaping products influence products' general use at the individual level. Youth that view electronic products produce less harmful than traditional tobacco products are more likely to use them (Braak et al., 2020). Teens with strong beliefs that all nicotine products are dangerous are less likely to use an e-cigarette or vaping products (Osman, 2019). Youth that also perceive the use of e-cigarettes to be associated with friendship or popularity are more likely to use vaping products. Youth with notably low sensation-seeking behaviors are less likely to engage in e-cigarettes (Hansen et al., 2019). Han and Son (2020) note that "adolescents who used e-cigarettes for smoking cessation or health consideration were 3.433 times more likely to use e-cigarette continuously than adolescents who used e-cigarettes due to curiosity" (p. 507).

At an interpersonal level, one could identify individuals at an increased risk of using electronic nicotine products related to exposure risk. Youth that reports high rates of exposure within the home or among peers are more likely to report first use due to observing others using products (Hansen et al., 2018). Peer use is both a risk and protective factor for electronic cigarette use. Han and Son (2020) found that peers that did not live at home with their family were twice as likely to smoke e-cigarettes making living environment another risk factor for youth. However, parents' passive involvement regarding e-cigarette use is also a risk factor for initial and continued use. Parents that engage in conversation about the risk of e-cigarette use is a protective factor for continued use. Individuals under the legal tobacco purchasing age are noted to be more likely to buy vaping products from legal age peers or older peers that use electronic nicotine delivery products (Braak et al., 2020). Exposure to secondhand smoke in public places does not positively or negatively affect nicotine use among youth (Osman et al., 2019). Adolescents with an average weekly allowance from their parents greater than fifty dollars a week are 1.5 times more likely to use e-cigarettes (Han & Son, 2020).

From a policy or societal level, youth exposed to higher e-cigarette advertisements and higher receptivity rates to advertising and marketing are more likely to engage in electronic nicotine products. Han and Son (2020) report findings suggesting that purchasing usability had the highest sway on continued e-cigarette among teenagers. Braak et al. (2020) report that roughly thirty percent of youth engaged in a research study reported that they were not refused the sale of vaping products or vaping related products when attempting to buy these products. Low-income communities are considered high-risk environments as these communities are often immersed in tobacco advertisements promoting social norms or acceptability of smoking (Tencati et al., 2002; Gottfredson et al., 2019). Furthermore, in low-income communities, youth

tend to have easier access to tobacco products, primarily due to the acceptability and normalcy of tobacco use among use in these communities (Tencati et al., 2002).

States or countries with higher age requirements for purchasing tobacco products (21 verses 18) are working towards reducing health risks associated with tobacco use among youth and report lower user rates of multiple nicotine products among youth. Osman et al. (2019) note that one of the critical reasons for e-cigarette use, particularly among smokers, is the ability to use them in places where smoking is banned" (n.d.). Limited or lacking regulations regarding the vapors, flavor additives, and chemicals of vaping products increase health risks for youth as they are drawn into the appeal of flavored products, overshadowing the real dangers of nicotine use.

PART 3: THEORIES OF PREVENTION
E-Cigarette Use Among Youth in Iowa

Social learning theory (SLT) was developed by behaviorist Albert Bandura to describe how people learn, process information, and adapt behaviors. The social learning theory suggests that our behaviors are learned through observation and then molded based on perceived consequences and rewards of behaviors (Johnson et al., 1988). Based on the learning environment, negative behaviors can be processed and modeled through misguided feedback and seeming acceptability. SLT holds that if negative behaviors are formed by modeling others, teaching, and guiding new positive behaviors can also be developed.

SLT is appropriate to utilize for addressing e-cigarette use among youth in Iowa as research shows that some of the most significant factors impacting use or behaviors that lead to smoking are peer and family use or acceptability, and exposure to glorified advertisement depicting that smoking enhancing popularity, desirability, and status (Hansen et al., 2018; Han &

Son, 2020). Bandura found that using young adults to teach youth about refusal skills and the dangers of using an effective prevention effort as young adults carry a sense of allure and status desirability among youth (Johnson et al., 1988; Gottfredson et al., 2019). "Bandura's work most likely is the theoretical basis for prevention efforts using the team or buddy approach, teaming individuals, small groups, families, and even communities, in which new health-related behaviors can be modeled and reinforced, helping to set new norms" (Johnson et al., 1988, p. 579).

Gottfredson et al. (2019) stated that substance use is learned through social interaction and is reinforced with positive social engagement and acceptance. One the other hand, SLT posits that an individual's self-assurance to protect and manage their health will enhance their likelihood of committing to health-promoting behaviors. Descriptive norms, such as assumptions about peers, and injunctive norms, such as thoughts about peers' attitudes, impact substance use and acceptability of use (Gottfredson et al., 2019). Furthermore, youth in high-risk environments such as low-income communities are exposed to high levels of alcohol and tobacco advertisement, coupled with ease of access to products influencing the ongoing social norm of community use and acceptability of teen use in these high-risk communities (Tencati et al., 2002). Tencati et al. (2002) state, "countering these negative influences in teens' environments are positive influences from health promotion and disease prevention programs at the school, community, and national levels" (p. 19). Prevention efforts to promote healthy behaviors and reduce exposure to the health-compromising advertisement of tobacco use behaviors can help reduce modeling that influences ongoing teen tobacco use. Using peers, teams, schools, or individuals with positive influence or status may be effective ways to enhance prevention efforts.

LifeSkills Training is a substance use prevention program for middle students that teaches social and self-regulation skills like refusal skills to manage peer and media related pressures to use tobacco or alcohol. It provides psychoeducation regarding the direct consequences of youth substance use to reduce confusion or myths regarding the dangers of substance use (Social Programs That Work, 2019). The LifeSkills Training organization has teachers complete a brief training that prepares them to conduct fifteen 45 minutes sessions to 6th or 7th grades that helps student model and role-play life skills and insistent responses to manage peer pressure. Evidenced-based research shows that in two random control trials (one in rural Iowa and one in rural New York) LifeSkills training led to a 10-30% reduction in smoking, drinking, and marijuana use among students in 12th grade that participants in LifeSkills training in 6th or 7th grade (Social Programs That Work, 2019).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
E-Cigarette Use Among Youth in Iowa

Social justice is the collaborative development and vision of building a society that supports equality and justly sourced community resources, promoting the wellbeing of all (Vera & Kenny, 2013). Vera and Kenny (2013) state, "cultural relevance refers to the extent to which interventions are consistent with the values, beliefs, and desired outcomes of a particular community" (pp. 6). Social injustice issues impact populations at different magnitudes, specifically oppressed and marginalized populations. For example, risks and usage of tobacco

among teens is an issue that affects the subgroups of this broad population at more prevalent

rates than others.

In 2018, it was estimated that over ten million teens ages 12-18 had tried e-cigarettes or

reported being open to trying them (U.S. Food and Drug Administration (FDA), 2018). A survey

conducted by the Iowa Department of Public Health (IDPH) (2018) showed that 1 out of 4 11th

graders reported smoking through e-cigarettes. Roughly 93% of students surveyed that smoked

reported using e-cigarettes first over traditional nicotine products like cigarettes. IDPH (2018)

found that e-cigarette use increased from 9.1% in 2016 to 22.4% in 2018 among Iowan high

school students. In 2018, 11th-grade students screened positive for e-cigarette and all other

tobacco use at higher rates than any other drug use, including alcohol (IDPH, 2018). In 2018, it

was estimated that roughly one thousand male students start using e-cigarettes or smokeless

tobacco each day (FDA, 2018).

American Indian teens are the largest demographic of teens using e-cigarettes in Iowa

and most other states. American Indian/Alaska Native male teens are the largest demographic at

risk for teen e-cigarette use, followed by white American male teenagers. American

Indian/Alaska Native teens represent 27% of the teens that vape or use e-cigarettes (Centers for

Disease Control and Prevention (CDC), 2019). In a survey conducted by the CDC (2019),

American Indian male students were three times more likely to report having used e-cigarettes in

the last 30 days than any other race. American Indians/Alaska Natives currently have the highest

prevalence of nicotine use than all other racial/ethnic groups in American; however, this

racial/ethnic group only accounts for 1% of the overall U.S population (CDC), 2019).

Many American Indians tribes and traditions use tobacco products in ceremonial or

medicinal practices, making tobacco a social norm and positive influence. There is significant

cultural consideration when addressing American Indian youth's tobacco use due to positive

facets of tobacco instill in tradition practices. One mechanism to foster cultural relevance is to

amend or adapt potential prevention programs to incorporate and honor cultural beliefs and

values on tobacco utilized in ceremonial and traditional practices. One process might be to

explore and gain an in-depth understanding of specific practices that utilize tobacco products and

examine if there is any way to reduce health-risk associated with tobacco use without

disrespecting the rituals of use.

Working with elders in tribes to honor traditions while exploring ways of providing

education to youth about e-cigarette and all other electronic devices may be a practical approach

as elders are respected teachers and community leaders (FDF, 2020). This approach can provide

prevention specialists with a greater understanding of barriers or needs among communities,

potentially making prevention efforts more effective. An ethical consideration when working

vulnerable or marginalized populations is respecting the client's right to self-determination and

honoring client defined treatment goals and outcomes (National Association of Social Workers

[NASW], 2008). Souleymanov and Allman (2016) note that social workers and other healthcare

professionals often dismiss cultural and community perspectives of drug use by focusing

prevention and reduction services solely on the dangers and risks of use of a substance. This

approach can create barriers in relationship building, dismiss cultural-based values. In this

context, it can neglect how past and current treatment of American Indians from non-American

Indians may spark reluctance in educational or prevention services that do not support or foster

traditional practices (Souleymanov & Allman, 2016). Working to understand learned beliefs or

past experiences of individuals with culturally diverse backgrounds enhances professional

relationships while strengthening their ability to foster cultural relevance in prevention efforts

(Souleymanov & Allman, 2016).

Lastly, informed consent and HIPPA privacy laws in Iowa apply differently to youth

engaged in substance use prevention and treatment as parental consent is not required for

teenagers over the age of fourteen to engage in services. Professionals should consider the risks

and benefits of excluding parental or elder participation when working with youth in varying

cultures (CDC, 2019).

PART 5: ADVOCACY
E-Cigarette Use Among Youth in Iowa

The Multicultural and Social Justice Counseling Competencies [MSJCC] (2015) is a

conceptual framework "that implement(s) multicultural and social justice competencies into

counseling theories, practices, and research" (p.3). The last domain of MSJCC discusses the standards and practices that counselors should adhere to when engaging in advocacy and counseling interventions at intrapersonal, relational, institutional, community, and local policies and international/worldwide levels (MSJCC, 2015). Barriers to addressing advocacy and counseling interventions exist at every level when examining social inequities for teens.

One institutional barrier for teens is the lack of or limited access to supportive, mentoring adults in a social setting such as schools, organizations, or churches. Often e-cigarette use is penalized in school settings with detention or suspension, and in religious settings, tobacco use among minors is often demeaned, reducing opportunities for educational and supportive conversations or interventions to occur. By not engaging in these educational or supportive conversations, institutions miss critical moments of addressing tobacco use through education, empowerment, and intervention.

Barriers on a community level may depend on socioeconomic status, or high-risk environments where tobacco use can be primarily acceptable among teens or be considered a low-risk priority compared to the risks, prevalence, or exposure of illicit drug use for teens (Tencati et al., 2002). Barriers at public policy levels include the lack of existing research regarding the long-term effects of e-cigarette use among teens and limited existing rules and regulations regarding the sale and marketing of e-cigarette and all other e-cigarette related products (Osman et al., 2019).

One advocacy initiative at both community and institutional levels is to partner with a local school or local youth organizations and register to join the National Take Down Tobacco Day, which is a global effort among communities to educate and raise awareness regarding the risks of tobacco use, encourage tobacco-free practices, while local community leaders and

prominent youth promote tobacco-free lifestyle (Take Down Tobacco, 2020). Trending research

has shown this advocacy approach to be effective as it empowers community members and youth

to encourage each other and support each other through action. This approach also allows teens

to share and educate community members and leaders on the barriers they face regarding tobacco

marketing, high-risk environments, peer pressure, and levels of exposure. Kick Butts Day is a

previous initiative established in 1996 that was a similar approach to help youth stop smoking as

an intervention strategy and reduced smoking rates among teens before e-cigarettes gained

popularity among teens (Take Down Tobacco, 2020).

        Public policy efforts regarding teen tobacco use continue to take steps through

advocacy and action but continue to experience setbacks in legislation. In September 2018, the

Food and Drug Administration (FDA) distributed roughly 1,300 warning letters and civil money

penalty fines to sellers or stores selling e-cigarette products to minors, making this act the most

extensive organized enforcement endeavor in FDA's history (CDC, 2020). In late 2019, the

Trump administration reported that they would clear all flavored e-cigarette flavors from the

market due to their notorious marketability and popularity among teens by the end of the 2020

year.

However, in January 2020, hundreds of thousands of stores in the United States

continued to sell flavored e-cigarettes products. One public policy advocacy approach is to attend

legalization day in Des Moines, Iowa, on March 5th, 2021, to advocate and raise awareness

regarding the Reserving the Youth Tobacco Epidemic Act that would prohibit all sales of

flavored e-cigarette products (Take Down Tobacco, 2020). Other states have already committed

to the advocacy of public policy concerning this law. Different states have utilized the benefits of

reducing health costs and addiction development risks in teens due to early tobacco use to influence policymakers.

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