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Harmful consequences of vaping among adolescents

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Social Change Portfolio

Prevention, Consultation, and Advocacy

Master of Clinical Mental Health Counseling, Walden University

COUN 6785: Social Change in Action

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August 2, 2023

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OVERVIEW

Keywords: E-Cigarette use. Pittsburgh, PA.

Harmful consequences of vaping among adolescents.

Goal Statement: Raise awareness of e-cigarettes use and harmful consequences, as well as make media campaigns promoting a variety of positive identities not associated with vaping. Significant Findings: Adolescence in the US abusing e-cigarette products that lead to significant health problems. Those are respiratory, digestive issues, and brain development complications (Grimm, 2022). The LGBTQ + youth population is at higher risk of developing vaping addiction due to stigma, rejection, physical abuse, and bullying (Kelleher, 2009). Implementing Social Cognitive Theory (SCT) and Stages of Change theories can increase the chances of preventing substance use (National Cancer Institute, 2005).

Objectives/Strategies/Interventions/Next Steps:

- Use the stages of the Change model to determine which of the five steps of changing behavior adolescents see themselves, what information they need, and which intervention would be appropriate to move to another stage eventually.
- Use Social Cognitive Theory to create more supervision, provide skills training to say "no" to peer pressure, and bring role models to the environment who will target the adverse outcomes of vaping.
- 3. Implement Strategic Prevention Framework (SPF) to bring together parents, students, school staff, law enforcement, and tobacco retailers and gather epidemiological data to develop community-based strategies to prevent substance use.

- 4. Practice CATCH My Breath evidence-based program to increase knowledge about ecigarette use.
- 5. Create a safe school environment for LGBTQ youth that can help reduce discrimination.
- 6. Create a school-based curriculum focusing on teaching peer relationships and inclusion.
- 7. Get school professionals involved as a supportive force for sexual minorities.

INTRODUCTION

E-cigarette prevention program among adolescents

Young adults using vaping products or e-cigarettes are at high risk of increasing changes in their developing brain, health issues, and vaping dependence. They will likely transition to smoking cigarettes (Harlow, McConnell, & Barrington-Trimis, 2023). Respiratory, gastrointestinal, and constitutional symptoms are among the most common vape-associated injuries (Grimm, 2022). This issue is spreading not only across Pittsburgh but Nationwide as well. Factors contributing to vaping among young adults are easy-to-access, appealing, and tasteful products, peer pressure, and desire for acceptance. But this is not all. Significant factors such as the absence of consequential knowledge and the serious diseases that follow are valuable factors in substance abuse (Sharma, 2022).

PART 1: SCOPE AND CONSEQUENCES

E-cigarette prevention program among adolescents

According to National Center for Health Statistics, 24.7 % of adolescents in grade 12 vaped in the past 30 days in 2020 (US Department of Health and Human Services, 2012). To understand the percentage better, it is best to compare the usage of e-cigarettes among students in

2018, which was 20.8 % (3.05 million students). Unfortunately, the numbers are rising quickly, bringing attention to The Surgeon General, who stated that e-cigarettes use among young adults is an epidemy at this point (Cullen et al., 2018). The consequences of vaping are severe and can result in reduced lung function, asthma, heart disease, addiction to nicotine, and potential use of other substances (US Department of Health and Human Services, 2012).

Students report confusion or lack of knowledge of what e-cigarettes contain and often believe they smoke "flavored water" without nicotine. Another misconception in the study conducted by Pepper, Farrelly, and Watson (2018) found that students assumed that e-cigarettes contain a "safer" version of nicotine. Therefore, this belief can greatly influence decision-making when trying vaping for the first time and continue doing so regularly. In addition, social acceptance, peer pressure, and identity beliefs can be motivational factors to engage in the behavior (vaping) that will be affiliated with a particular group of people. Interestingly enough, youth who is experiencing self- uncertainty is more likely to use e-cigarettes due to the strong urge to become part of the social group (Donaldson et al., 2021). Therefore, the project aims to raise awareness of e-cigarettes' harmful consequences and make a media campaign promoting various positive identities not associated with vaping.

PART 2: SOCIAL-ECOLOGICAL MODEL

E-cigarette prevention program among adolescents

According to Bronfenbrenner's Ecological Systems Theory, child development is affected by multiple levels of surrounding environments. Those are immediate family, friends, neighbors, school, parents' friends, social media, extended family, culture, economic status, and social norms. Bronfenbrenner divided mentioned above environments into five systems: the

microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Guy-Evans, 2020).

College students are exposed to many levels of influence that can change or keep the same health behavior. For instance, individual, cultural, and environmental factors can shape their decision-making once they transition to independent life. The microsystem, which is bidirectional in nature, can impact young adults' beliefs about vaping (Guy-Evans, 2020). After interviewing college students for the purpose of the research, Cheney et al. (2018) discovered that different families look at vaping from different angles. Some young adults smoke in front of their parents because they believe it is healthier for their children than a cigarette (usually former smokers). Other participants who were caught smoking were forbidden from vaping at their parents' house because their parents strongly believed that it was harmful. Cheney et al. (2018) also noted that some friends and other college students view vaping negatively, which makes smokers want to smoke alone or quit. Others would not care or encourage it as something to do or a part of belonging to the community.

Interestingly enough, organization and community policies have enough influence on students that they do not vape in public places if it states that vaping is not allowed. In addition, students report that often enough, they choose not to vape on campus as respect for others (Cheney et al., 2018). Therefore, each system is multidimensional and can change vaping behavior in both directions.

From an Ecological System Theory perspective, vaping risks, such as complications with brain development, increased risk of substance use, and issues with memory and learning abilities, affect not only the individual level but all five systems (Becker & Rice, 2022). The risk factors in relationships are unsupportive stressful dynamics at home, teachers at school not

caring enough, and being bullied (Tilton et al., 2023). As Szoko et al. (2021) mentioned, poor parental monitoring is correlated with the risk of unhealthy behaviors, violence, lifetime vaping, and substance use. Protective factors in relationships are practical and positive parent-child and teacher-student communication that greatly influences prevention efforts (Szoko et al., 2021). According to Tilton, Huston & Albert (2023), one of the community risk factors is housing instability, which can lead to depressive symptoms that can cause vaping. Protective factors, in this case, can be extra activities for adolescence at school. As Tilton, Huston & Albert (2023) noted, increasing physical activities among students decreases the odds of smoking. In society, risk factors are poor regulation of vape marketing, online merchandise, and convenience store availability, which attracts buyers. In this case, protective factors would be policies limiting vape product availability in convenience stores, malls, and gas stations. Creating a law against public vaping is another protective factor. (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019).

In summary, two of the most crucial protective factors should be used to prevent youth from making poor health choices, according to the study conducted by Szoko et al. (2021). Those are the child-parent relationships and future orientation. If parents set proper limits and build trust and communication, the chances of prolonged vaping or a first-time try can significantly decrease. Future direction can include positive self-esteem, goal setting, increased awareness of consequences, and high personal expectations (Szoko et al., 2021).

PART 3: THEORIES OF PREVENTION

E-cigarette prevention program among adolescents

There are many theories used when developing prevention programs. Social Cognitive Theory (SCT) and Stages of Change are two theories that will be applied to vaping prevention plan (National Cancer Institute, 2005). In addition to that, the Strategic Prevention Framework and CATCH My Breath youth vaping prevention program will be used as evidence-based programs (EBP) to apprise social change portfolio (Peterson et al., 2019; Baker et al., 2022).

The stages of the Change model are developed to understand people's readiness and motivation to change their behavior. According to the model, while people are trying to change their behavior, they are moving through five stages. Those are 1) pre-contemplation, 2) contemplation, 3) preparation, 4) action, and 5) maintenance. It is essential to mention that those stages only sometimes move in a linear direction. People can cycle through the same stage or inter their process change in any five stages and go backward (National Cancer Institute, 2005). In the case of vaping, this model can help determine which of the five stages adolescents see themselves, what information they need at the moment, and which intervention would be appropriate to move to another stage eventually. For example, if adolescents are in the precontemplation stage, they will not feel the need to quit vaping in the next six months. According to the Stages of Change model, the proper action would be to increase their awareness about the health risks and benefits of quitting. If the same group or an individual is at the preparation stage, intending to take action within the next 30 days, they will need support and assistance to develop an action plan with a set goal (National Cancer Institute, 2005). In addition, this model can help to explore why some kids do not want to quit vaping and why they are not even considering doing so. After that evaluation, interventions can be applied to move them from precontemplation to contemplation by increasing their awareness of health consequences.

Social Cognitive Theory suggests that three factors contribute to the craftiness of behavior change in people. These factors are 1) self-efficacy, 2) goals, and 3) results in expectations (National Cancer Institute, 2005). Self-efficacy or belief in own strength can have a significant effect on overcoming obstacles while changing behavior. If people feel they need more confidence to take control of the situation, they are more likely not to be motivated enough to change their behavior. Social Cognitive Theory also emphasizes the importance of the environment in which behavior is performed. In the case of vaping, once the climate is known (school, outside gathering places), adjusting to the environment can be accomplished by creating more supervision, providing skills training to say "no" to peer pressure, bringing role models to the environment who will target the adverse outcomes of vaping. As National Cancer Institute (2005) recommends, giving adolescents a chance to approach quitting vaping in small steps will increase their chances of success.

Vaping among adolescents is a problem that could be addressed on the individual level. The US Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Strategic Prevention Framework (SPF) that is focused on prevention activities at the community (organizational) level of change and individual as well (Peterson et al., 2019). This evidence-based program is targeted to bring together parents, students, school staff, law enforcement, and tobacco retailers and gather epidemiological data to develop community-based strategies to prevent substance use. The emphasis of this framework is social power that has a direct influence on social change. Since this model is based on the empowerment theory, it can correlate well with Social Cognitive Theory, which enhances people's self-efficacy to promote behavior change (National Cancer Institute, 2005).

The concept of SPF lies in three themes. The first one is based on interpersonal beliefs, where self-efficacy, control, emotions, and behavior and the primary focus. The second one is grounded on understanding the community and awareness of its influence and skill development. The third part refers to the combination of people's actions, coping mechanisms, community engagement, and participation in organizational activities (Peterson et al., 2019). According to Peterson et al., this framework emphasized the importance of engaging in proactive behaviors with community-based groups. Members can explore empowerment by observing leadership, having an opportunity to become role models, and building relationships that can support positive behavioral change. According to the study, a sense of community has a powerful effect on cognitive empowerment, correlated to becoming more aware of health issues due to substance use and making better health choices (Peterson et al., 2019). SPF can be applied to change organizational policies such as school policies where students are not allowed to use electronic cigarettes on campus, retailer policies where 100% of buyers will be asked for identification, and community policies where no vaping is permitted in public places. In the study by Peterson et al., policies achieved by coalitions have a high potential to reduce adolescent substance use.

CATCH My Breath is another evidence-based program that is developed to prevent youth vaping. Its focus is evaluating middle school students' thoughts about vaping, increasing their knowledge about e-cigarettes, and educating them on the dangerous consequences of vaping (Baker et al., 2022). This program is based on Social Cognitive Theory and is rooted in the belief that people's interactions are shaped by environments, peer influence, and social reinforcement (National Cancer Institute, 2005). CATCH My Breath has a specific curriculum delivered in the classroom by trained teachers and healthcare providers, where children listen to the information and participate in group activities. Professionals educate students about motivation to vape,

influences, expectations, and refusal skills. Research by Baker et al. showed that implementing this prevention program increased knowledge about e-cigarette use during the intervention and three months after. Students felt confident refusing offered e-cigarettes by implementing skills that they have learned. They also reported a better understanding of e-cigarette advertising and the desire not to vape again after participating in the program (Baker et al., 2022).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

E-cigarette prevention program among adolescents

Understanding the reason behind ethnic and racial health disparities is critical for counselors to become more effective in social change and prevention. Differences between minority and majority groups should be understood more in-depth. For example, how socioeconomic status, sexuality, gender, or race can affect mental and physical health as well as the predominance of substance use (Reese & Vera, 2007).

Vaping affects different target groups in different ways. A study by Blackwell and Castillo (2020) found that LGBTQ youth are affected by this problem at increased rates. Vaping rates in this population are significantly higher than in heterosexuals due to gender and sexuality harassment, bullying, and violence. Discrimination in this group leads to a higher level of stress. The lives of LGBTQ youth are filled with stigma, rejection, and physical abuse. Therefore, it leads to increased feelings of vulnerability, low self-esteem, anxiety, and depression (Kelleher, 2009). Bullying and victimization in high school are significant sources of sexual minority stressors. In 2017 seventy percent of sexual minority students were harassed verbally, and twenty-nine percent were abused physically because of their sexual identity (Doxbeck,2020). Doxbeck points out that cyberbullying is another way of victimizing sexual minority students. It

brings significant emotional and psychological harm because of possible exposure of inappropriate information to many peers at ones. According to her investigation, heterosexual students experience less cyberbullying in person than gay/lesbian or bisexual students.

Therefore, bullying victimization correlates with e-cigarette use (Doxbeck, 2020).

Those factors are not the only ones affecting vaping percentages among the LGBTQ population. According to Blackwell and Castillo (2020), tobacco manufacturing companies are tailoring vaping advertisements to LGBTQ and posting them on social media, which this group primarily consumes. Blackwell and Castillo (2020) noted that some marketing tactics even involved distributing free vaping products to gay bars to reach as many vulnerable people as possible.

Creating a safe school environment for LGBTQ youth can help reduce their discrimination. Acceptance by their peers, the creation of gay-straight student alliances, welcoming learning environment might reduce the stress level of sexual minorities. Another prevention program is forming groups where students can address LGBTQ issues, fight bullying, and promote understanding and support for sexual minorities. By providing support recourses and initiating gay-straight student communication, there is a chance to create a safe space for everybody (Blackwell & Castillo, 2020).

Bullying victimization and substance use interventions can be implemented in schools. Mintz et al. (2021) suggest creating a school-based curriculum that teaches peer relationships and inclusion. Another protective factor is to get school professionals involved as a supportive force for sexual minorities. Mintz et al. (2021) also find it essential to change society and healthcare systems, such as access to all-gender restrooms, LGBTQ + healthcare practice, addressing inequities in school discipline, and having school or private counseling available.

Within all these interventions, core ethical considerations must be considered. If students decide to address their concerns by collaborating with a counselor, it is essential to note that informed consent and confidentiality are vital topics. According to the 2014 American Counseling Association (ACA) Codes of Ethics Section A.2. Informed Consent in the Counseling Relationship, clients have a right to choose if they want to participate in the counseling and understand the information about its process (ACA, 2014). Since counseling is delicate, mainly if LGBTQ youth issues are addressed, students must feel protected and safe. As Section B.1.a. Multicultural/ Diversity Consideration states, counselors must be aware of how sensitive privacy and confidentiality are. Counselors must respect different worldviews, cultural meanings, and opinions (ACA, 2014).

PART 5: ADVOCACY

E-cigarette prevention program among adolescents

One of the central roles of counseling is advocacy. Supporting clients by engaging in institutional, community, and public policy levels will help them overcome their complex issues with dignity. Therefore, identifying barriers and implementing social action will help counselors carry out advocacy professionally (Lewis et al., 2016).

Addressing vaping on institutional, community, and public policy levels has several barriers. Each school district has enough information about the harmful effects of cigarettes, drugs, and alcohol. As a disciplinary action, students who were engaged in substance use face suspension, dismissal, and referral to law enforcement. However, no one-time punishment can help students battle an addiction such as vaping (Blume & Lines, 2020). Excessive punishment could serve as a negative experience, which will not reinforce the behavior, but most likely

create a way to vape without being seen. An advocacy action was proposed by Blume and Lines (2020), where school nurses can help their districts by advocating for students' support. Once students who violated vaping school policies have been detected, they should be referred to the school nurse or counselor with motivational interviewing training. After that, the nurse provides information on quit line and available counselors and gets school staff, especially coaches, involved. Therefore, instead of repeatedly punishing students for something they probably cannot control anymore, nurses can work on the first line of responders by helping the students fight an addiction (Blume & Lines, 2020).

On the community level, research by Cheney, Gowin, and Clawson (2018) showed that students would vape in community locations unless there was a specific sign that it is prohibited. Participants vaped in Walmart because there was no statement that they could not. Students who vaped reported doing so in parks and other public places unless someone specifically told them to stop, which was uncommon (Cheney et al., 2018). To address the barrier of vaping in public, health practitioners can put effort into teaching students that e-cigarette has tobacco in them, which is the same as smoking a regular cigarette. Therefore, vaping in public places will be prohibited, cutting available places to vape at least in half. School and college administrators can develop signs and policies about vaping on the campus territory and in dorms to eliminate the amount of tobacco use spaces available (Cheney et al., 2018).

In an online community, internet advertisement is another place where millions of people get exposed to vape use, which leads to addiction (Fallin et al., 2019). Tobacco advertisements and ads targeting the LGBTQ population, African- American, Latino, and women promote the themes of freedom, civil rights, and independence. Using this robust scheme is one most significant barriers to addressing the dangerous consequences of vaping. Falli et al. (2019)

suggested that healthcare providers add to the routine assessment screening and counseling services. This way, those suffering from e-cigarette addiction can be referred to counseling to work on the cognitive part of it. Another proposal was to create a community that would partner up with tobacco control advocates to decrease the advertisement and marketing of e-cigarettes to groups who are at high risk of using them. The "Butt of Our Bars" campaign was formed to advocate vaping marketing policy change. This campaign led to the passage of a San Jose city ordinance forbidding the distribution of free and low-cost vapes in public places (Fallin et al., 2019).

As Gottlieb (2023) noted, for youth to be able to keep purchasing e-cigarettes tobacco business is utilizing a combination of gasps, legal loopholes, and uneven enforcement. The rule-making process in regulating e-cigarettes as tobacco products took six years for the FDA to complete, while sales of vapes grew enormously. In early 2020, the FDA announced that flavored pods would no longer be allowed for selling. However, single-use flavored e-cigarettes were excluded from the enforcement plan (Gottlieb, 2023). To reduce the use of e-cigarettes among youth, flavor bans should be taken in every state of the country. Gottlieb mentioned that model legislation should be established to end loopholes and heavy penalties for abandoning the law.

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