

MaineHealth
Center for Tobacco
Independence

E-Cigarette Youth & Young Adult Statement

The MaineHealth Center for Tobacco Independence (CTI) was founded over two decades ago to support a tobacco-free Maine through education, prevention, policy, treatment and training initiatives. Our services – including treatment offered through the Maine QuitLink – welcome all individuals who are looking for assistance relating to tobacco / nicotine use and dependence. These services are available to those who wish to quit the use of e-cigarettes, classified by the FDA and Maine law as tobacco products.

In the past decade, e-cigarettes (also known as Electronic Nicotine Delivery Systems or ENDS, Electronic Vapor Products, Electronic Smoking Devices, Vape Pens, E-hookahs, Tank Systems, or Mods) have emerged as an alternative product to traditional combustible and smokeless tobacco. Since introduction, products have evolved in terms of the technology used as well as efficiency of nicotine delivery.

Since entering the US market in 2007, youth use of ENDS has grown exponentially: since 2014 the devices have been the most commonly used tobacco product among US youth; and in 2018 alone, ENDS use increased 78% among high school students. While the impact of the pandemic on youth use of these products in Maine is still being researched, nationally in 2021, 11.3% of high school students and 2.8% of middle school students reported current e-cigarette use. Among both middle and high school current e-cigarette users, the most commonly used device type was disposables, followed by prefilled or refillable pods or cartridges and tanks or mod systems. ⁱ

Adolescent Prevention

For adolescents, and there is ample and clear evidence that the use of e-cigarettes is associated with significant health concerns.

- Use of e-cigarettes increases susceptibility to transitioning to use of combustible products, as well as dual use (use of e-cigarettes in addition to use of other tobacco products).
- According to tax data analyzed by the US CDC, nearly all on-market e-cigarettes contain nicotine – an addictive substance that interferes with adolescent brain development.
- Adolescents are developmentally vulnerable to developing substance use disorders; nicotine use during adolescence can increase susceptibility to addiction to other substances.
- Many of these devices also contain flavoring and other additives for which there is growing evidence of additional harm.
- The use of flavoring such as ‘cotton candy’, ‘gummy bear’ etc. conveys a special appeal to youth who may consequently not recognize that these products also contain nicotine.

For these reasons, CTI does not support adolescent use of e-cigarettes, and instead supports evidence based strategies that prevent the initiation of use.

Adolescent Treatment

The MaineHealth Center for Tobacco Independence does not promote nor support the use of e-cigarettes as a treatment method to help people quit tobacco, regardless of age. This is consistent with the perspective of the FDA, which has not approved e-cigarettes as an evidence-based treatment for nicotine use and addiction.ⁱⁱ

Many young people look to nicotine as a relief from anxiety or depression and are unaware that using electronic products may make their symptoms worse. While the research is still evolving, there is emerging evidenceⁱⁱⁱ of a link between quitting vaping and improvements in mental health symptoms.

Research continues to advance on appropriate treatments for youth, though still limited due to a variety of factors. These factors include that e-cigarettes are relatively new and there are special considerations for research with youth, particularly with the use of medications like nicotine replacement therapy (NRT).^{iv} Despite this, treatment for adolescent nicotine use and dependence has emerged as an issue confronting parents, schools and healthcare providers. This is due in large part to significantly increased use of e-cigarettes, particularly fourth generation products, such as JUUL™, Suorin™, and Puff Bar™, which more efficiently deliver large doses of nicotine to the body.

The Maine QuitLink^v suite of services includes My Life, My Quit. My Life, My Quit (MLMQ) is a tailored tobacco treatment service for 13-17 year olds. The program provides free and confidential quit coaching through phone, chat and texted-based sessions with a tobacco treatment specialist, MLMQ supports youth who use combustible, smokeless, and electronic tobacco products.

Clinicians across the country report using motivational interviewing, individual counseling, Nicotine Replacement Therapy (patch, lozenge and gum) as appropriate, Cognitive Behavioral Therapy and mindfulness-based strategies to treat e-cigarettes use in youth^{vi}. Additionally, the Youth Tobacco Cessation: Considerations for Clinicians offers support in screening patients for tobacco, and providing behavioral and pharmacological support to help youth quit using the ACT model; Ask-Counsel Treat^{vii}. The following practice guidelines are offered and can be used around all electronic products:

- Screen for tobacco use with all youth, during every clinical encounter, including the use of terms that youth will understand / specific product names.
- Advise all youth who use tobacco to quit and have them set a quit date within two weeks.
- Link youth to behavioral treatment extenders
- Prescribe pharmacologic support when indicated.
- After the visit, follow-up to assess progress and offer support.

Young Adults (age 18-24) Considerations

E-cigarettes are the most commonly used tobacco product within the young adult (age 18-24) age group as well as adolescents.^{viii} The approach to e-cigarettes in adult populations can be complex and changing; when it comes to young adults, CTI strongly recommends first that they not start use of these products, or second that they discontinue use of these products. When considering treatment for this age group, like with adults, first-line FDA medications for tobacco treatment as well as prescription medications such as varenicline, bupropion, and the nicotine nasal spray and nicotine inhaler combined with behavioral interventions can be effective. Referrals to technology-mediated services geared toward both youths and adults such as text and web-based platforms should be considered, as either a complimentary or an alternative option, in an effort to meet the unique needs, preferences, and communication styles in this age group.^{ix} The Maine QuitLink provides young adults who report using e-cigarettes with a choice of phone counseling or digital treatment options each of which include free nicotine replacement therapy.

ⁱ [Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021 | MMWR \(cdc.gov\)](#)

ⁱⁱ In October 2021, the FDA authorized an e-cigarette product to be marketed and sold for adult use, noting that the potential benefit to smokers who switch completely [to electronic products] or significantly reduce their cigarette use outweighs the risk [electronic cigarettes] pose to youth. This authorization does not imply, however, that the products are approved for tobacco treatment or therapeutic purposes.

ⁱⁱⁱ Truth Initiative Report, 2021: [Mental-Health-and-Nicotine-Report.pdf \(truthinitiative.org\)](#)

^{iv} While NRT is not currently FDA approved for youth, a provider may choose to recommend based on risk/benefit.

^v The Maine QuitLink free service providing evidence-based phone and digital tobacco treatment services for all Maine residents:

www.MaineQuitLink.com

^{vi} https://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm

^{vii} [AAP Youth Tobacco Cessation Considerations for Clinicians.pdf](#)

^{viii} https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

^{ix} https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/learning_community/LCDraftReport_Oct2021.pdf