Vaporizing Vaping, Electronic Cigarettes and THC

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Learning Objectives Overview the prevalence of tobacco and tobacco related products in the US.

- Discuss the **known and potential risks** of e-cigarettes, vape devices, and pod systems (i.e. JUUL)
- Discuss the epidemic of vaping associated lung injury, diagnosis and treatment
- Review methods to screen and counsel patients and families
- Identify resources to help patients understand risks



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2020	Natio	onal Y	outh 1	[obaco	co Sui	rvey	Gurrent T	objacco Product U Students –	Ise Among U.S. 1 2019 - 2020	High School
	Sex		Race / Ethnicity				Sexual Identity			
Tobacco Product	Male	Female	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other, non-Hispanic	Heterosexual	Lesbian, gay, bisexual	Not Sure	Total
E-cigarettes	18.7 (16.1-21.7)	20.4 (17.8-23.4)	23.2 (20.6-25.9)	9.1 (6.7-12.2)	18.9 (15.2-23.4)	12.1 (8.8-16.4)	18.5 (16.1-21.1)	25.1 (19.6-31.5)	14.5 (9.2-22.0)	19.6 (17.2-22.2)
Any Tobacco Product	22.5 (19.8-25.6)	24.7 (21.6-28.1)	25.9 (23.0-29.2)	18.4 (15.5-21.8)	23.3 (19.4-27.7)	15.7 (12.1-20.2)	22.0 (19.4-24.9)	30.9 (25.3-37.2)	20.4 (14.9-27.2)	23.6 (21.1-26.4)













Key Timeline in Tobacco Legislation & Emergency of E-Cigarettes



Key Timeline in Tobacco Legislation & Emergency of E-Cigarettes





E-cigarette, or Vaping, Product Use-Associated Lung Injury (EVALI)

- As of February 18, 2020, **2,807** hospitalized for EVALI cases or deaths have been reported to CDC from all 50 states, the District of Columbia, and two US Territories
 - 68 deaths have been confirmed in 29 states and the District of Columbia¹



E-cigarette, or Vaping, Product Use-Associated Lung Injury (EVALI)

- Patient Demographics
 - Median age of deceased patients was 49.5 (Range 15-75 years)
 - Hospitalized Patients
 - 66% are male
 - Median age: 24 years old (Range 13 85 years)
 - 76% are age \leq 34 years
 - Substance Used
 - 82% report using e-cigarette products containing THC
 - 33% reported exclusive use of THC-containing products
 - 57% reported using nicotine-containing products
 - 14% reported exclusive use of nicotine-containing products

16% commercial sources 78% informal sources

69% commercial sources 15% informal sources

1. CDC Website. <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#map-cases</u>
 2. Lozier MJ et. al. Update: Demographic, Product, and Substance-Use Characteristics of Hospitalized Patients in a Nationwide Outbreak of E-cigarette, or Vaping, Product Use Associated Lung Injuries. December 13, 2019. MMWR. December 13, 2019 / 68(49);1142-1148
 3. Werner AK, et al. Hospitalizations and Deaths Associated with EVALI. NEJM 2020; 382: 1589 – 1598.

E-cigarette, or Vaping, Product Use-Associated Lung Injury (EVALI)











E-cigarette, or Vaping, Product Use-Associated Lung Injury (EVALI) - Management

- Early pulmonology and toxicology consultations, including screening for urine THC
- · Oxygen and respiratory / ventilatory support as required
- Empiric antibiotic coverage for at least 48 hours if history is unclear, if patient is intubated, or patient has severe hypoxemia despite supplemental oxygen
- During influenza season, antivirals should be considered until influenza is excluded
- Systemic steroids if no improvement with antibiotics and/or respiratory support
- Corticosteroid doseing and duration should be considered on a case-by-case basis
- Length of steroid taper should be made based on patient's clinical course of recovery and close follow up
- Arrange for outpatient follow up with primary care team and/or pulmonary team
- Report to local Poison Control Center for Case Surveillance
- Collect vaping cartridges for state public health lab testing

2. Lozier MJ et. al. Update: Demographic, Product, and Substance-Use Characteristics of Hospitalized Patients in a Nationwide Outbreak of E-cigarette, or Vaping, Product Use-Associated Lung ligurities - United States, December 2019. MMWR. December 13, 2019 / 68(49);1142–1148 3. Werner AK, et al. Hospitalizations and Deaths Associated with EVALI. NES149 - 1589 - 1584.		1. CDC Website. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#map-cases
	*	 Lozier MJ et. al. Update: Demographic, Product, and Substance-Use Characteristics of Hospitalized Patients in a Nationwide Outbreak of E-cigarette, or Vaping, Product Use-Associated Lung Injuries - United States, December 2019, MMWR, December 13, 2019 / 68(49);1142–1148 Werner AK, et al. Hospitalizations and Deaths Associated with EVALI. NEJM 2020; 382: 1589 – 1598.

Key Timeline in Tobacco Legislation & Emergency of E-Cigarettes



Flavored Pods Gone – Now What?

- From February 2020 to March 2021
 - e-cigarette sales increased by nearly 50%
 - from 14.8 million units to 22 million units
 - · Sales of flavored e-cigarettes increased by 64% (lots of kids friendly flavors)
 - Sales of disposable e-cigarettes increased by nearly 200%
 - 2.8 million to 7.8 million units
 - · Sales of menthol-flavored e-cigarettes increased by nearly 42%
 - 6.4 million to 9 million units
- September 2020 FDA Said it would prioritize enforcement against disposable e-cigarettes
 - Sales of disposable have nearly doubled
 - 4 million to 7.8 million units
- March 2021... Menthol e-cigarette sales account for 41% of the e-cigarette market

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2019 NYTS

2021 NYTS

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June 23, 2022

- FDA denies authorization to Market JUUL Products. (marketing denial orders (MDOs)
- JUUL Labs Inc. must stop selling and distributing all products marketed in the Unites States. This includes:
 - JUUL device
 - Virginia tobacco flavored JUUL pods at nicotine concentrations of 5.0% and 3.0%
 - Menthol flavored pods at nicotine concentrations of 5.0% and 3.0%.

On July 5, 2022, FDA administratively stayed the marketing denial order. The agency has determined that there are scientific issues unique to the JUUL application that warrant additional review. This administrative stay temporarily suspends the marketing denial order during the additional review but does not rescind it. All electronic nicotine delivery systems, or ENDS products, including those made by JUUL, are required by law to have FDA authorization to be legally marketed. The stay and the agency's review does not constitute authorization to market, sell, or ship JUUL products.

On June 24, 2022, the U.S. Court of Appeals for the D.C. Circuit entered a temporary administrative stay of the marketing denial order for Juul Labs Inc. The court notes the purpose of this administrative stay is to give the court sufficient opportunity to consider petitioner's forthcoming emergency motion for stay pending court review and should not be construed in any way as a ruling on the merits of that motion.

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Central Circulation - Lightheadedness **Side Effects of** - Increased clotting - Headache - Sleep disturbances tendency - Atheroscierosis - Abnormal dreams - Enlargement of the aorta - britability. **Nicotine** - Dizziness - Risk of blood restriction - Bronchoepaam Heart - Increased or Musculardecreased heart rate - Tremor - Increased blood - Pain pressure. - Tachycandia Hormonal-- More (or less) - High insulin arrhythmias. - Insulin resistance - Coronary artery constriction Joint pain Coronary artery disease Gastro-During pregnancy. intestinal risks to child - Naunoa later in Me - Dry mouth - Type 2 diabetes - Dyspepsia - Obesity - Diamhea - Hypertension - Heartburn - Neurobehavioral defects - Peptic ulcer - Respiratory dysfunction - Metastasis - Infertility ≫



Health-Related Effects of Electronic Cigarettes

Pulmo

Inhalation injury
Exogenous lipoid pneumonia
Hypersensitivity pneumonitis
Acute eosinophilic pneumonia
Diffuse alveolar hemorrhage
Pneumothorax/pneumomediastinum
Acute respiratory distress syndrome
Respiratory bronchiolitis-interstitial lung disease
Bronchiolitis obliterans
Acute fibrinous pneumonitis
Organizing pneumonia
Granulomatous pneumonitis

uentes XF et al. VpALI-Vaping-related Acute Lung Injury: A New Killer Around the Block. Mayo Clin Proc. Dec 2019; 94(12): 2534-2545.
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Association of Electronic Cigarette Use with Respiratory Symptom Development among U.S. Young Adults

Wubin Xie ¹, Alayna P. Tackett ², Jonathan B. Berlowitz ¹, Alyssa F. Harlow ³, Hasmeena Kathuria ⁴, Panagis Galiatsatos ⁵, Jessica L. Fetterman ^{6,7,8}, Junhan Cho ², Michael J. Blaha ^{9,10}, Naomi M. Hamburg ^{6,7,8}, Rose Marie Robertson ⁸, Show All...

+ Author Affiliations

Vape users between the ages of 18 and 24, regardless of former cigarette use, were more likely to develop wheezing or respiratory symptoms within a year of use.

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Scientists say the tiny metal coils that heat the liquid nitrogen in e-cigarettes may contaminate the resulting vapor with lead, chromium, nickel, manganese and zinc.

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Cigarette Smoking Initiation

RESEARCHARTICLE

Association between electronic nicotine delivery systems and electronic non-nicotine delivery systems with initiation of tobacco use in individuals aged < 20 years. A systematic review and meta-analysis

Sas Lin Yoong, ^{13,23}, Alic Half^{13,43}, Heid Turon^{5,24,45}, Beity Stockings⁶, Alicela Leonang^{3,2,4}, Alice Grady^{3,44,4}, Fiore Toelegis^{2,24,4}, John Weggers^{3,44,6}, Rebs Goudel⁷, Rard Ergoten⁷, Alison Comman⁷, Vinayak B. Pisaad⁷, Lake Wolferder^{3,13,6}

1 School of MedPi Sciences, Derbarte University of Technology, Haerborn, Vetters, Aumalia, & Echool of Medice and Public Health, University of Neuroscian, Catagran, MW, Aumalia, B Karter Medical Research Institute, Neuro Learner Insglan, SWA, Aumalia, S Fourter Neuro, Reparatori Health, Reitzer, University (Theruscian, Catagran, NW, Australia, S Fourter Neur Singland Population Health, Reitzer, Mission, KRM, Australia, B Healther Rhagen, SWA, Australia, S Fourter Neur (Theruscian), Catagran, SWA, A

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E-Cigarettes As Smoking Cessation? NEJM 2019 380: 629-637.

RESULTS

A total of 886 participants underwent randomization. The 1-year abstinence rate was 18.0% in the e-cigarette group, as compared with 9.9% in the nicotine-replacement group (relative risk, 1.83; 95% confidence interval [CI], 1.30 to 2.58; P<0.001). Among participants with 1-year abstinence, those in the e-cigarette group were more likely than those in the nicotine-replacement group to use their assigned product at 52 weeks (80% [63 of 79 participants] vs. 9% [4 of 44 participants]). Overall, throat or mouth irritation was reported more frequently in the e-cigarette group (65.3%, vs. 51.2% in the nicotine-replacement group) and nausea more frequently in the nicotine-replacement group (37.9%, vs. 31.3% in the e-cigarette group. The e-cigarette group reported greater declines in the incidence of cough and phlegm production from baseline to 52 weeks than did the nicotine-replacement group (0.7; 95% CI, 0.6 to 0.9). There were no significant between-group differences in the incidence of wheezing or shortness of breath.

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E-Cigarette Use and Adult Cigarette Smoking Cessation: A Meta-Analysis

Objectives. To determine the association between e-cigarette use and smoking cessation.

Methods. We searched PubMed, Web of Science Core Collection, and EMBASE and computed the association of e-cigarette use with quitting cigarettes using random effects meta-analyses.

Results. We identified 64 papers (55 observational studies and 9 randomized clinical trials [RCTs]). In observational studies of all adult smokers (odds ratio [OR]=0.947; 95% confidence interval [CI]=0.772, 1.160) and smokers motivated to quit smoking (OR=0.851; 95% CI=0.684, 1.057), e-cigarette consumer product use was not associated with quitting. Daily e-cigarette use was associated with more quitting (OR=1.529; 95% CI=1.158, 2.019) and less-than-daily use was associated with less quitting (OR=0.514; 95% CI=0.402, 0.665). The RCTs that compared quitting among smokers who were provided e-cigarettes to smokers with conventional therapy found e-cigarette use was associated with more quitting (relative risk=1.555; 95% CI=1.173, 2.061).

Conclusions. As consumer products, in observational studies, e-cigarettes were not associated with increased smoking cessation in the adult population. In RCTs, provision of free e-cigarettes as a therapeutic intervention was associated with increased smoking cessation.

Public Health Implications. E-cigarettes should not be approved as consumer products but may warrant consideration as a prescription therapy. (*Am J Public Health*. 2021;111:230–246. https://doi.org/ 10.2105/AJPH.2020.305999)

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Mental Illness – Tobacco Use

Adults with Mental Illness or Substance Use Disorder Account for 40% of All Cigarettes Smoked.

34.6% of adults with any mental illness reported current use* of tobacco in 2016 compared to 23.3% of adults with no mental illness.



* "Current Use" is defined as self-reported consumption of cigarettes, cigars, and smokeless tobacco in the past month (at the time of survey). ** Any Tobacco Products includes cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or "snus"), cigars, and pipe tobacco. † Data taken from the National Survey on Drug Use and Health, 2016, and refer to adults aged 18 years and older self-reporting any mental illness in the past year, excluding serious mental illness.



Current Illicit Drug and Alcohol Use Among Adults Who Smoke Compared with Those Who Don't (2016) \$5

	Adults Who Smoke	Adults Who Don't Stooke
Current illicit drug use (in past month)	25.3%	7.1%
Marijuana	21.8%	5.9%
ocaine	2.5%	0.3%
feroin	0.8%	0.0%
allucinogens	1.5%	0.3%
nhalants	0.4%	0.1%
ion-medical use of rescription drugs	5.9%	1.5%
urrent alcohol se (in past month)	63.5%	52,8%
linge drinking ^a	43,5%	21.7%
leavy drinking*	14,6%	4.5%



Slang for e-cigarettes

- $\circ\,$ Cloud Chasing
- Cold Boxing
- o E-cigs
- o **EGo**
- E-hookahs
- E-Juice
- \circ ENDs
- $\circ\,$ Flavor Chaser
- $\circ\,$ Flavor Ghosting
- Flooding

- o Ghosting
- o JUULing
- Mech Mod
- o Mods
- o Nic
- $\circ\,$ Nic Base
- o Nic Salt
- Ride the Mist
- o Tank Systems
- o Skitzin

- Squonking
- o Stealth Vape
- Vaping
- o Vapes
- Vape Pens
- Vooping
- o Vaples
- o Vapindaganja

https://www.gosmokefree.co.uk/e-cigarette-slang-and-definitions-glossary/

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E-Cigarette Advertising

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Bernary OktGolds



Receptivity to e-cigarette advertising is associated with trying e-cigarettes and cigarettes in the future.



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Public Health Cigarette Smoking Act of 1969

- Required package warning label— Warning: The Surgeon General Has Determined that Cigarette Smoking Is Dangerous to Your Health" (other health warnings prohibited)
- · Temporarily preempted FTC requirement of health labels on advertisements
- · Prohibited cigarette advertising on television and radio (authority to Department of Justice [DOJ])
- Prevents states or localities from regulating or prohibiting cigarette advertising or promotion for health-related reasons

















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www.samhsa.gov

Substance Abuse and Mental Health Service Administration (SAMHSA) –

CDC – <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/sever-lung-disease.html</u>

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