Q: What are some ideas on the balance of “rattling the nest” and building trusting relationships with teens to promote positive behaviors?
A: Similar to what we know is most effective when it comes to general parenting strategies, the ideal balance for optimal adolescent development and reducing risky behavior seems to be what we describe as an “authoritative” parenting (or other adult mentor) style. That style mixes a combination of clear and consistent expectations, boundaries and consequences with just as consistent love, guidance and support. For parents, that means both saying and modeling love, acceptance and responsiveness everyday while also continuously saying and modeling family values, expectations and boundaries. That combination helps foster the necessary adolescent growth and development that helps teens be ready for the ultimate goal of transitioning to adulthood. That “authoritative” balance – including the emphasis on not just words but on modeling those behaviors – is also true for any adult trying to help care for and support adolescents and young adults. Like with younger children and toddlers, we don’t hesitate to set clear boundaries and step in when necessary to help keep children safe (like placing covers on light sockets and installing stair gates), but we also recognize the inherent value of exploration in a way that helps support learning, development and building independence. The same is just as important for teens, and though the strategies, challenges and risks may be different, the consistency of that clear message wrapped in the consistency of love and support is ultimately the same.

Q: What is the correct and/or standardized way (if any) to measure frequency of e-cig use in the past 30 days? Is it the number of days used in the past 30 days, the number of puffs per day, or something else?
A: This is an area that still does not have any clear right or wrong answer but combined with a question about what TYPE of device they are using, it may be clinically useful to assess use by asking:

1. How often do you vape? (i.e. every day, 1-2x/week, 2x/month when I’m at a party, etc)
2. How much do you go through in a typical day/week/timeframe (i.e. 1 pod/week, 2 Puff Bars/day, I refill my Sourin tank 1x/wk, etc)

Q: Do we know data on the percentage of COVID deaths with a history of smoking and/or vaping?
A: There are no studies that I can find that shows clear numbers delineating the % of COVID deaths in patients who currently (or have a history of) smoking/vaping, in part because “the challenge for studies of COVID-19 is to have large enough sample sizes to allow correction for confounders, such as hypertension, diabetes, obesity, race, sex, and chronic obstructive pulmonary disease (COPD), all of which might be associated with tobacco smoking and poor outcomes” (Lancet Respiratory Medicine, Vol 8(7): 664-665, July 1, 2020). However, there is mounting evidence and publications that show an increased risk of illness severity (using markers such as hospitalization, ICU admission, ventilator use and/or death) with tobacco use and biological evidence of a potential mechanism for this given the increase in ACE-2 receptors found on cells in the airways of smokers, which the SARS-CoV-2 virus uses to enter cells. In many of the case studies and meta-analysis to date, the risk for disease severity has ranged from 2x-16x the risk compared to non-smokers (OR 2.0-16.1). (WHO, Scientific Brief: Smoking and COVID-19, 30 June 2020).

Q: How has COVID-19 affected the usage trends?
A: Just a few days after our adolescent vaping presentation, the CDC and FDA released updated data collected from the annual “National Youth Tobacco Survey” which is a school-based survey for middle and high school students that was done between January-March 2020. For the 1st time in years, those results showed a slight decline in vaping use by both middle schoolers (11% to 5%) and high school students (28% to 20%) from 2019 to 2020. Whether those trends are COVID-related (given the survey’s timeframe just prior to COVID emergence in the US) versus scares related to EVALI or other reasons -- that is unclear. Unfortunately, the 2020 data also showed some concerning trends as well, including an INCREASE in students who vape >20 days in the past month (40% for high school users; 20% for middle school users) – suggesting more youth may now be addicted. (MMWR. E-cigarette Use Among Middle and High School Students – United States 2020. ePub: 9 Sep 2020)

Q: Which has more negative effects- smoking or vaping- at the same nicotine level?  
A: I’ll start off by saying that nicotine is nicotine – regardless of the vehicle used to get it into the body – so any use of nicotine in any fashion means that the short- and long-term risks are still there. When it comes to inhaling nicotine as is done with a traditional cigarette versus inhaling nicotine salts as a vaporized aerosol (which is what is used in vaping devices), as far as we know, the nicotine itself still effects the brain, the blood vessels, the lungs, the stomach, and everything else in the same fashion. However, nicotine salts are much less harsh tasting and the vaporizing process allows for a higher concentration of nicotine to be inhaled per puff compared to traditional cigarettes – increasing the risk for a faster road toward addiction since a person may not appreciate just how much nicotine they have been inhaling. And as a reminder beyond the nicotine, both traditional cigarettes and vaping have been shown to have numerous components that can harm both the smoker and those around them – though one major difference is that we now have almost half a century worth of research that has shown us the precise toxins and chemicals that make traditional cigarettes dangerous and we are only beginning to understand the risks associated with vaping.

Q: From the slides: Does that mean 80% of the 18% that were successful in quitting cigarettes? Or were the 18% completely successful at nicotine cessation?  
A: Of the 886 adult smokers in this study from the UK, 18% of those who used “vaping + counseling support” to quit cigarettes were successful in quitting cigarettes after 1 year, though 80% of those “quitters” were STILL vaping 1 year later. In contrast, only 10% (vs 18%) of those who used “NRT + counseling support” to quit cigarettes were successful in quitting cigarettes after 1 year, but once they were off nicotine they were off – because only 9% of those “quitters” still required NRT 1 year later. And as we mentioned during the presentation (and in the question before this one), nicotine is nicotine – regardless of the vehicle used to get it into the body – so the fact that 80% (vs 9%) of those vaping “quitters” were still using nicotine 1 year later means that they still are at risk for both the short and long term risks associated with nicotine. (“A randomized trial of e-cigarettes versus nicotine-replacement therapy”. N Engl J Med 2019 Jan 30)

Q: Does vaping carry the same risk as smoking with birth control pills?  
A: The risk with birth control (specifically birth control that contains estrogen – like “the pill”, “the patch” and “the ring”) is that for OLDER women (>35 years of age), we see a much higher risk of thrombosis (or blood clots) when that combination of older age + smoker + estrogen-based birth control is together. Nicotine is the component in cigarettes that increases that risk for blood clots
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(as well as heart disease) and that nicotine is clearly in the vast majority of vape products as well. Though estrogen does increase the risk for blood clots in general for ANY patient, using an estrogen-containing birth control method in someone who is <35 years old is felt to be safe and is not considered a contraindication to starting that particular type of medicine. However, it’s also a great opportunity to talk about the risks of vaping and smoking – both related to their medication risks and their overall health!

Q: What are some ideas on how to share this knowledge in virtual setting and/or in schools?
A: The school resources that were mentioned during the presentation (Stanford’s “Tobacco-Free Tool Kit”, University of Texas’ “CATCH my Breath”, etc) all have curriculums and resources that are available FREE to schools to integrate into their teaching (either virtually or in-person). The power of peer-to-peer education is also an incredible tool which could potentially occur virtually or in-person and both the Ohio 4-H Clubs and the Prevention Action Alliance have peer educators and resources that may be helpful for your setting.

Q: During a doctors appointment what is the best way to talk to teens if they admit to vaping?
A: If they admit to vaping, start by keeping your own emotions/body language/assumptions in check and then just start asking questions in a respectful and inquisitive way so you can help assess what may be going on and can then help support them towards developing healthier habits. Ask questions that help you get a sense of:

· how they got started

· what/when/how much they use

· why they use

· who they use with (if anyone)

· what else they may use

· what do they get out of it/what don’t they like as much about it

· have they tried to quit or cut down/what did that look like for them

· where are they currently in their “stage of readiness” to cut down/quit

· what else is going on in life

· who are their support people/what are their coping mechanisms

· what can I do to help…
Q: Can we access these slides after today’s present, to be used in school or organization specific presentations potentially?
A: We are recording today's presentations and will share a link following the presentation. It would be wonderful if our attendees can share these materials with family, friends, and colleagues who could benefit. If you would like slides that can be edited, please contact us for access with the presenter’s consent.

Q: How long does it take a person to finish a pod, or how many puff bars per day are teens smoking? Is there an average based on your experience?
A: The amount used per day or time used to finish varies; one Juul pod or puff bar is equal to one pack of cigarettes. Some other pod types are larger and can equal 2-3 packs of cigarettes.

Q: What is a humectant?
A: Humectants are used in the manufacturing of some tobacco products, such as cigarettes, e-cigarettes, and self-rolled tobacco. They are used to control and maintain the moisture content of the cut tobacco filler and add flavor. When heated through the e-cigarette device these can create dangerous carcinogens; the toxic profiles vary by product and flavor.

Q: Are there increased risks for COVID-19 complications for those using vape devices?
A: Youth were 5Xs more likely to have COVID-19 symptoms if they had vaped in the past month and at least 5Xs more likely to have a COVID-19 diagnosis if they ever vaped and/or smoked cigarettes.

Q: Were the numbers of injury and deaths reported nationally or in Ohio?
A: The 2,807 cases of EVALI and 64 related deaths is across the US, not just in Ohio.