TOBACCO AND VAPING: WHAT COMMUNITIES NEED TO KNOW

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Discussion Objectives

- A brief history of the tobacco industry
- Tobacco and health statistics
- Tobacco / vaping / oral pouch overview
- Tobacco as a racial / social justice issue
- Tobacco and Behavioral Health
- Quit resources
Tobacco History

- Tobacco has been around for thousands of years
- Tobacco companies learned how to mass produce and manipulate it, making it more addictive.
- Companies have mastered how to target vulnerable populations
- Even health claims for smoking in the late 50s and early 1960s, e.g.: aids digestion, calming, asthma treatment, excellent for keeping weigh off in women, i.e., staying attractive for your husband
According to repeated nationwide surveys, More Doctors Smoke CAMELS than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel!

You'll enjoy Camels for the same reasons so many doctors enjoy them. Camels have mild, cool, comfortable smoke...afterwards...and a flavor unmatched by any other cigarette.

Make this scientific test-smoke only Camels for 30 days and see how well Camels please your taste...how well they suit your throat as your steady smoke. You'll see how enjoyable a cigarette can be!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!

For 30 days, test Camels in your "P-Zone" (P for Throat, P for Taste).
The History of Tobacco Regulation

- 1964 Surgeon General’s report came out citing risks
- These laws
  - Required a health warning on cigarette packages
  - Banned cigarette advertising in the broadcasting media
  - Called for an annual report on the health consequences of smoking
Preemption and Tobacco Lobby

A higher level of government supersedes authority of lower levels of government over a specific subject matter (Federal over State and Local)

- Preemption was the tobacco industry’s top legislative goal because it concentrates authority at the state or federal level where the industry is stronger.

- This has been a successful strategy for the tobacco industry
How Preemption Assisted Tobacco Companies

"We could never win at the local level . . . so the Tobacco Institute and tobacco companies' first priority has always been to preempt the field, preferably to put it all on the federal level, but if they can't do that, at least on the state level, because the health advocates can't compete with me on a state level."

-Victor Crawford, former Tobacco Institute lobbyist
Targeted Populations Include:

- African American
- Behavioral health patients
- Lower socioeconomic and education levels
- Youth
BIG TOBACCO

Mental Health Issues

Justice Involved

Living in Poverty

Substance Use Issues

Lower Education Levels

Rural Communities

LGBTQ Population

Blue Collar/Service Industry Workers

WANTS YOU
Tobacco Spending

- Tobacco corporations spend about a million dollars **per hour** in advertising (signs, sponsorships, festivals, hip hop concerts)
- In Florida, over $550 million per year (DOH, 2024)
- Companies need “replacement smokers” due to death, so they target teens.

- 1997 Florida reached a settlement for over 11 billion dollars based on the Medicaid dollars spent on the healthcare needed by smokers.
Tobacco Prevention Spending

- In Fiscal Year 2023, states collected $27 billion from the tobacco settlement and tobacco taxes

- But...spent less than 2.7% on prevention and cessation programs

- Florida’s tax on cigarette pack is $1.34
- New York’s is $5.35
- Missouri’s is $0.17
How Are We Doing As a State?

- “Florida is listed as one of the states with the worst policies to prevent and reduce tobacco use, according to the American Lung Association’s 21st annual “State Tobacco Control” report. The state received mostly failing grades”. (American Lung Association, 2023)

- Higher than average adult smoking rate at 14.7% and 25.2% of high schoolers use a tobacco product. (ALA, 2023)
The Good News

■ Tobacco Free Florida is funded through the State’s Tobacco Settlement, 1997. The fund is administered by the Department of Health (DOH)

■ Area Health Education Center (AHEC) outreach and partnerships to provide education and cessation tools
Tobaccos Health Effects

- Cigarette smoking is the *leading cause of preventable deaths* in the U.S.

- 480,000 deaths per year, or about 1,300 per day

- Imagine three 747 jets crashing each day
More than 480,000 U.S. deaths attributable each year to cigarette smoking. 

- Lung Cancer: 137,989 (29%)
- Ischemic Heart Disease: 133,300 (28%)
- Chronic Obstructive Pulmonary Disease: 100,600 (21%)
- Other Diagnoses: 56,800 (10%)
- Stroke: 15,300 (4%)
- Other Cancers: 36,000 (8%)
Tobacco Effects Are System Wide

DISEASES
caused or made worse by tobacco use

- stroke
- diabetes
- chronic respiratory symptoms
- asthma
- macular degeneration
- cleft palate
- dental disease
- coronary artery atherosclerosis
- coronary heart disease
- aortic aneurysm
- emphysema/COPD
- pneumonia
- tuberculosis
- lung infection
- low birth weight
- ectopic pregnancy
- hip fractures
- sudden infant death syndrome
- low bone density
- ulcers
- reduced fertility
- erectile dysfunction
Benefits of Quitting

After quitting smoking, the body begins a series of changes that continue for years.

- **Minutes After Quitting**: Heart rate drops
- **24 Hours**: Nicotine level in the blood drops to zero
- **Several Days**: Carbon monoxide level in the blood drops to level of someone who does not smoke
- **1 to 12 Months**: Coughing and shortness of breath decrease
- **1 to 2 Years**: Risk of heart attack drops sharply
- **3 to 6 Years**: Added risk of coronary heart disease drops by half
- **5 to 10 Years**: Risk of stroke decreases
- **10 Years**: Added risk of lung cancer drops by half after 10–15 years
- **15 Years**: Risk of coronary heart disease drops to close to that of someone who does not smoke
- **20 Years**: Risk of cancers of the mouth, throat, voice box, and pancreas drops to close to that of someone who does not smoke
- **Added risk of cervical cancer drops by about half**
Benefits of Quitting

- Whole person perspective: physical health, reduction in complications from other chronic conditions, psychological quality of life, cost savings, improved employability, protect pets and children from consequences of SHS

- Hydrocarbons in cigarette smoke suppresses the impact of psychiatric medication, so doses can generally be reduced when fewer cigarettes are smoked (Fiore 2008)

  – Visit

  [https://www.rxforchange.org](https://www.rxforchange.org)

  for information on drug interactions
Secondhand smoke

Is the 3rd leading cause of preventable death and kills 41,300 non-smokers each year

- 34,000 from heart disease
- 7,300 from lung cancer

■ Health Effects
- Children: ear infections, asthma, respiratory symptoms and infections, SIDS, bronchitis, allergies
- Adults: heart disease, lung cancer, other lung problems such as COPD and asthma

■ Aerosol from e-cigarettes/vapes is not harmless
Children and Tobacco

- Most smokers begin use in adolescence (3/4 stay smokers)
- Cigarette smoking has declined in the last decade among youth, but...

- Electronic cigarettes/vapes are the most popular product (replaced cigarettes in 2014)

- Current vape use
  - 14% of high school students
  - 3% of middle school students
■ 90% of adults report starting in their teens, 1/3 will die early

■ Children do not understand addiction and mistakenly believe that they can quit at any time

■ Pre-frontal cortex and decision-making ability

■ That’s why targeting youth is so problematic

■ (US Surgeon General’s Report, 2023)
E-cigarettes and Youth

- E-cig use grew 900% in high schoolers from 2011 to 2015 (cdc.gov. 2024)
- Most commonly used form of tobacco by the young (460+brands)
- Nicotine addiction in youth primes the brain for other addictions
- Prices of e-products are inversely related to sales, the cheaper the product, more is sold
Tallahassee N=67
Truth Initiative- Products Targeting Youth
How many devices can you spot?
Just A Click Away

Lou Square.

Welcome! We gotta ask... Are you 21?

- YES, I AM 21+
- NO, I AM NOT 21+
FDA Approves First Menthol E-Cig

- 6/21/2024  NJOY
- Public Health, American Lung Association and Black Physician Groups extremely disappointed
- FDA states “benefit to combustible tobacco uses outweighs risk to youth”. 
- Despite the evidence that menthol is appealing and heavily utilized by youth
Vapes

■ New use audience (previous non-smokers, youth)
■ Dual use with less cessation
■ On-line contests for tricks and compensation for social influencers, thick clouds are most popular
■ Products and youth lingo changes, hard to track what is “in”
Products to assist with deception

THE ORIGINAL smokebuddy
KEEP YOUR SMOKE TO YOURSELF

- Compact
- Convenient
- High Quality
- Long Lasting
- Removes Smoke
- Eliminates Odor
- Travel Caps Included
- Reduces Second Hand Smoke

PERSONAL AIR FILTER
Oral Nicotine Products

- Zyn, On!, Velo - tobacco free nicotine products
- Discrete, “lip pillow”, “upper decky”
- Manufacturers market the “freedom to use nicotine anytime”!
- Pouches range from 1-12 mg of nicotine
- The higher the dose, the faster and more severe the addiction
Tobacco as a Racial Justice Issue

- Nearly 90% of all African American smokers use menthol

- AA have been targeted with menthol cigarette advertising in predominately black neighborhoods and publications

- Tobacco companies find influencers in Black communities and provide free samples (barbershops)

*Black men face the highest rates of lung cancer
New York June 26-July 5

Kool Jazz Festival

Produced by George Wein

Warning. The Surgeon General has determined that cigarette smoking is dangerous to your health.
Menthol

- Has a “medicinal” connotation
- Leads to greater nicotine dependence
- Makes it more difficult to quit smoking
- NAACP supports ban

- May 2024 the Biden Administration elected to table proposed ban
Tobacco and Behavioral Health

■ 1 in 4 adults experience behavioral health issues

■ Those with behavioral health conditions smoke at rates 2-3 times higher than the general population

■ Adult smokers with BH conditions are more likely to have started at an earlier age, smoke more cigarettes and contract tobacco-related diseases

■ (tobaccofreeflorida.com 2024)
Health Disparities

- People with serious mental illness die 11-25 years younger than the general public.
- Causes of death NOT associated with the MH disorder but with chronic diseases that account for 80% of life years lost.
- High mortality rates from cardio-vascular and respiratory disease and cancer.
- Smoking cessation may be the modifiable risk factor intervention likely to have the greatest impact on decreasing mortality.
Tobacco Industry and Mental Illness

- Helped shape research questions about relationship between smoking and mental illness
- Supported and encouraged the idea of “self-medication”
- Supported product-based solutions to problems
- Sponsored Hans Eysenck’s work on personality – people were driven to smoke because of stress and genetic makeup was greater predictor of cancer than smoking
- Supported research – cigs are a nicotine delivery device and MI are self-medicating
- Not until 2001 did the Society for Research on Nicotine and Tobacco (SRNT) issue a statement discouraging members from accepting tobacco funds (Hirshbein, 2012)
Improved Mental Health After Quitting

- Meta-analysis of 73 longitudinal studies and 31 narrative syntheses
- Consistent evidence that stopping smoking is associated with improvements in
  - Depression
  - Anxiety
  - Stress
  - Psychological quality of life and
  - Positive affect
  - Mental well-being

compared to continuing to smoke. "The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders."

*Social quality of life

(Taylor 2021)
Improvement in SUD Treatment Outcomes

- Tobacco dependence treatment provided during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

- The preponderance of studies indicate that concurrent tobacco dependence treatment does not jeopardize alcohol and other non-nicotine drug outcomes (Prochaska 2004).

- People receiving smoking cessation treatment demonstrated better outcomes for drug free days and abstinence (Winhusen 2014).

- Tobacco dependency treatment was most cost-effective and morbidity-reducing of 30 preventive services, yet has the lowest delivery rate (Friend 2004).

- Continued smoking associated with greater odds of substance use and SUD relapse (Weinberger 2017).
Community of Practice for Tobacco Control in Behavioral Health Organizations

- Established in 2019
- Statewide learning collaborative focused on tobacco policy and service integration in behavioral health organizations
- Participants have access to targeted training and technical assistance focused on building knowledge and skills to initiate or enhance their efforts
FL’s Tailored Group Curriculum

- Weekly, 60-to-90-minute, open group
  - Participants may join at any time
  - Some information does build on previous sessions
  - Participants may attend as many sessions as needed (24 yearly max)
  - Session topics cycle over a 6-week period
  - Participants eligible for 24 weeks of FREE NRT
FSU College of Medicine
Tobacco Treatment Specialist Training: 3-Day Foundation Course

- [https://med.fsu.edu/ahec/tobacco-treatment](https://med.fsu.edu/ahec/tobacco-treatment)

- Provides in-depth understanding of tobacco dependence & the essential science-based treatment tools necessary to help tobacco users quit

- One of only 24 accredited programs in the US
  - Council for Tobacco Treatment Training Programs [https://ctttp.org/accredited-programs](https://ctttp.org/accredited-programs)

Contact Rebecca Carter with any questions:
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Covers 11 Core Competencies:
- Association for the Treatment of Tobacco Use and Dependence (ATTUD) [https://www.attud.org](https://www.attud.org)
  - Knowledge & Education
  - Counseling Skills
  - Assessment
  - Treatment Planning
  - Pharmacotherapy
  - Relapse Prevention
  - Diversity & Special Health Issues
  - Documentation & Evaluation
  - Professional Resources
  - Law & Ethics
  - Professional Development
FSU College of Medicine
Tobacco Treatment Specialist Webinar Series

- [https://med.fsu.edu/ahec/webinar-details](https://med.fsu.edu/ahec/webinar-details)
- Registration and CE is FREE

Florida State University College of Medicine Area Health Education Center is a Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, Nursing, Pharmacy, Psychology, and Respiratory Care approved provider of continuing education. CE Broker Provider ID #50-21016. FSU College of Medicine AHEC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. Provider ID# 122098. FSU College of Medicine AHEC is a designated provider of continuing education hours for Florida Certification Board for Recovery Peer Specialists. Provider #: 5156-A.
Tobacco Free Florida

QUIT YOUR WAY

PHONE QUIT
A Quit Coach® is waiting for your call to help you on your journey to be tobacco-free. 1-877-U-CAN-NOW 1-877-822-6669

WEB QUIT
Try Web Quit. Get access to virtual tools, tips and support that will help you quit tobacco.

GROUP QUIT
Register for a session with trained facilitators along with others who want to quit like you.

MORE QUIT TOOLS
But wait, there’s more ways to quit!

To get started visit www.tobaccofreeflorida.com
Youth Prevention

- SWATflorida.com
- Truthinitiative.org
Questions?

"Mind if I smoke?"

"Care if I die?"
References

- http://www.cdc.gov/tobacco
- http://truthinitiative.org
- https://www.lung.org
- Black Lives/Black Lungs YouTube
- tobaccofreeflorida.com
- https://med.fsu.edu/AHEC
- https://www.hhs.gov/surgeongeneral


