



Vaping and e-cigarettes

Guidance for health care providers

Key points

- One in four Colorado youth report using nicotine-containing vapor products (Juuls, e-cigarettes); Colorado is No. 1 in the country for youth vaping.
 - Teens who vape are at higher risk for nicotine addiction, the adverse effects of nicotine on developing brains, and cigarette use.
 - Colorado data show youth who vape also are more likely to engage in other high-risk behaviors, including substance use and risky sexual behaviors.
 - In addition to screening for tobacco use, ask patients **specifically** about vaping, counsel on vaping and nicotine, and consider screening teens who vape for associated high-risk behaviors (substance use and risky sexual behaviors).
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Background information

Colorado leads the nation in youth use of vapor products; one in four Colorado teens in the most recent CDC Youth Risk Behavior Survey reported they vape. Most vapor products (e-cigarettes, JUUL) contain nicotine, sometimes at high percentages. Most vape products sold in convenience stores contain nicotine, even if it is not indicated on the label.¹ A single Juul “pod” delivers 5 percent nicotine, about the same as an entire pack of cigarettes.

E-cigarettes are the second most tried substance among Colorado youth. Youth who vape expose their developing brains to nicotine, putting them at risk of addiction, mood disorders, lowered impulse control and decreased attention and learning ability.² A 2018 National Academies of Sciences report shows teens who vape are more likely to start smoking cigarettes or cigars. While most teens know smoking cigarettes is unhealthy, fewer realize vapor products are dangerous, and some don’t realize they are consuming nicotine. 63 percent of youth responding to a 2017 survey said they did not know JUUL contains nicotine.³

Youth who vape are also more likely to engage in other risky behaviors. The 2017 Healthy Kids Colorado Survey shows that among current vape users:

- 57 percent binge drank alcohol one or more days in the past 30 days, compared to 5.6 percent of non-users.
- 26 percent had taken prescription pain medication without a prescription, compared to 7.1 percent of non-users.
- 51 percent used marijuana in the past 30 days, compared to 7.6 percent of non-users.

- 14.2 percent used cocaine at least once in their life compared to 1.4 percent of non-users.
 - 45.1 percent had sex with one or more partner in the last three months, compared to 14.6 percent of non-users.
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Recommendations / guidance for youth

- Screen all youth, parents and caregivers for e-cigarette use and exposure. Ask **specifically** about vaping (e-cigarette, Juul use) in addition to screening for tobacco use, because youth may not necessarily associate tobacco with vaping.
 - Counsel children and adolescents about the dangers of nicotine on developing brains, and clearly communicate that tobacco product use in any form, including vapor products, is unsafe.
 - Educate parents and caregivers who use e-cigarettes about the importance of safe storage practices and protecting youth from secondhand and thirdhand aerosol exposure.
 - For adolescent patients who vape:
 - Refer youth to developmentally appropriate tobacco treatment, such as behavioral coaching offered through the [Colorado QuitLine](#), which serves clients ages 12 and up. Youth in Colorado may voluntarily seek support for substance use treatment, including tobacco treatment, without parental consent.
 - Consider screening and counseling patients for other high-risk behaviors, including alcohol, drugs, and sexual behaviors that may put them at higher risk for sexually-transmitted diseases or pregnancy.
 - Build your team’s capacity to address the issue of youth vaping. A team-based approach can ensure patients are appropriately screened, counseled, and referred to treatment.
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Recommendations / guidance for adults

- E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.
 - E-cigarettes have the potential to benefit adult smokers if used as a complete substitute for regular cigarettes and other smoked tobacco products.
 - CDPHE recommends FDA-approved stop-smoking medications to help people quit smoking, and vape devices are not currently approved by the FDA for this purpose. The Colorado QuitLine and Health First Colorado (Colorado’s Medicaid Program) provide free coaching and FDA-approved nicotine replacement therapies to Coloradans aged 18 and older.
 - If an adult is unwilling or unable to use FDA-approved quit methods, and instead chooses to vape in order to quit smoking, CDPHE recommends affirming the person’s quit attempt, and advising that they attempt to switch completely from combustibles to vape products. Providers should work with patients using vape products to incorporate a goal of setting an eventual quit date for their vape device as part of treatment planning.
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Information and resources

- [American Academy of Pediatrics Policy Statement on e-cigarettes](#)
- [CDC web page on e-cigarettes](#)
- [CDC screening and treatment recommendations for sexually transmitted diseases](#)
- [American Academy of Pediatrics: Substance Use Screening and Brief Intervention for Youth](#)

Marynak, K. L., Gammon, D. G., Rogers, T., Coats, E. M., Singh, T., & King, B. A. (2017). Sales of Nicotine-Containing Electronic Cigarette Products: United States, 2015. *American Journal of Public Health*, 107(5), 702-705. doi:10.2105/ajph.2017.303660

²U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

³Willett, J. G., Bennett, M., Hair, E. C., Xiao, H., Greenberg, M. S., Harvey, E., . . . Vallone, D. (2018). Recognition, use and perceptions of JUUL among youth and young adults. *Tobacco Control*. doi:10.1136/tobaccocontrol-2018-054273