Emerging Tobacco Products and Local Community Resources
Lung Force Expo
April 5, 2018

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Office of Chronic Disease Prevention and Health Promotion
Southern Nevada Health District
Topics to be Covered

• The toll of tobacco in the U.S.
• Emerging tobacco products
  ❖ Cigars, Little Cigars, Cigarillos
  ❖ Snus
  ❖ Dissolvable Tobacco Products (Orbs, Strips, Sticks, Lozenges)
  ❖ Chewing Tobacco, Snuff
  ❖ Hookah
  ❖ Electronic Cigarettes/ E-cigarettes
• How you can help
• Brief Tobacco Use Intervention
• Local resources
TV AD “I smoke when I’m Coloring”
Current Climate

- Adult smoking prevalence in Nevada has decreased to 11.4% (2016) and in Clark Co. 12.6% (2016).

- **Some** diverse community smoking rates have declined.

- High school cigarette smoking prevalence in Clark Co. has declined from 30.7% (1999) to 5.9% (2015). In NV from 33% (1999) to 7.2% (2015).

- 85% of NV adults (2016) surveyed believe people should be protected from secondhand smoke.

- State law passed in 2006 to offer more protection from exposure to secondhand smoke (Nevada Clean Indoor Air Act – NCIAA).
The Toll of Tobacco

- Smoking is the leading cause of preventable death and kills 480,000 people each year in the U.S. than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, and suicides combined.*

- Tobacco use kills 1,200 people every day in the U.S.**

- Secondhand smoke is the third leading cause of preventable death in the U.S., killing an estimated 53,000 nonsmokers each year.**

*Campaign for Tobacco-free Kids
**U.S. Centers for Disease Control and Prevention
The Toll of Tobacco Use in Nevada

- The tobacco industry spends over $80.3 million each year to market their products in Nevada. (Toll, 2017)

- Smoking is the leading cause of preventable death and kills 480,000 people each year in the U.S. than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, and suicides combined.* (Toll, 2017)

- In Nevada, the combined monetary toll of tobacco use per each smoker’s lifetime is calculated at $1,413,733. (Toll, 2017)

- In Nevada, $1.08 billion is spent in annual health care costs directly caused by smoking. (Toll, 2017)

- Proportion of cancer deaths in Nevada attributable to smoking 30.9% (Wallethub, 2017)
The American Association for Respiratory Care has links to various tobacco related resources on their website under Clinical Resources:

http://www.aarc.org/resources/clinical-resources/tobacco-resources/
Smoking damages ALL OF THE BODY: healthcare providers know this, the general public is not completely aware.

Graphic by National Jewish Health, Quitlogix 2016
Three Link Chain of Addiction

There are three aspects to nicotine addiction:

- Biological (Physical)
- Psychological (Mental)
- Sociocultural (Social)
Breaking Physical Addiction

One-Two Punch

Either counseling or medication are effective when used alone, but the combination of counseling and medication is more effective than either alone.

Secondhand Smoke

Contains over 4,000 chemicals, 60 of which are known to cause cancer.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Description</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine</td>
<td>One of the most addictive substances known to man</td>
<td>As addictive as heroine</td>
</tr>
<tr>
<td>Arsenic</td>
<td>Rat poison</td>
<td>Insecticide and weed killer</td>
</tr>
<tr>
<td>Benzene</td>
<td>Formed from coal and petroleum-Known carcinogen</td>
<td>Used as a solvent in fuel, Associated with Leukemia</td>
</tr>
<tr>
<td>Formaldehyde</td>
<td>Highly poisonous liquid used to preserve bodies</td>
<td>Also found in cigarette smoke</td>
</tr>
<tr>
<td>Hydrogen Cyanide</td>
<td>Gas chamber poison</td>
<td>Metal cleaner and insecticide</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>Car exhaust fumes. Forms when cigarette is lit.</td>
<td>Rapidly fatal in large amounts</td>
</tr>
<tr>
<td>Ammonia</td>
<td>Found in dry cleaning fluids</td>
<td>Toilet cleaner</td>
</tr>
</tbody>
</table>
Health Impact of Secondhand Smoke Exposure

• There is no risk free level of exposure to secondhand smoke
• Secondhand smoke causes heart disease
  – Breathing SHS has immediate adverse effects on your blood and blood vessels;
  – **Non-smokers who are exposed at home or at work increase their risk of developing heart disease by 25–30%;**
  – People who already have heart disease are at especially high risk of suffering adverse effects from breathing secondhand smoke and should take special precautions to avoid even brief exposures.
• Secondhand smoke causes lung cancer
  – SHS causes lung cancer in adults who themselves have never smoked;
  – **Non-smokers who are exposed at home or at work increase their risk of developing lung cancer by 20–30%; and**
  – Even brief secondhand smoke exposure can damage cells in ways that set the cancer process in motion.
Thirdhand Smoke Exposure

• May remain inside even when smoking took place earlier
• Residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they’re crawling or playing on the floor.
• Substances in thirdhand smoke include
  – hydrogen cyanide, used in chemical weapons;
  – butane, used in lighter fluid;
  – toluene, found in paint thinners;
  – arsenic;
  – lead;
  – carbon monoxide; and even
  – polonium-210,
• Eleven of the substances are highly cancer-causing.

http://www.nytimes.com/2009/01/03/health/research/03smoke.html
Family Smoking Prevention and Tobacco Control Act: Gives the Food and Drug Administration (FDA) the authority to regulate the manufacture, distribution, and marketing of tobacco products to protect public health.

Restricts tobacco product advertising and marketing to youth by directing FDA to issue regulations which, among other things:

- Require proof of age to purchase these tobacco products – the federal minimum age to purchase is 18.
- Bans cigarettes with characterizing flavors (except menthol and tobacco).
- Require face-to-face sales, with certain exemptions for vending machines and self-service displays in adult-only facilities.
- Ban the sale of packages of fewer than 20 cigarettes.
- Limit color and design of packaging and advertisements, including audio-visual advertisements (However, implementation of this provision is uncertain due to pending litigation. See Discount Tobacco City & Lottery v. USA, formerly Commonwealth Brands v. FDA.).
- Ban tobacco product sponsorship of sporting or entertainment events under the brand name of cigarettes or smokeless tobacco.
- Ban free samples of cigarettes and brand-name non-tobacco promotional items.
- Prohibits “reduced harm” claims including “light,” “low,” or “mild,” without an FDA order to allow.
- Requires industry to submit marketing research documents.
<table>
<thead>
<tr>
<th>Provision</th>
<th>Cigarettes</th>
<th>Smokeless Tobacco</th>
<th>Cigars</th>
<th>E-Cigarettes &amp; Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum sales age of 18 and age verification under 27</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prohibition on vending machine sales</td>
<td>Allowed in adults-only facilities</td>
<td>Allowed in adults-only facilities</td>
<td>Allowed in adults-only facilities</td>
<td>Allowed in adults-only facilities</td>
</tr>
<tr>
<td>Prohibition on self-service displays</td>
<td>Allowed in adults-only facilities</td>
<td>Allowed in adults-only facilities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minimum package size requirements</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prohibition on breaking packages by retailers (e.g., sales of loosies)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prohibition on free samples</td>
<td>✓</td>
<td>Allowed in qualified adults-only facilities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prohibition on characterizing flavors</td>
<td>Menthol and tobacco allowed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory warning labels on packages and advertisements</td>
<td>9 Rotating warnings</td>
<td>4 Rotating warnings</td>
<td>6 Rotating warnings</td>
<td>1 Static warning</td>
</tr>
<tr>
<td>Prohibition on brand names on non-tobacco products and brand name sponsorship of sporting and cultural events</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Required notice of advertising in any non-traditional medium</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Other Tobacco Products

- Cigars, Little Cigars, Cigarillos
- Snus
- Dissolvable Tobacco Products (Orbs, Strips, Sticks, Lozenges)
- Chewing Tobacco, Snuff
- Hookah
- Electronic Cigarettes/ E-cigarettes
Other Tobacco Products (OTP’s)/Emerging Tobacco Products

Other Tobacco Products, or OTPs, commonly refer to any tobacco product that is not a cigarette.
Cigars, Little Cigars, Cigarillos

- Little cigars or cigarillos resemble cigarettes.
- Little cigars and cigarillos were intended to replace cigarettes as cigarette advertising became increasingly restricted, and taxes on cigarettes, but not cigars, continued to increase, according to tobacco industry documents.
- Come in flavored varieties, including cherry, chocolate, vanilla, peach rum, raspberry, Menthol and sour apple.
- Flavorings may appeal to youth and young people.
- Flavorings in cigars are not regulated by the federal government (FDA).
- Preferred by African American and Hispanic youth.
Not Your Grandfather’s Cigar
A New Generation of Cheap and Sweet Cigars Threatens a New Generation of Kids
Snus

• A moist powder smokeless tobacco product.
• Placed between the cheek and gum.
• Used like smokeless tobacco, but more desirable because it doesn’t require the user to spit.
• Also different because it is heated using steam and not fire, which means it contains a lower amount of nitrosamines, a known cancer-causing agent.
• Contains more nicotine than cigarettes.
• Negative health effects are similar to smokeless tobacco use and include developing lesions in the mouth, gum recession and cancer of the mouth or tongue.
• Camel Orbs: mint-sized; dissolve in about 10-15 minutes; contains about 1 milligram of nicotine, almost as much as one cigarette.

• Camel Strips: resemble Listerine breath strips; dissolve in about 2-3 minutes; contains about 0.6 mg of nicotine.

• Camel Sticks: resemble toothpicks; dissolves in about 20-30 minutes; contains about 3.1 mg per stick, similar to the nicotine content in about two cigarettes.
Chewing Tobacco and Snuff

• Snuff is moist, finely chopped tobacco that is placed between the cheek and gum and doesn’t require chewing. Some snuff is packaged in individual serving bags, so people can use it without spitting.

• Chewing tobacco, another form of spit tobacco, comes in three types: loose leaf, plugs, and twists. Loose leaf is shredded tobacco leaves made into strips; plugs are pressed into small, soft blocks flavored with licorice and sugar and then dried; and twists are dried and twisted into hard spirals.

• In 2016, 2.8% of Nevadans surveyed reported using smokeless tobacco.
Hookahs are also known as water pipes.
Commonly used by youth and young adults and believed to be safe.
Using water as a filter does not change the level of nicotine in the smoke compared to pipes without a water filtration process.
Lounges popping up near schools and universities.
Hookah smoke contains 36 times more tar than cigarette smoke.
Smoking hookah fills your body with 8 times more Carbon Monoxide.
12% of Americans have smoked hookah during their lifetime.
• 20% of 18-24 year old currently use hookah. The highest increase in hookah smoking is among single males and those with high income and education levels.

• During an average hookah session you take 5 times the number of puffs.

• Each hookah session equals 100 more times the smoke volume compared to a single cigarette.

• A typical hookah session involves more frequent puffs, deeper inhalation, over a longer period of time than cigarettes.

• CDC estimates 1.6 million young people used hookahs in 2014, the large pipes used to smoke flavored tobacco. The agency said those numbers have tripled since 2011.
A new product, called steam stones, is being introduced as a tobacco alternative for use in hookahs.

These heat-treated porous materials are soaked in fluid—usually glycerin—and heated in hookahs, where the tobacco would normally be placed, to create a smoke-like vapor.

Steam stones are marketed as a replacement of the tobacco leaf medium with a 100% natural, extremely pure, raw mineral with no solids and no fine dust are generated but only fine liquid particles as steam, and claim to contain no nicotine.

Virtually nothing is known about potential health risks of inhaling vapor from use of steam stones in a hookah.

Vendors appear to be aligning their marketing strategies with those of electronic cigarette vendors. One company explicitly markets their steam stones as being based on the same concept as electronic cigarettes.
• Nicotine delivery device first developed in China in 2004.
• E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems.”
• When the user puffs on the inhaler, the battery causes the tip of the e-cigarette to glow and the heat created by the battery turns the liquid nicotine into an aerosol of liquid, flavorings and nicotine.
• Include a battery component, a vaporizer, a cartridge filled with liquid nicotine and an inhaler.
• Available in numerous flavors.
• Using an e-cigarette is commonly referred to as vaping.
The e-cigarette can be sold as a metal tube that requires **refillable** containers or tanks of nicotine and flavorings, often called **juice**, and the cartridge can contain up to 20mg of nicotine or more. These devices can be **plugged into a computer to be recharged**.

Hundreds of e-juice flavors such as coffee, tobacco, apple, strawberry, banana and bubble gum.

Numerous **inexpensive** e-cigarettes available that are **disposable** and don’t require refilling the cartridge. These products can be discarded once the user depletes the liquid nicotine. These products can look like a marker or pen.
E-juice

A traditional single cigarette yields about 1mg of absorbed nicotine. A **15 ml bottle of e-juice can be the equivalent of 4 packs of cigarettes**, but this varies since some e-cigarettes can be shut on and off.

“Juicy eJuice is the healthier alternative to traditional cigarettes.”

- Stephanie Ball - Professional Fitness Instructor  
  www.bodlesbyball.com
In 2016, 24% of adults in Clark Co. had ever used an e-cigarette (ATS 2016).

More than 70.0% of smokers believe that e-cigarettes are less harmful than regular cigarettes.

The most commonly cited reasons for use by e-cigarette users include: the perception that they are healthier/less toxic than traditional cigarettes, aid in tobacco craving/withdrawal symptoms, smoking cessation facilitator, and relapse avoidance.

In 2016, an estimated 2 million youth, reported current use (use on one or more days in the past 30 days) of any tobacco product.
E-CIGARETTES ARE NOW THE MOST COMMONLY USED TOBACCO PRODUCT AMONG U.S. YOUTH.

In 2016, more than 2 MILLION U.S. middle and high school students used e-cigarettes in the past 30 days, including:

- 4.3% MIDDLE SCHOOL STUDENTS
- 11.3% HIGH SCHOOL STUDENTS

IN THE U.S., YOUTH ARE MORE LIKELY THAN ADULTS TO USE E-CIGARETTES

AMONG CURRENT E-CIGARETTE USERS AGED 18-24 YEARS, 40.0% had NEVER BEEN cigarette smokers

CDC Office of Smoking and Health, February 2018
Youth Risk Behavior Factor Survey, 2015
Visit: CDC.gov and go to YRBS 2015 Youth Online Results to find use in your region.
Candy Flavors
<table>
<thead>
<tr>
<th>DIY Flavor Shack Top 50 E-Liquids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Café Napoleon</td>
</tr>
<tr>
<td>Peanut Butter Cuppy</td>
</tr>
<tr>
<td>Lava Flow</td>
</tr>
<tr>
<td>Pomegranate Surprise</td>
</tr>
<tr>
<td>Red Bully Girl</td>
</tr>
<tr>
<td>Shacks Minthol</td>
</tr>
<tr>
<td>House Blend eese</td>
</tr>
<tr>
<td>Clearly Grape</td>
</tr>
</tbody>
</table>
E-cigarette Safety and Quality

• 2009 FDA studied 2 brands of e-cig and found:
  – Carcinogens and heavy metals found in juice and aerosol
  – Quality control was inconsistent or non-existent
  – Nicotine free e-cigs contained nicotine
  – Nicotine levels varied, sometimes twice as high as FDA approved devices
  – Not recognized as quit smoking devices

• **Nicotine** is highly addictive and is a vasoconstrictor meaning it instantly **narrows** blood vessels:
  – Increases heart rate by 10-20 beats per minute.
  – Considered a neurological-toxin and is used as an insecticide.

• The liquid used in e-cigarettes, when ingested or absorbed through the skin, can cause vomiting, seizures or death.
Poison centers reported 2,405 e-cigarette calls from Sept. 2010 to Feb. 2014. The total number of poisoning cases is likely higher than reflected in this study, because not all exposures might have been reported to poison centers.

Calls to poison centers involving e-cigarette liquids containing nicotine rose from one per month in Sept. 2010 to 215 per month in Feb. 2014.

According to the CDC, more than half (51.1 percent) of the calls to poison centers due to e-cigarettes involved young children 5 years and under, and about 42 percent of the poison calls involved people age 20 and older.

<table>
<thead>
<tr>
<th>Nevada E-cigarette Poisonings</th>
<th>123 total calls from 2011-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 5 yrs</td>
<td>35%</td>
</tr>
<tr>
<td>65%</td>
<td></td>
</tr>
</tbody>
</table>

Secondhand Aerosol

- E-cigarettes do not just emit “harmless water vapor.” **Secondhand e-cigarette aerosol (incorrectly called vapor by the industry) contains nicotine, ultrafine particles and low levels of toxins that are known to cause cancer.**

- Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.

- At least 10 chemicals identified in e-cigarette aerosol are classified as carcinogens and reproductive toxins. The compounds that have already been identified in mainstream (MS) or secondhand (SS) e-cigarette aerosol include: **Acetaldehyde (MS), Benzene (SS), Cadmium (MS), Formaldehyde (MS,SS), Isoprene (SS), Lead (MS), Nickel (MS), Nicotine (MS, SS), N-Nitrosonornicotine (MS, SS), Toluene (MS, SS).**

- **E-cigarettes contain and emit propylene glycol (PG), a chemical that is used as a base in e-cigarette solution and is one of the primary components in the aerosol emitted by e-cigarettes.**
  - Short term exposure causes eye, throat, and airway irritation.
  - Little known about long-term exposure PG.
  - Material Safety Data Sheet from Dow Chemical states “inhalation exposure to PG mist should be avoided.”

- **Even though propylene glycol is FDA approved for use in some products, the inhalation of propylene glycol is not.** Some studies show that heating propylene glycol changes its chemical composition, producing small amounts of propylene oxide, a known carcinogen.

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The e-cigarette aerosol that users breathe from the device and exhale can contain harmful and potentially harmful substances:

- **Volatile organic compounds**
- **Cancer-causing chemicals**
- **Ultrafine particles**
- **Heavy metals such as nickel, tin, and lead**
- **Flavoring such as diacetyl, a chemical linked to a serious lung disease**

It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
Popcorn Lung

- Popcorn lung is a serious lung disease. Medically, popcorn lung is actually known as bronchiolitis obliterans. It is connected to the artificial butter flavoring, diacetyl.
- The main concern for people who use e-cigarettes is the fact that diacetyl is used by some e-liquid vendors as flavoring.
- The main symptoms are a dry cough, wheezing and shortness of breath. Often, air actually gets trapped in the lung because of the obstruction of scar tissue that is formed or inflammation so the lungs are full. The overinflation limits the ability to breathe in fresh, oxygenated air.
Health Effects

• The American Society for Heating, Refrigeration, and Air Conditioning Engineering (ASHRAE) Journal stated: “We conclude that e-cigarettes emit harmful chemicals into the air and need to be regulated in the same manner as tobacco smoking.

• A study from Johns Hopkins School of Public Health showed that e-cigarettes lower immunity to flu viruses and Strep bacteria.

• The study further concludes free radicals in the “vapor” are damaging enough that vaping may be harmful even if the product does not contain nicotine.
Health Effects

- The first study to look at exposure to aerosol from in real-use conditions found that nonsmokers who were exposed to conventional cigarette smoke and e-cigarette aerosol absorbed similar levels of nicotine.

- Researchers found that smoking suppresses the activity of 53 genes involved in the immune system. E-cigarette use also suppressed those 53 immune genes – along with 305 others.
Electronic Cigarette

In line with its mission as a patient advocate and in order to ensure patient safety, The American Association for Respiratory Care (AARC) opposes the use of the electronic cigarette (ecigarette). Even though the concept of using the e-cigarettes for smoking cessation is attractive, they have not been fully studied and the use among adolescents is increasing year after year. There is no evidence as to the amount of nicotine or other potentially harmful chemicals being inhaled during use or if there are any benefits associated with using these products. The effects of nicotine on the body are known to be harmful and this does not change when ingested in a smokeless route. Additional safety concerns are emerging concerning ingestion of the Liquid Nicotine Solution (LNS) by young children as poison control centers report a continual increase in calls as e-cigarettes become more popular.
The World Health Organization (WHO) recommends that e-cigarettes not be used indoors, especially in smokefree environments, in order to minimize the risk to bystanders of breathing in the aerosol emitted by the devices and to avoid undermining the enforcement of smokefree laws.

The National Institute for Occupational Safety and Health (NIOSH) recommends that employers “establish and maintain smoke-free workplaces that protect those in workplaces from involuntary, secondhand exposures to tobacco smoke and airborne emissions from e-cigarettes and other electronic nicotine delivery systems.”

The American Industrial Hygiene Association (AIHA) also recommends that e-cigarettes be included in smokefree laws: “Because e-cigarettes are a potential source of pollutants (such as airborne nicotine, flavorings, and thermal degradation products), their use in the indoor environment should be restricted, consistent with current smoking bans, until and unless research documents that they will not significantly increase the risk of adverse health effects to room occupants.”
Association Recommendations

• The American Public Health Association adopted a resolution, “Supporting Regulation of Electronic Cigarettes,” that outlines seven action steps including, “States and municipalities [should] enact and enforce laws...prohibiting the use of e-cigarettes in all enclosed areas of public access and places of employment. These standards should be incorporated into existing clean indoor air laws.”

• The American Association for Cancer Research and the American Society of Clinical Oncology supports prohibiting the use of e-cigarettes in smokefree spaces until the safety of second- and thirdhand aerosol exposure is established.
E-cig Industry Using Big Tobacco’s Playbook

- Celebrity spokespeople
- Print ads feature rugged men and glamorous women
- Sex sells
- Sponsor sports and music festivals
- Products available in sweet flavors
- Use cartoons
- Their ads say “Switch, Don’t quit”
Celebrity Use/Endorsements of E-cigs/Glamorization

- Other celebrities that have been known to smoke electronic cigarettes, but haven’t been caught on a camera yet include Mel Gibson, Miley Cyrus, Kate Moss, Ryan Seacrest, Ashley Greene, Nikki Reed, Harrison Ford, Jeremy Piven, and Kate Middleton

Leonardo DiCaprio
Robert Pattinson
Katherine Heigl
Lindsay Lohan
Johnny Depp
Jenny McCarthy
Dennis Quaid
Charlie Sheen
Courtney Love
Stephen Dorff
Brittany Spears
Paris Hilton
Catherine Zeta Jones
Zayn Malik
Michelle Rodriguez
Carrie Fisher
Tom Petty
Print Ads Feature Rugged Men and Glamorous Women
E-hookah = E-cigarettes
Newer vaping device gone “viral”
Looks like a USB flash drive, rechargeable in a laptop
Popular with high schoolers and college age
Flavors like mango, fruit medley, crème brulee, cool mint, virginia tobacco
Schools around nation reporting students fill the devices with marijuana, a homemade substance, or Juul-issued flavor "pods," which can deliver more than double the nicotine — and nicotine buzz — of other vaping products.
Juul devices and pods can be ordered online from its website. A starter kit goes for $49.99
• Orange County, California reporting increasing number of teens filling e-cigs with THC (psychoactive substance in marijuana) oil, Hemp oil, hash wax (dabs, honey) which can deliver a more potent high than using marijuana via traditional smoking methods.
• Dabs 70-90% of THC
• Numerous videos on YouTube demonstrating how to use e-cigarettes to smoke marijuana derivatives.
• Some web forum discussions around smoking meth using e-cigs.
E-cigs for Marijuana Use

• The mCig is a hybrid between an e-cig and a joint, in that you can put "dry herb" in it and heat it to the edge of combustion.

• When you burn something, you burn about 50 percent of the material, whereas with this, you can turn off the power and nothing continues to burn.

• Can make the same amount of marijuana last twice as long. Since marijuana is heated and not burned the odor is not as obvious as smoking marijuana.

• The mCig is made in China rechargeable and sells for $10.

• The company who makes this product is looking to make an alcohol e-cig.
We are the Tobacco Control Program, not the MJ Control Program

- CTCP operates in an environment that is increasingly permissive towards MJ use. As a result, our day-to-day work is impacted.

- Our local partners are asking, “Can they and should they draft or update SHS protection ordinances to prohibit MJ SHS exposure; can they prohibit medical marijuana use in multi-unit housing?”

- We are being asked to contrast and compare tobacco and MJ smoke; whether vaping MJ is safer than smoking it; and what are the health impacts of using these products?

- We are having to rewrite tobacco use surveillance questions because in response to traditional questions such as, “During the past 7 days, on how many days have people smoked in your home in your presence?” Respondents ask, “Smoked what?”
Comparison of tobacco and marijuana SHS

<table>
<thead>
<tr>
<th></th>
<th>tobacco</th>
<th>marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>tar (mg/cig)</td>
<td>24.3 ± 1.8</td>
<td>49.7 ± 2.5*</td>
</tr>
<tr>
<td>NO (µg/cig)</td>
<td>1101 ± 47</td>
<td>2087 ± 152*</td>
</tr>
<tr>
<td>NOx (µg/cig)</td>
<td>1172 ± 44</td>
<td>2284 ± 229*</td>
</tr>
<tr>
<td>CO (mg/cig)</td>
<td>61.7 ± 2.0</td>
<td>54.0 ± 3.7*</td>
</tr>
<tr>
<td>nicotine (mg/cig)</td>
<td>4.77 ± 0.26</td>
<td>0.065 ± 0.018*</td>
</tr>
<tr>
<td>ammonia (µg/cig)</td>
<td>5568 ± 322</td>
<td>14270 ± 472*</td>
</tr>
<tr>
<td>HCN (µg/cig)</td>
<td>83.8 ± 7.8</td>
<td>685 ± 29*</td>
</tr>
<tr>
<td>NNN</td>
<td>41 ± 4.8</td>
<td>&lt;0.634*</td>
</tr>
<tr>
<td>NAT</td>
<td>17.4 ± 1.4</td>
<td>&lt;2.34*</td>
</tr>
<tr>
<td>NAB</td>
<td>2.71 ± 0.52</td>
<td>&lt;0.793*</td>
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<tr>
<td>NNK</td>
<td>92 ± 11.7</td>
<td>&lt;4.65*</td>
</tr>
<tr>
<td>mercury</td>
<td>8.32 ± 0.57</td>
<td>&lt;4.40*</td>
</tr>
<tr>
<td>cadmium</td>
<td>478 ± 19</td>
<td>4.0–13.4*</td>
</tr>
<tr>
<td>lead</td>
<td>34.5–115</td>
<td>&lt;34.5</td>
</tr>
<tr>
<td>chromium</td>
<td>31.0–103</td>
<td>31.0–103</td>
</tr>
<tr>
<td>nickel</td>
<td>35.5–118</td>
<td>35.5–118</td>
</tr>
<tr>
<td>arsenic</td>
<td>&lt;11.3</td>
<td>&lt;11.3</td>
</tr>
<tr>
<td>selenium</td>
<td>&lt;17.5</td>
<td>&lt;17.5</td>
</tr>
</tbody>
</table>

E-cigarette in Nevada

- As of 2015 legislative session some age restriction for purchase not for use.
- **NOT** covered under Nevada Clean Indoor Air Act.
- **NO** restrictions on advertising.
- **NOT** taxed as tobacco products.
- **NO** tobacco retailer license required to sell e-cigs in Nevada.
- **NO** local control.
- Numerous NV businesses and organizations have voluntarily implemented restrictions on the use of e-cigs indoors and outdoors.
- Added e-cig use question to Nevada’s 2013 BRFSS, YRBS, BABY BEARS survey.
- 2015 YRBS to determine youth and e-cig prevalence.
- **2017 BDR to bring E-cigs under the NV Clean Indoor Air Act, labeling of e-liquid, child resistant packaging.**
E-cigarette Public Health Concerns

- Re-normalizes the image of smoking
  - Allowed in places where smoking is not allowed
  - Unrestricted advertising
  - Mimics the smoking behavior
- May increase “dual” use
- May be a gateway to cigarettes and other tobacco products.
- Long term health effects are unknown
The AHRQ recommends healthcare providers conduct brief tobacco use interventions, which includes the following steps:

1. Ask (about tobacco use)
2. Advise (client to quit)
3. Assist (in quit attempt by educating client on dangers of tobacco use and referring client to 1-800-QUIT-NOW for further assistance) (AHRQ, 2014).

- Since 2006 SNHD and partners have trained over 30,000 healthcare providers in the above approach.
- In the past, the above steps were good enough.
- CDC is requiring that funded programs do more.
Clark County Adult Tobacco Survey, 2016

### Clark County Cessation Behavior

<table>
<thead>
<tr>
<th>Smoking Tobacco Cessation Behavior</th>
<th>Total</th>
<th>Caucasian</th>
<th>African American/Black</th>
<th>Asian</th>
<th>NHPI/AIAN</th>
<th>Multiple</th>
<th>HISPANIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advised to Quit During Last Doctor Visit</td>
<td>40.7%</td>
<td>40.6%</td>
<td>71.4%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>33.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Tried to Quit in Past Year</td>
<td>36.7%</td>
<td>24.2%</td>
<td>57.1%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>66.7%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Group counseling</td>
<td>0.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nicotine Replacement</td>
<td>28.6%</td>
<td>37.5%</td>
<td>25.0%</td>
<td>N/A</td>
<td>0.0%</td>
<td>28.6%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Other Prescriptions</td>
<td>19.0%</td>
<td>14.3%</td>
<td>25.0%</td>
<td>N/A</td>
<td>100.0%</td>
<td>0.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Herbal/Homeopathic</td>
<td>9.1%</td>
<td>0.0%</td>
<td>25.0%</td>
<td>N/A</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Aware of 1-800-QUIT-NOW</td>
<td>71.4%</td>
<td>100.0%</td>
<td>75.0%</td>
<td>N/A</td>
<td>100.0%</td>
<td>28.6%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Tried 1-800-QUIT-NOW</td>
<td>9.5%</td>
<td>14.3%</td>
<td>0.0%</td>
<td>N/A</td>
<td>0.0%</td>
<td>14.3%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Tried switching to smokeless tobacco</td>
<td>28.6%</td>
<td>37.5%</td>
<td>25.0%</td>
<td>N/A</td>
<td>0.0%</td>
<td>100.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Tried stopping on own/using willpower</td>
<td>86.4%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>N/A</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other methods</td>
<td>25.0%</td>
<td>14.3%</td>
<td>25.0%</td>
<td>N/A</td>
<td>100.0%</td>
<td>100.0%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Note: Native Hawaiian/Pacific Islander (NHPI) and American Indian/Alaska Native (AIAN) racial groups were combined for this analysis due to low response rates. N/A: Preceding questions disqualified respondent from answering this question, therefore the item is not applicable to them.

- There was a **26.6% decrease** in the number of respondents who reported being advised to quit during a doctor’s visit between 2012 (55.2%) and 2016 (40.5%). (Nevada, 2016)
- There was an **18.2% decline** in the number of respondents who tried using the 1-800-QUIT-NOW hotline to stop smoking between 2012 (12.1%) and 2016 (9.9%). (Nevada, 2016)
- **6.6% of respondents use herbal or homeopathic methods** to try to quit smoking, a 247.4 percent increase from previous data (1.9% in 2012). (Nevada, 2016)
Patient/Client Intake Forms

This verbiage is NOT recommended

7. Do you have any allergies to medications?
8. Have you had any surgeries, illnesses, or hospitalizations?
9. Kidney disease or Urinary Tract Infection?
10. Do you use medication, street drugs, cigarettes, or alcohol?
11. Do you have Thyroid disease?
12. Have you been immunized against measles?
13. History of DES exposure?
14. Do you see a doctor when you are ill?

This verbiage IS more appropriate

9. Have you had any surgeries, blood transfusions, or hospitalizations?
10. Do you currently? (check all that apply): Smoke ☐ Use smokeless tobacco ☐ Use electronic cigarettes (vape) ☐ Drink alcohol ☐ Take street drugs ☐
11. Have you received any of the following vaccines? (check all that apply) Tdap ☐ HPV ☐ Hepatitis A ☐ Hepatitis B ☐
12. Do you see a doctor when you are ill?
13. Additional Comments
The Nevada Tobacco Quitline offers FREE telephone-based service to Nevada residents 13 years or older.

Hours of Operation: Every day 4 am – 10 pm (PST).

Free 12 week supply of Nicotine Replacement Therapy (NRT) for uninsured clients, supply mailed to clients home, counseling and support provided while people are becoming non-tobacco users.

Free 8 week supply of NRT provided to Medicaid clients

Free 2 week supply of NRT provided to privately insured clients

Fast, Free telephonic access to trained tobacco cessation experts that can assist with quitting the use of all tobacco products including e-cigarettes.

Advise clients to call from a 702 area code phone:
- 1-800-QUIT-NOW (1-800-784-8669)
- Services available in Spanish and other languages
- 1-855-DEJELO-YA (1-855-335-3569)
**Free Materials**

**Quit cards:** Distribute quit cards to each client (double sided Spanish/English)

**Posters:** Place posters in waiting areas (available English/Spanish)

If you require additional quit cards or posters, please email:

Regional Contacts:

azzarelli@snhdmail.org Southern Nevada
kseals@washoecounty.us Washoe County
Swartgow@carson.org all other areas of Nevada
Connecting Your Patients with the Nevada Tobacco Quitline

- Once a patient’s referral is received, a Quitline counselor reaches out to the patient and attempts to enroll him or her in the Quitline program.

- This electronic loop of information from referral to care coordination assists you in providing the best care and support for your patient.

- This referral loop also meets the Transition of Care Meaningful Use objective. Research shows that even brief intervention by physicians and other clinicians can significantly improve cessation rates, and Quitline referral provides a quick, convenient way for time-strapped physicians to offer an effective, free solution for patients.
Referrals

www.nevadatobaccoquitline.com
Click on 'Provider Referrals'
Print and fill out Referral Form
Fax to 1-800-261-6259
Receive Faxback Notifications

www.nevadatobaccoquitline.com
Clients can create profile and log into the Quitnow system for more resources

Note: Due to a technical issue you must access this website through Google Chrome.
LIVE
TOBACCO FREE

See how a smoke-free lifestyle is possible through cessation resources, smoke-free housing, preventive programs and more.
VivaSaludable.org

En el punto de mira

Caminando Alrededor de Nevada
Reúna a sus activistas para darle un giro a este programa en línea.

¿Le interesa dejar de fumar?
Tenemos recursos disponibles que le pueden ayudar.

Viva Saludable Blog
Un blog interactivo para divulgar información relacionada a la vida saludable.

Letra de vino
Descargue letras gratis que dicen “No Fumar” para su hogar o negocio.

El Reto de Nutrición
Regalele su consumo diario de frutas y vegetales usando este programa en línea.

El Reto de Un Verano Libre de Soda
Alímpa a tomar el reto marcando cada día que no toma soda.

Medios de Comunicación

Viva Libre de Tabaco

El fumar es la causa principal de muerte preventiva en los Estados Unidos y es responsable de más de 480,000 muertes cada año.

Adoptar una vida libre de tabaco ayuda a prevenir las enfermedades crónicas, repara el funcionamiento de los pulmones, reduce el riesgo de enfermedades asociadas con el humo de segunda mano y también ahorrará dinero.

En La Mira

Sólo los Letras de “No Fumar” para la campaña de “No Fumar” para su hogar o negocio.

Formulario de Queja
Complete el formulario de queja en línea para recibir una copia del de la VICASA.

¿Cómo dejar de fumar?
Tómese la decisión de dejar que las personas ayuden...
Smoke-free Apartment & Meeting Directory

Apartment Insight Magazine Ad

Is your money going up in smoke?

Smoking costs more than just the smoker.
Secondhand smoke covers walls and other exposed surfaces with a dirty yellow residue. The estimated cost to clean and refurbish a smoking unit can run $4,000-$15,000; while a non-smoking unit is usually less than $1,000. As a manager or owner of an apartment complex, you can save thousands of dollars in maintenance costs by implementing a smoke-free policy. Other benefits of smoke-free policies include:
- Attraction and retention of tenants
- Decreased smoking-related complaints
- Possible insurance rate decrease
- Reduced cigarette butt litter
- Reduced fire danger

If you own, manage or know about other smoke-free apartments in Clark County, call 702-759-1270 or email TobaccoProgram@snhdmail.org. You can also call for FREE signage.

GETHEALTHYCLARKCOUNTY.ORG

Smoke-free Meetings
Smoke-free public and private multi-unit housing
Smoke-free/tobacco-free indoor and outdoor environments
How you can help

• Ask patient/client about tobacco use not simply asking of they smoke cigarettes

• Modify patient intake/EHR to reflect tobacco use questions rather than only smoking conventional cigarettes.

• Make changes in your sphere of influence:
  o Modify patient education forms to promote Quitline resource and inform patient that tobacco use of any form is harmful
  o Modify EHR intake to include tobacco use as a stand alone question
  o Consider using e-referral to Quitline
  o Consider establishing minimum distance policies and prohibiting use of all tobacco products indoors
Thanks Questions?

Maria Azzarelli  
Southern Nevada Health District  
Office of Chronic Disease Prevention and Health Promotion  
Tobacco Prevention and Control Program Coordinator  
azzarelli@snhdmail.org  
(702) 759-1270

Please feel free to call or email to discuss any of the items presented in further detail.
Acknowledgments and Resources

Many of the slides in this presentation were developed from content contained in fact sheets, websites, and other materials developed by the American Legacy Foundation, American Academy of Pediatrics, Campaign for Tobacco Free Kids, Americans for Non Smoker’s Rights, Centers for Disease Control and Prevention and Public Health Law Policy Center.

Resources:

- Americans for Nonsmokers’ Rights, Electronic (e-) Cigarettes and Secondhand Aerosol, 2014.
- American Society for Heating, Refrigeration, and Air Conditioning Engineering (ASHRAE Journal), June 2014
- London, William M. (2000, July 1) How addictive is cigarette smoking?

http://health.nv.gov/PDFs/Tobacco/TobaccoBurdenDocument_FINAL.pdf
http://www.tobaccofreekids.org/facts_issues/toll_us/nevada
http://www.legacyforhealth.org/content/download/582/69265/files/LEG-FactSheet-eCigarettes-JUNE2013.pdf
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/
www.aap.org/chirnmondcenter
E-cigarette References

- Americans for Nonsmokers’ Rights, Electronic (e-) Cigarettes and Secondhand Aerosol, 2014.
- American Society for Heating, Refrigeration, and Air Conditioning Engineering (ASHRAE Journal), June 2014
- Cobb, N.K. and D.B. Abrams, E-cigarette or drug-delivery device?
- Food and Drug Administration, FDA and public health experts warn about electronic cigarettes. 2009.
- London, William M. (2000, July 1) How addictive is cigarette smoking?