

Colliding Crisis: Youth Nicotine Use and Mental Health

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Learning Objectives

1. Communicate the risks of youth e-cigarette use to clients
2. Describe the role nicotine use plays in youth mental health
3. Identify services available to help youth who are addicted to nicotine
4. Identify local resources to provide additional training and education on the topic



Road Map

- Status of Youth Nicotine Use in Montana
- Tobacco Industry Targeting
- Health Risks
- Nicotine & Mental Health
- What We Can Do
- Resources

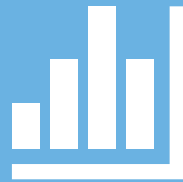


Commercial Tobacco Products

MTUPP acknowledges the traditional and sacred use of tobacco among Native American/American Indian people. In this presentation, tobacco refers to the use of commercial tobacco products sold with the intention of driving profits and addiction, unless otherwise stated.



Nicotine Use in Montana



Tobacco use is still the leading cause of preventable death in the United States



Cigarette smoking is responsible for more than than
480,000 deaths per year in the United States.



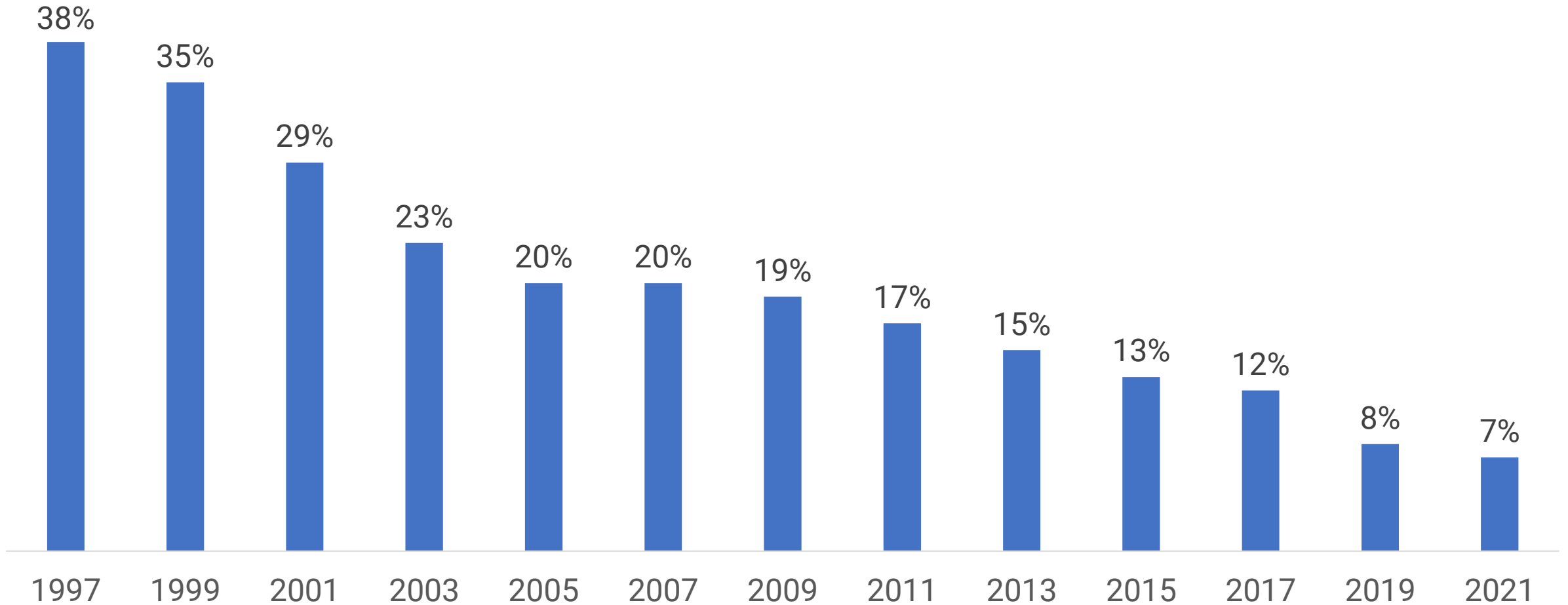


**That would be like more than 20 fully loaded school buses,
crashing every day for a yearwith no survivors.**

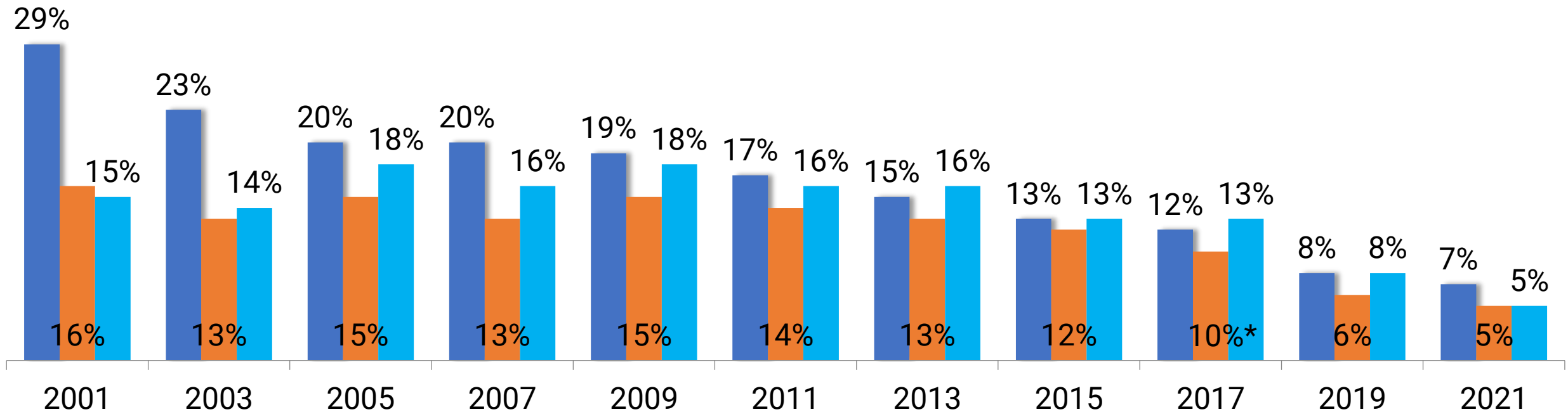


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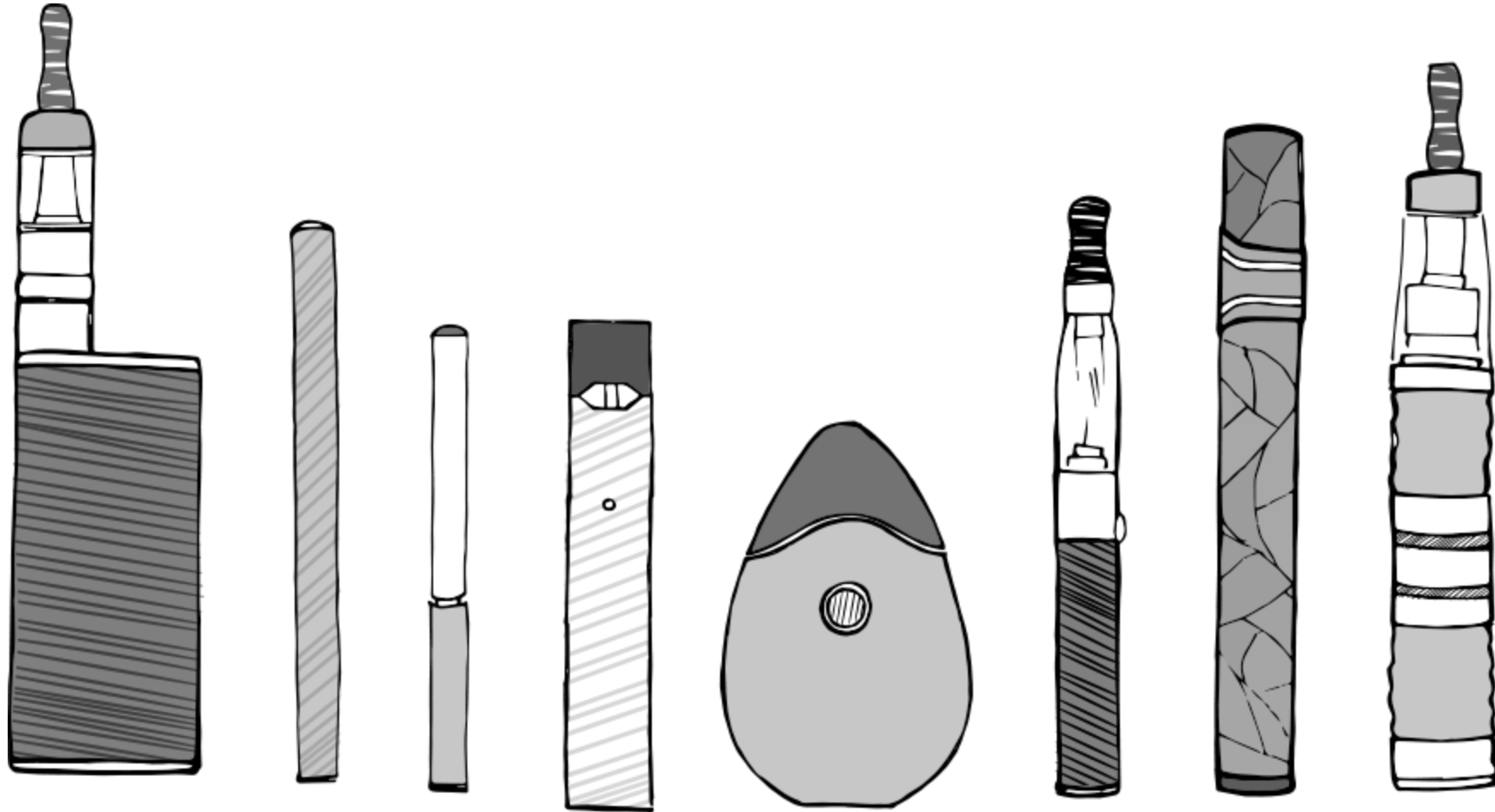
% High School Students in Montana Who Currently Smoke Cigarettes, 1997 - 2021



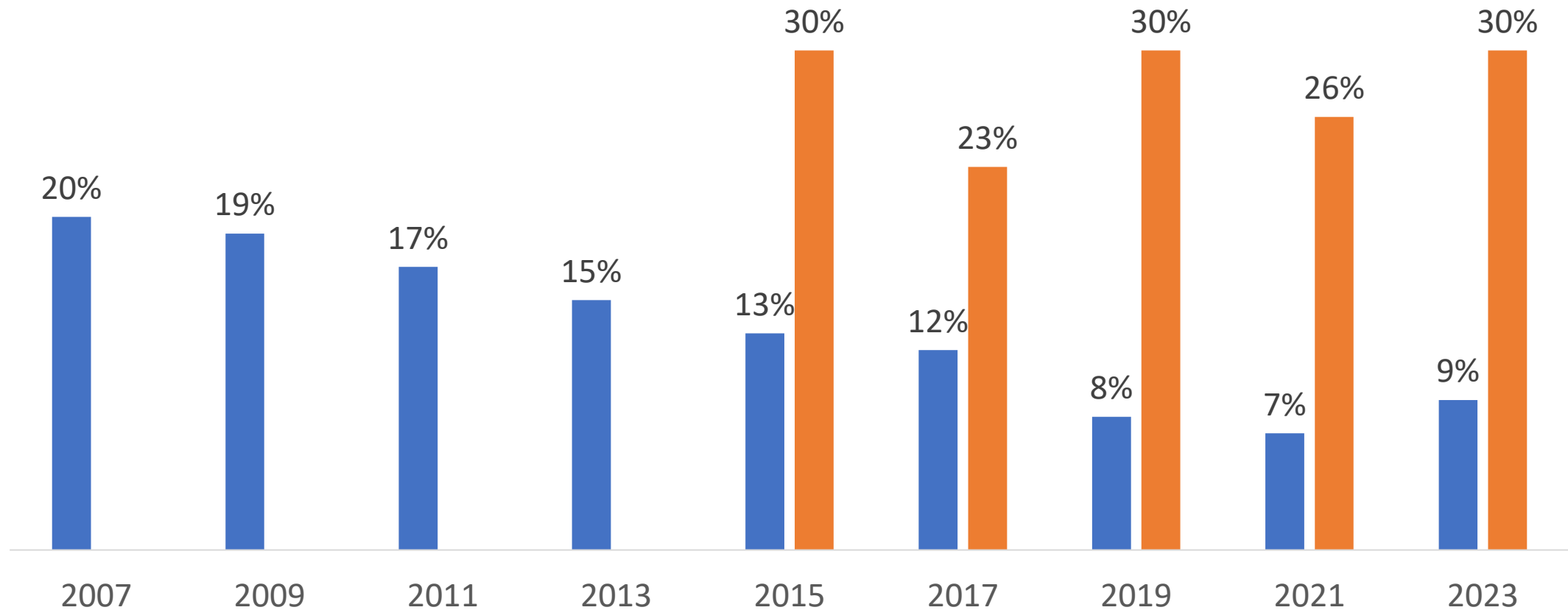
Montana high school student use of **cigarettes**, **smokeless tobacco** and **cigars**, 2001-2021.



Then...Along Came E-cigarettes



% High School Students Who Currently Smoke Cigarettes vs. Use E-cigarettes, 2007 - 2023

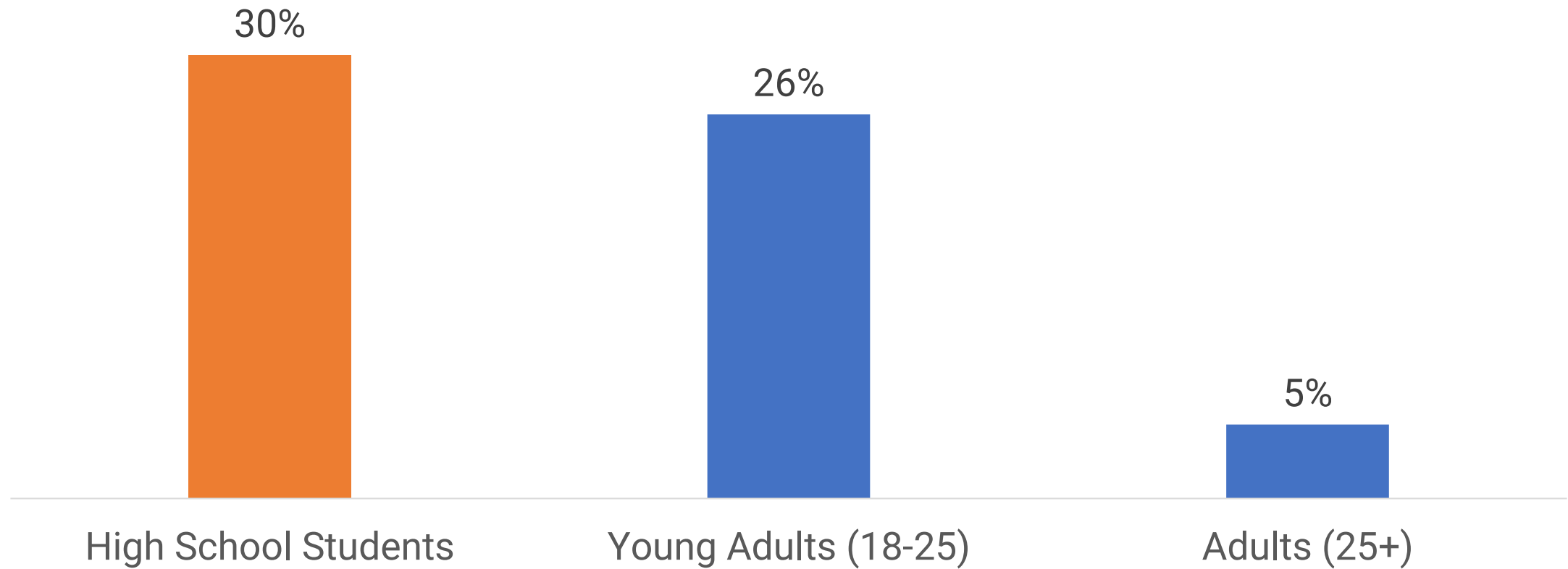


Nearly one in three Montana high school students currently use e-cigarettes

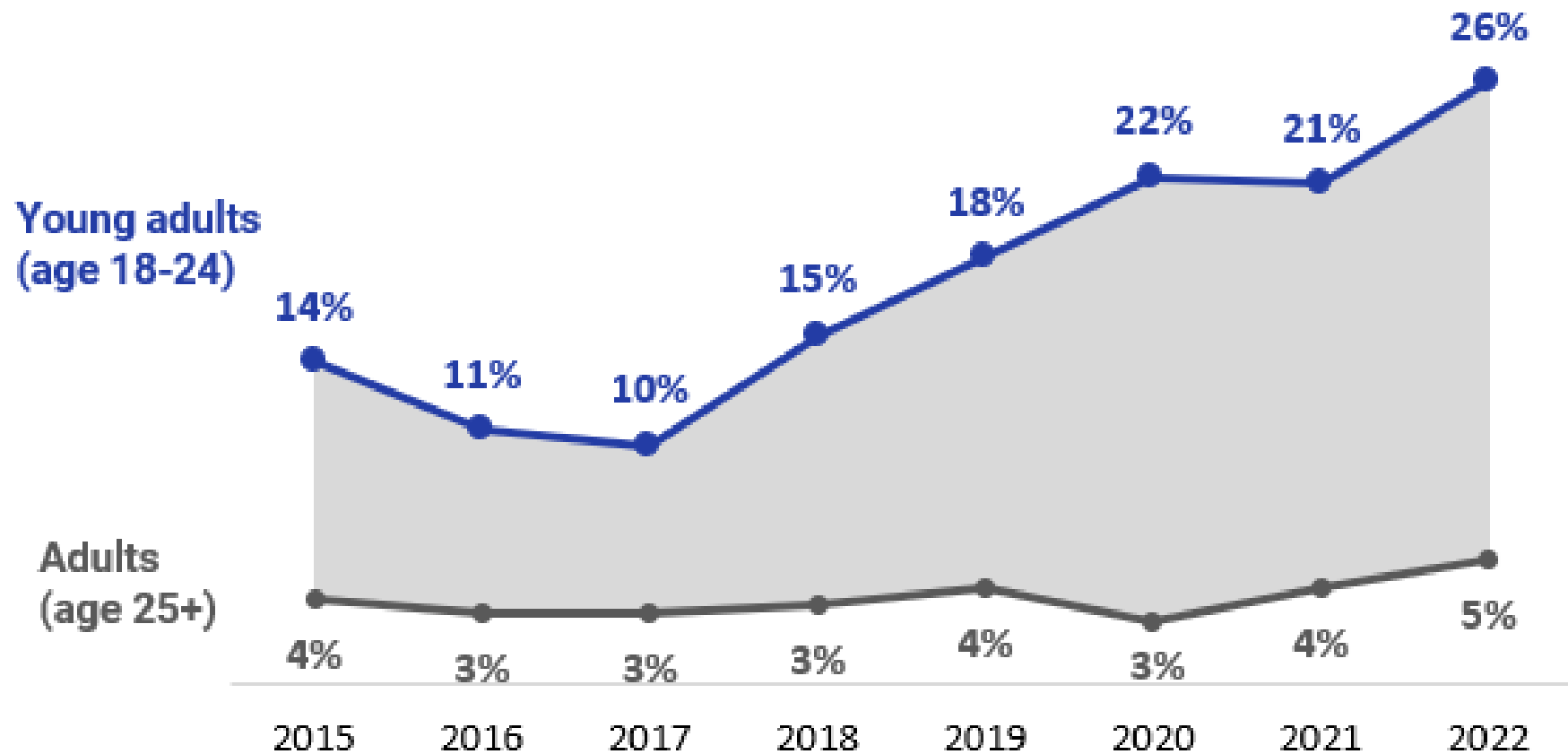


Current E-cigarette Use in Montana

HS Students vs. Young Adults vs. Adults



Current e-cigarette use among **young adults** in Montana steadily increased while use among **adults 25 years and older** remained the same.

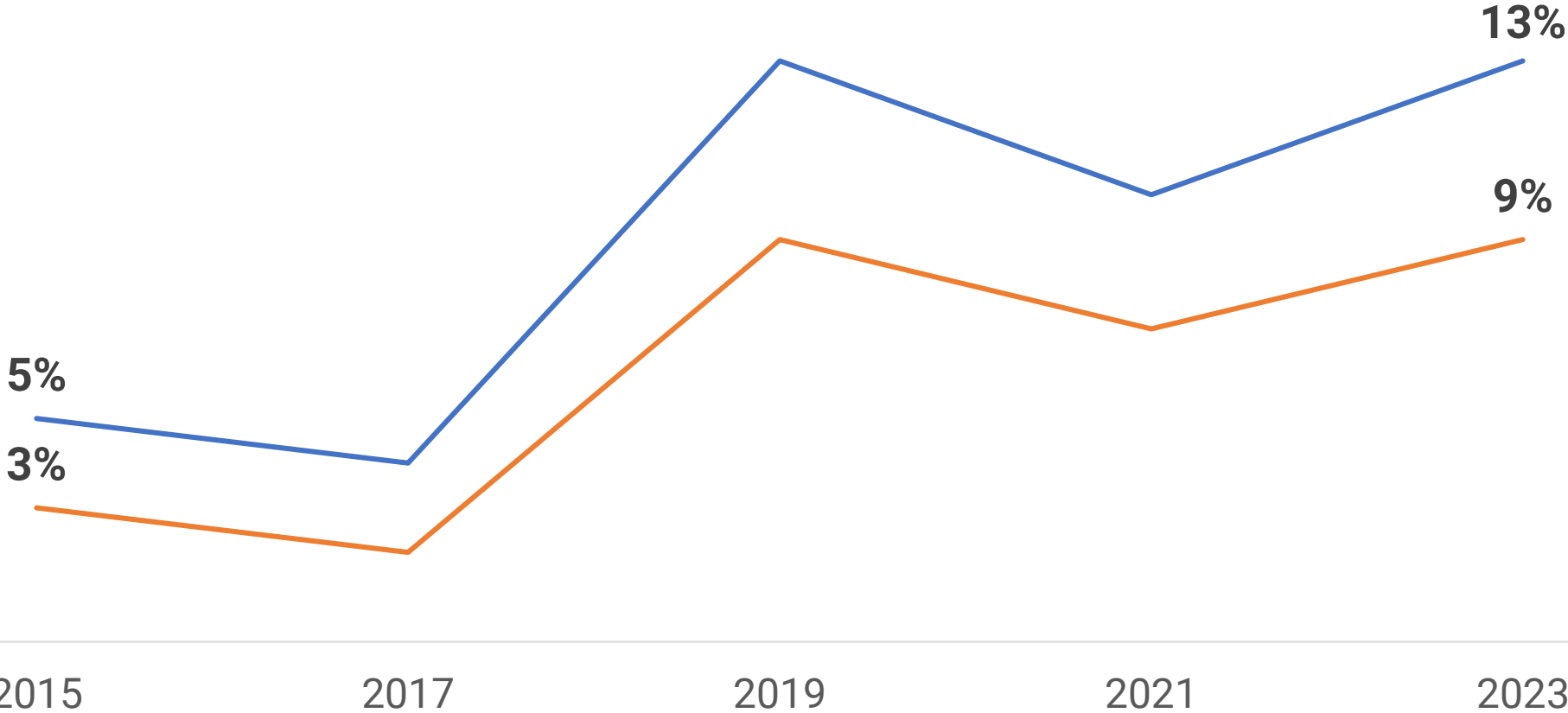


Data Source: Montana BRFSS, 2015-2022



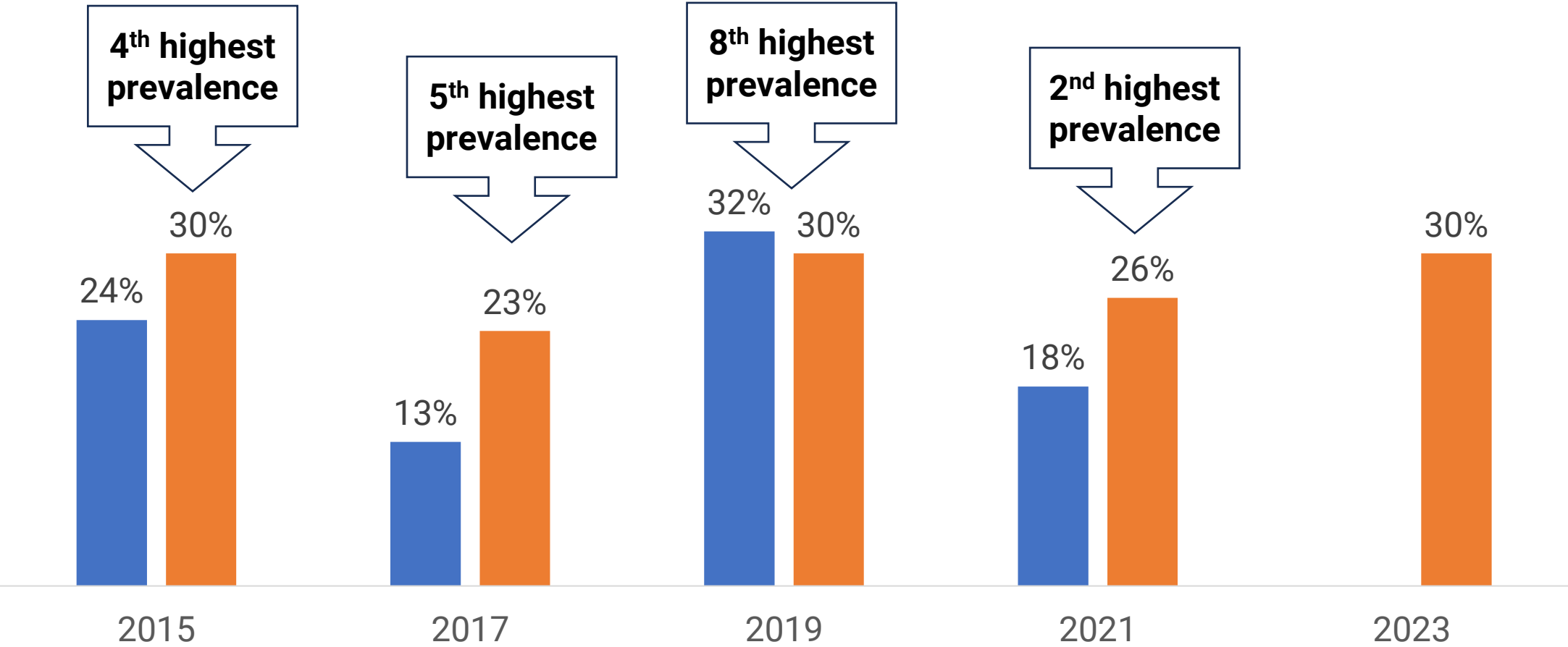
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Montana high school student frequent vs. daily e-cigarette use



Source: Montana Youth Risk Behavior Survey, 2015 – 2023. *Note: Data from the 2023 Youth Risk Behavior Survey is preliminary.

Current High School Student E-cigarette Use, United States vs Montana



Source: Montana Youth Risk Behavior Survey, 2015 – 2023; National Youth Risk Behavior Survey, 2015 – 2021. *Note: Data from the 2023 Youth Risk Behavior Survey is preliminary.



Big Tobacco Targets Kids



Big Vape is Big Tobacco

In 2018, the top 25 e-cigarette manufacturers brought in more than \$2.5 billion in sales and **96%** of these sales were from brands owned in whole or part by Big Tobacco.¹⁰

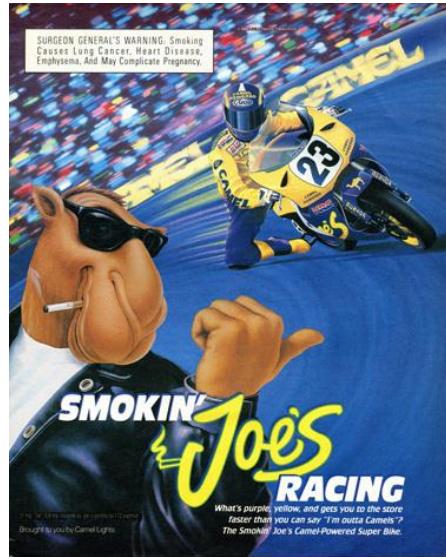


Targeting Teens Then...



20,679* Physicians
say "**LUCKIES**
are *less irritating*"
"It's toasted"
Your Throat Protection against irritation against cough

*The figures should have been printed and certified as by STATISTICAL BUREAU OF THE UNITED STATES DEPARTMENT OF COMMERCE, Washington and Baltimore.



SMOKIN' Joe's RACING

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

What's purple, yellow, and gets you to the score faster than you can say "I'm outta Camels?" The Smokin' Joe's Camel-Powered Super Bike.




You've got what it takes. Salem Spirit

Share the spirit. Share the refreshment.

Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health.



Be Happy-Go Lucky!

LS/M.F.T.-Lucky Strike Means Fine Tobacco



When a cigarette means a lot...

get **Lots More** from **L&M**

more body in the blend...there's a special rich-flavor leaf—and more of it—among L&M's choice tobaccos.

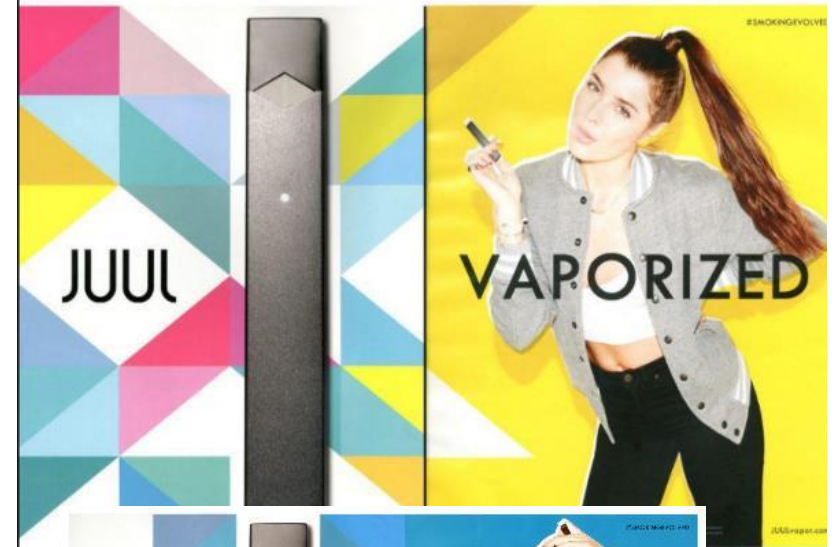
more flavor in the smoke...every puff is heartier, for L&M has more longer-aged, extracted leaf than even some unfiltered cigarettes.

more taste through the filter...and L&M's filter is the modern filter—all white, inside and outside—so only pure white touches your lips.

It's the rich-flavor leaf that does it!



Targeting Teens Now...



Over 15,500 different e-cigarette flavors



THE TOBACCO INDUSTRY HAS A KIDS MENU.



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E-Cigarette



School Supplies



E-Cigarette



Toy



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product



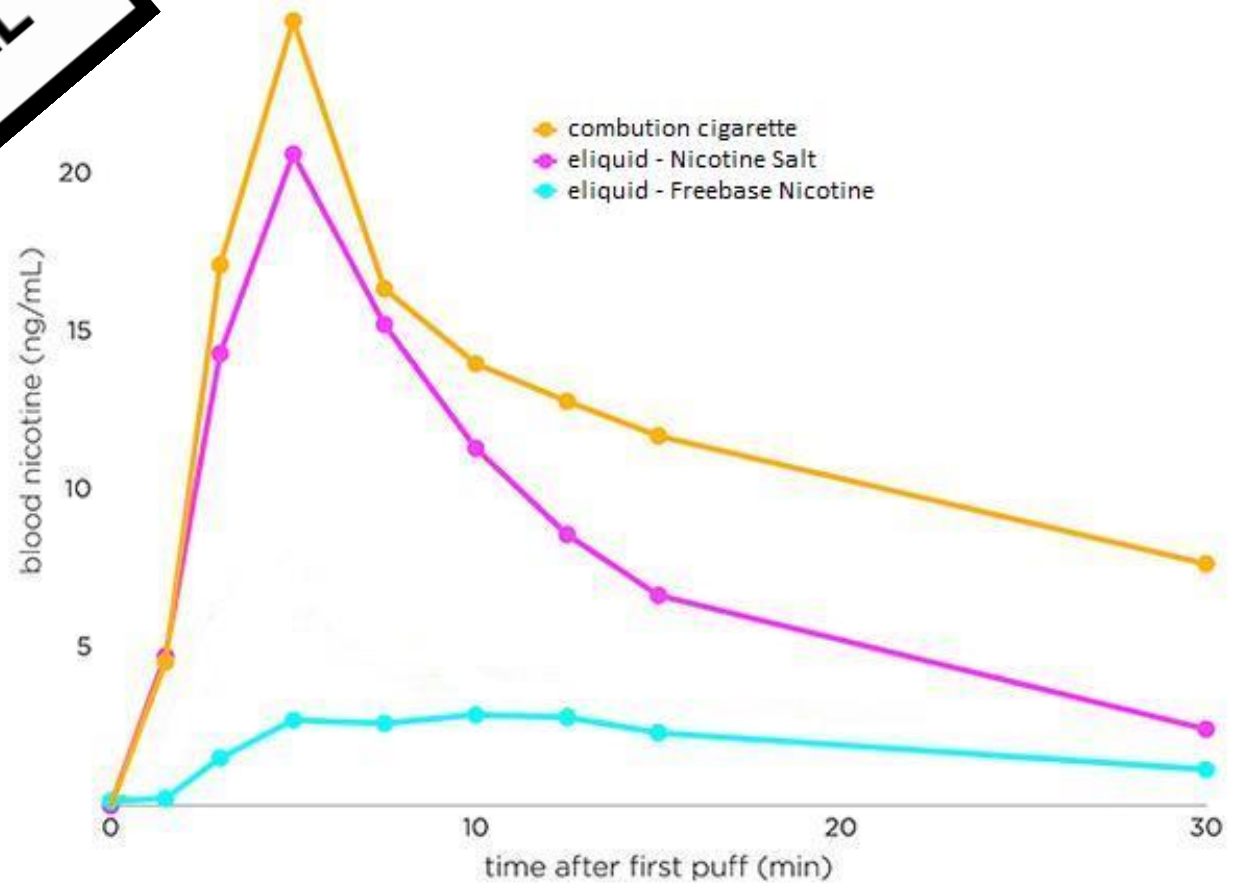
E-liquid



Food product



WARNING:
THIS PRODUCT CONTAINS NICOTINE.
NICOTINE IS AN ADDICTIVE CHEMICAL



1 Pack of Cigarettes
≈20 mg of nicotine



=20
CIGARETTES



1 JUUL pod
≈41.3 mg of nicotine



≈41
CIGARETTES



1 PHIX pod
≈75 mg of nicotine



≈75
CIGARETTES



1 Suorin pod
≈90 mg of nicotine



≈90
CIGARETTES



“The advertising will lead a horse to water, the flavors will make them drink, and the nicotine will keep them coming back for more.”

- Dr. Brian King


Director, Center for Tobacco Products, FDA



E-cigarette Health Risks



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**WHAT'S
IN THAT
CLOUD?**

- Propylene Glycol
- Glycerin
- Flavorings
- **Nicotine**
- **NNN**
- **NNK**
- NAB
- NAT
- **Ethylbenzene**
- **Benzene**
- **Xylene**
- **Toluene**
- **Acetaldehyde**
- **Formaldehyde**
- **Naphthalene**
- **Styrene**
- **Benzo(b)fluoranthene**
- Chlorobenzene
- **Crotonaldehyde**
- **Propionaldehyde**
- Benzaldehyde
- Valeric acid
- Hexanal
- Fluorine
- Anthracene
- Pyrene
- Acenaphthylene
- Acenaphthene
- Fluoranthene
- Benz(a)anthracene
- Chrysene
- Retene
- **Benzo(a)pyrene**
- **Ideno(1,2,3-cd)pyrene**
- Benzo(ghi)perylene
- **Acetone**
- **Acrolein**
- Silver
- **Nickel**
- Tin
- Sodium
- Strontium
- Barium
- Aluminum
- **Chromium**
- Boron
- **Copper**
- **Selenium**
- **Arsenic**
- **Nitrosamines**
- **Polycyclic Aromatic hydrocarbons**
- **Cadmium**
- Silicon
- Lithium
- **Lead**
- Magnesium
- Manganese
- Potassium
- Titanium
- Zinc
- Zirconium
- Calcium
- Iron
- Sulfur
- Vanadium
- **Cobalt**
- Rubidium

Compounds in **RED**
are from FDA
Harmful and
Potentially Harmful
Substance
Established List

Chemicals Found in E-cigarette Aerosol



Vaping is Harmful to Youth & Young Adults

- Almost all (**99%**) e-cigarettes sold in U.S. convenience stores contain nicotine.
- **Nicotine, in any form, is unsafe for youth.** Nicotine is highly addictive.
- Youth are uniquely at risk for long-lasting effects of nicotine exposure because the brain continues developing until about age 25.
- Nicotine exposure during adolescence harms the parts of the brain that control attention, learning, mood, and impulse control.

Nicotine Can Serve as a Gateway

The nicotine in e-cigarettes and other tobacco products can also prime the adolescent brain for addiction to other drugs, such as cocaine.

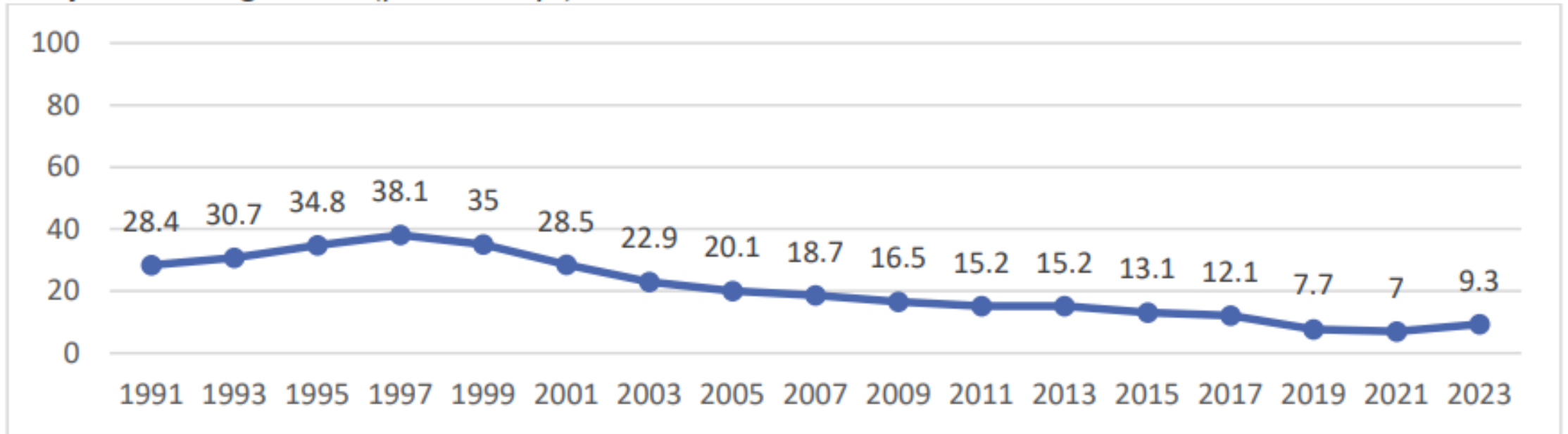
Teens who use e-cigarettes are **4x more likely** to start smoking cigarettes in the future and **20x more likely** to vape marijuana than teens who do not use e-cigarettes.



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Montana High School Student Cigarette Smoking Increased for the FIRST time in nearly 30 years

Currently smoked cigarettes (past 30 days)



Nicotine & Mental Health



Correlation Between Nicotine & Mental Health

25% of Montana adults who use tobacco report having poor mental health compared to 14% of non-tobacco users.

60% of MT high school students who vape report having felt sad or hopeless compared to 35% of students who do not vape.

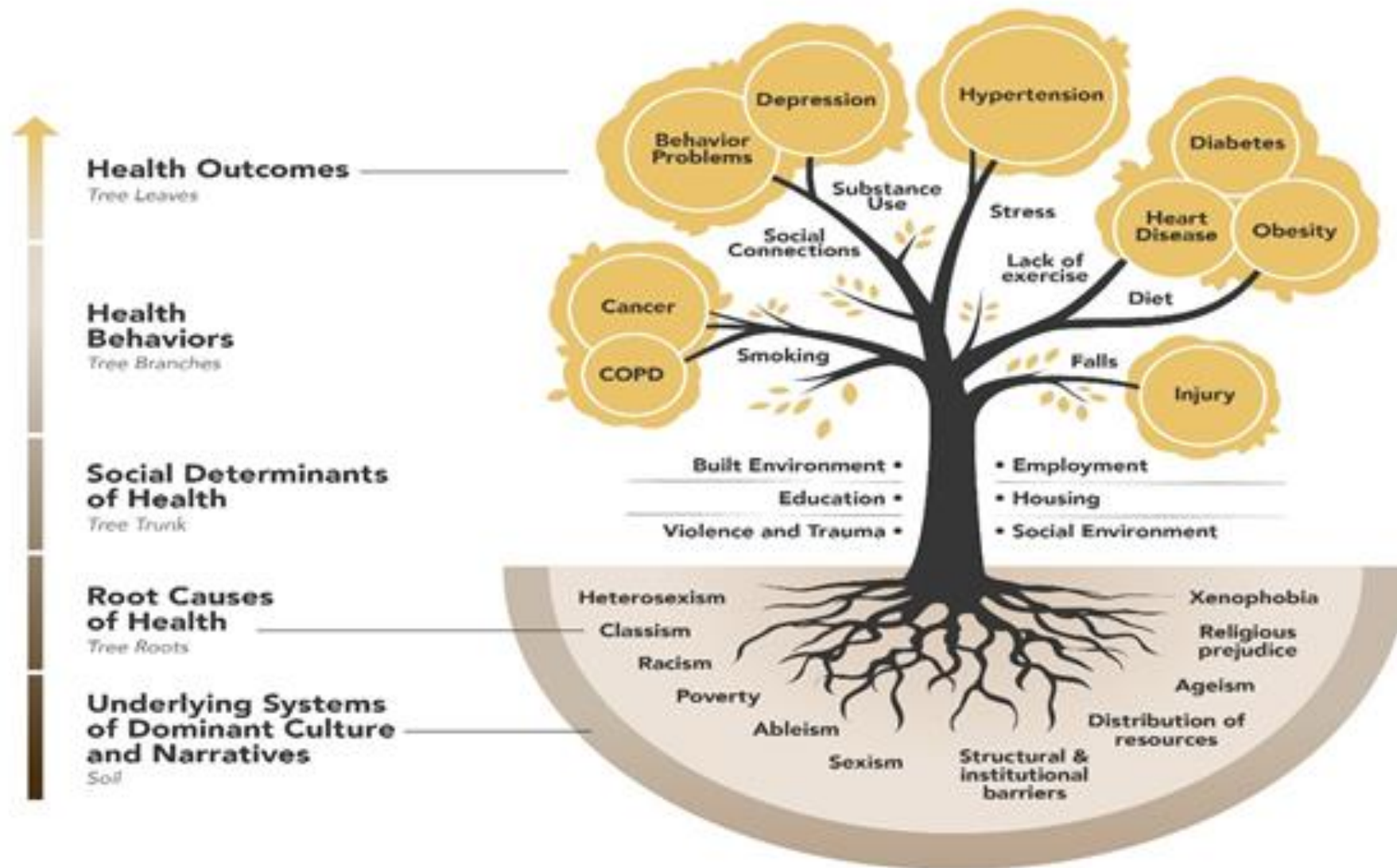
21% of MT high school students who vape report attempting suicide compared to 6% of students who do not vape.



Why Does the Correlation Exist?

- Common factors: social determinants of health
- Self-medication: belief that it relieves stress
- Causal: nicotine use causes/exacerbates mental health issues



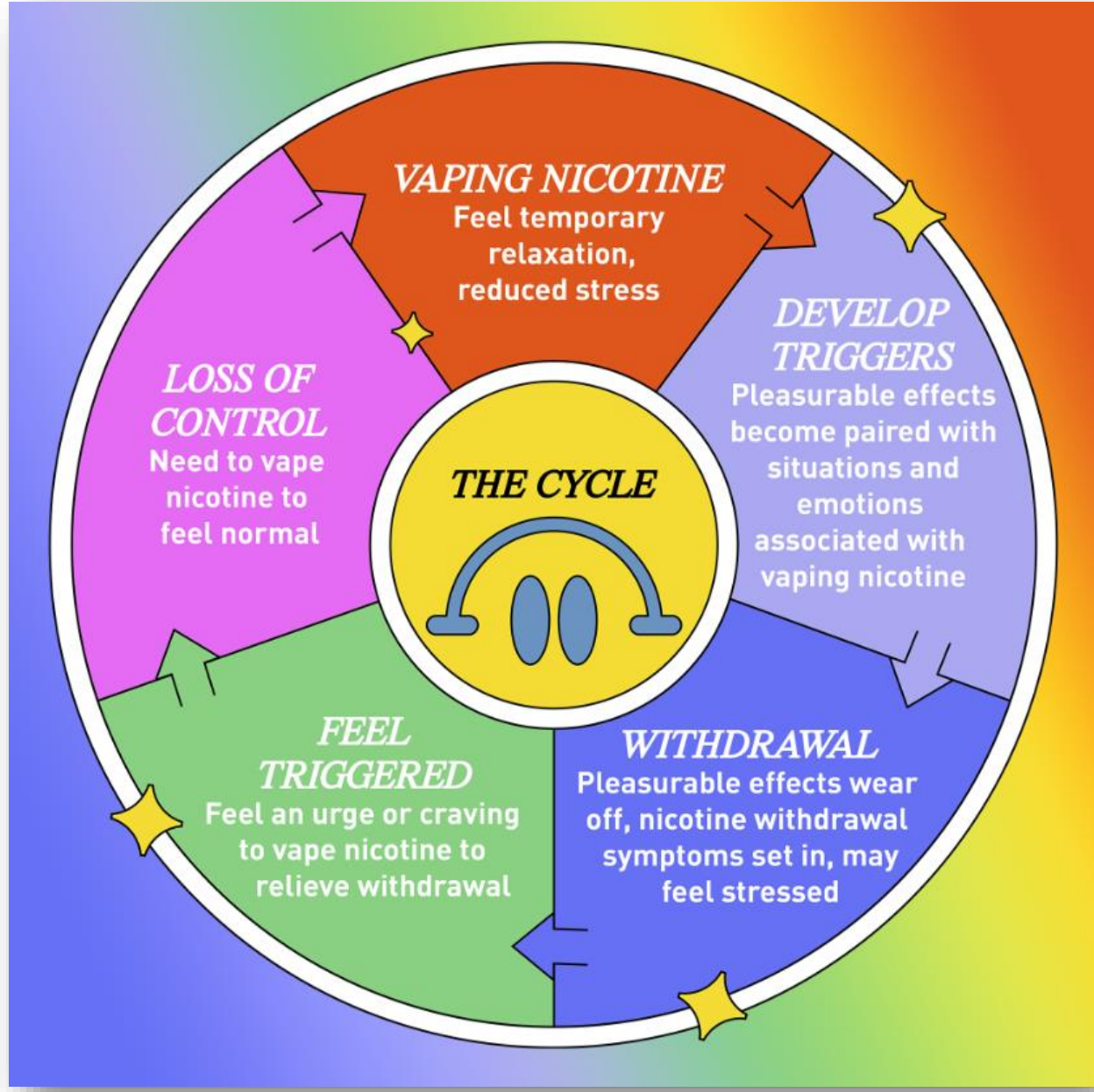


Belief: Nicotine Use Relieves Stress

Montana High School Student Reported Reasons for Vaping:

1. Curiosity (27%)
2. **Feeling anxious, stressed or depressed (26%)**
3. To get high or a buzz from the nicotine (17%)
4. Friend or family member used them (15%)





Nicotine can worsen anxiety symptoms and amplify feelings of depression

A 2019 study of U.S. college students found that [vaping is significantly associated with higher levels of ADHD symptoms](#), and nicotine dependence was correlated with greater anxiety symptoms.

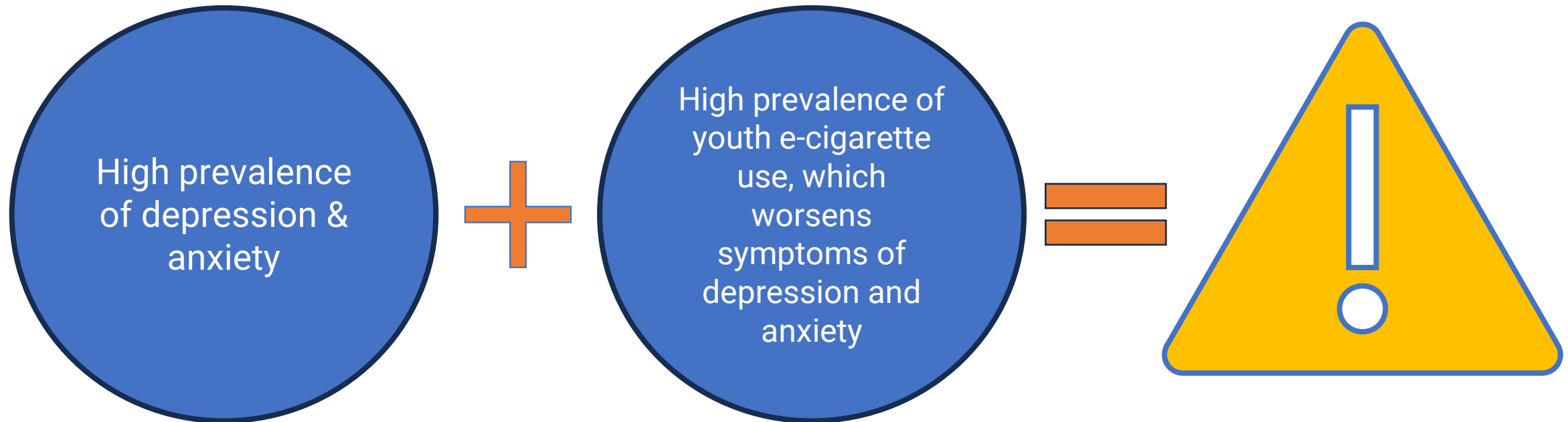
According to a 2019 JAMA study of nearly 30,000 current e-cigarette users above age 18, [frequent vaping is tied to even higher odds – 2.4X – of having a diagnosis of depression](#) compared to never users.

Using e-cigarettes can [worsen symptoms of depression](#), based on the results of a study of nearly 2,500 ninth graders who had never previously used e-cigarettes or combustible tobacco.

A 2014 meta-analysis showed [quitting smoking is linked with lower levels of anxiety, depression and](#) stress as well as improved positive mood and quality of life compared with continuing to smoke.



It's a Colliding Crisis in Montana





What We Can Do



Policies Limiting Youth Access to E-cigarette Products



Increase minimum sales age from 18 to 21



Include e-cigarettes in smokefree laws



Increase the price of e-cigarettes

(There's no e-cigarette tax in MT)



Restrict the sale of flavored tobacco products, including e-cigarettes



Rethink Tobacco Use

“These are not bad people. These are good people with a difficult disease.”

- Dr. Greg Holzman
Former MT State Medical Officer

It's a bad habit

They made a bad choice



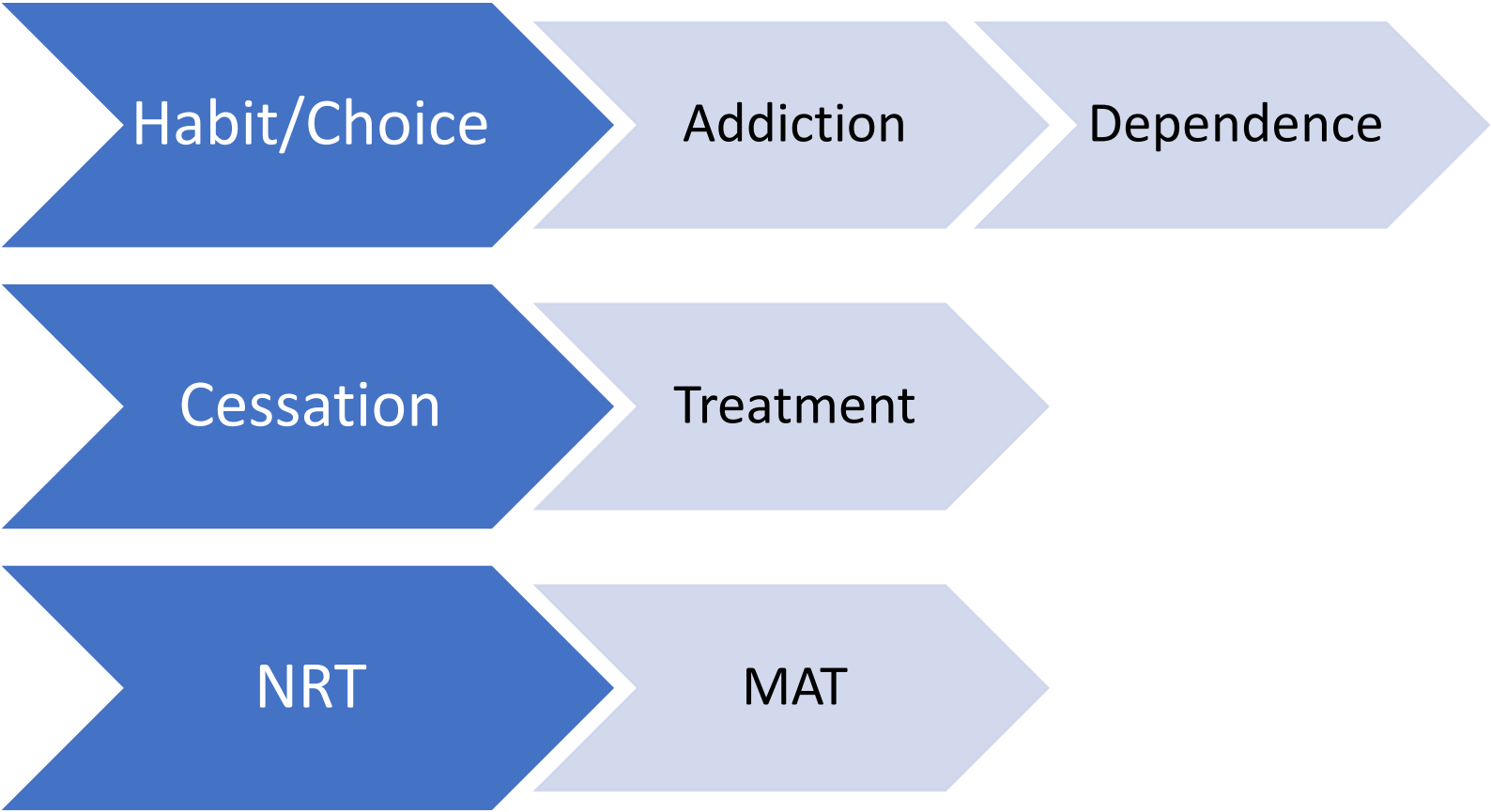
DSM-5: Tobacco Use Disorder

A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- Loss of control
- Cravings
- Great deal of time spent obtaining, using & recovering from use
- Important activities reduced or given up by use
- Withdrawal
- Tolerance
- Persistent desire/unsuccessful efforts to stop using
- Use in situations where it is physically hazardous
- Failure to fulfill major obligations to use
- Continued use despite having physical, psychological or social problems made worse by use



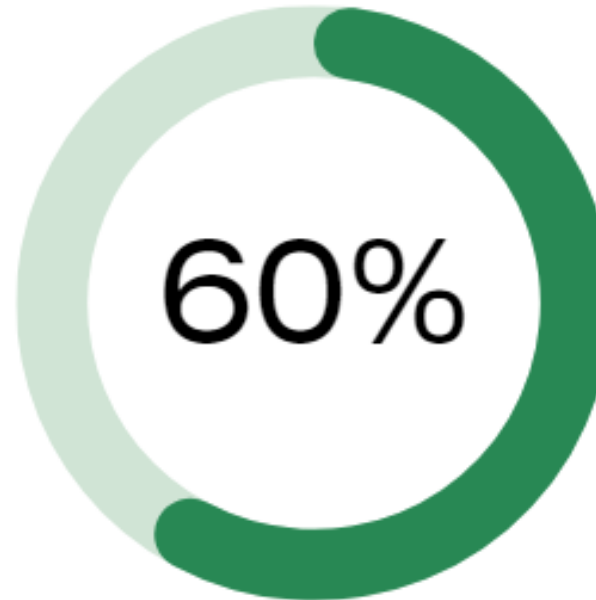
Reframe Language



The Majority Want to Quit



60% of MT high school students tried to quit use of all tobacco products in the past year



60-70% of smokers with serious mental health issues say they want to quit



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Myths Around Addressing Tobacco Use

“Smoking is an important way for my client to deal with the stress of recovering from substance abuse or mental illness.”

“Quitting smoking might compromise or worsen psychiatric symptoms.”

“Tobacco use is not a priority compared to the other conditions my client has or the other drugs my client is using.”

“My clients have enough on their plate without having to tackle tobacco cessation.”

“My client won’t die from their tobacco use now.”



Reasons to Address Tobacco Use in the Behavioral Health Setting

1

Improves chances of sobriety

2

Increases effectiveness of certain medications

3

Reduces anxiety, stress and depression

4

Increases life-expectancy

5

Eliminates a trigger

6

Similar treatment approaches



Tobacco-free Environments Support Quitting

According to the Community Preventive Services Task Force, smoke-free worksite policies “...reduce consumption by continuing smokers, increase smoking cessation attempts, increase the number of smokers who successfully quit, and reduce the prevalence of tobacco use among workers.”



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Ways Behavioral Health Facilities Can Support Quitting

- 1) Screen for all forms of commercial tobacco product use, including e-cigarettes and nicotine pouches
- 2) Conduct brief tobacco treatment interventions
- 3) Provide tobacco treatment and medications (when appropriate)
- 4) Refer to cessation services



Screening for E-cigarette Use

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

E-cigarette curriculum:

<https://www.aap.org/en/pedialink/e-cigarette-curriculum/>

Clinical training video:

https://players.brightcove.net/6056665225001/default_default/index.html?videoId=6285830112001



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THE BRIEF TOBACCO INTERVENTION: THE 5As

ASK

"Do you currently smoke or use other forms of tobacco?"

ADVISE

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit."

ASSESS

"Are you interested in quitting tobacco?"

ASSIST

IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care like QuitNowMontana.com or **1-800-QUIT-NOW (784-8669)**. For more information on providing brief counseling, call the Montana Tobacco Use Prevention Program at (406) 444-7408.

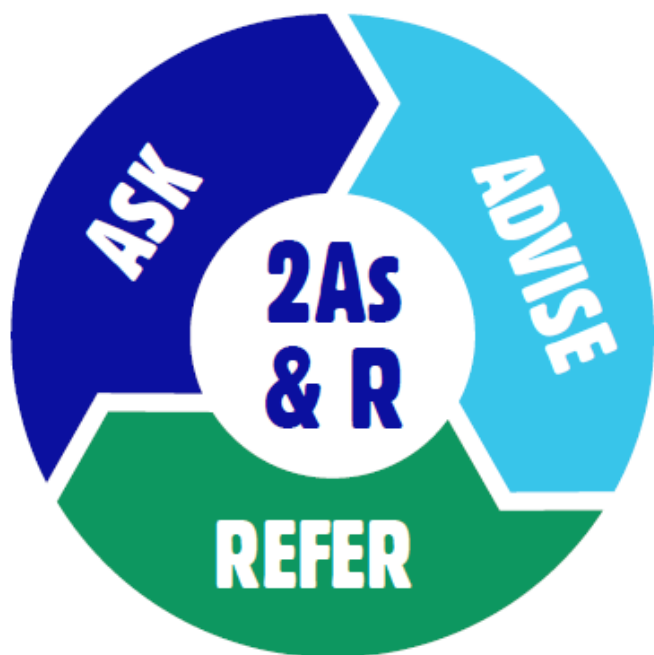
IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

ARRANGE

Follow up regularly with patients who are trying to quit.



THE BRIEF TOBACCO INTERVENTION: THE 2As & R



ASK

"Do you currently smoke or use other forms of tobacco?"

ADVISE

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER

IF READY TO QUIT: Provide direct referrals to free resources that will assist the patient in quitting. Prescribe FDA-approved cessation medications as appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about how to overcome urges you might have to smoke after you quit."

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

Recommended resources include:

Free quit help by phone: **1-800-QUIT-NOW (784-8669)**

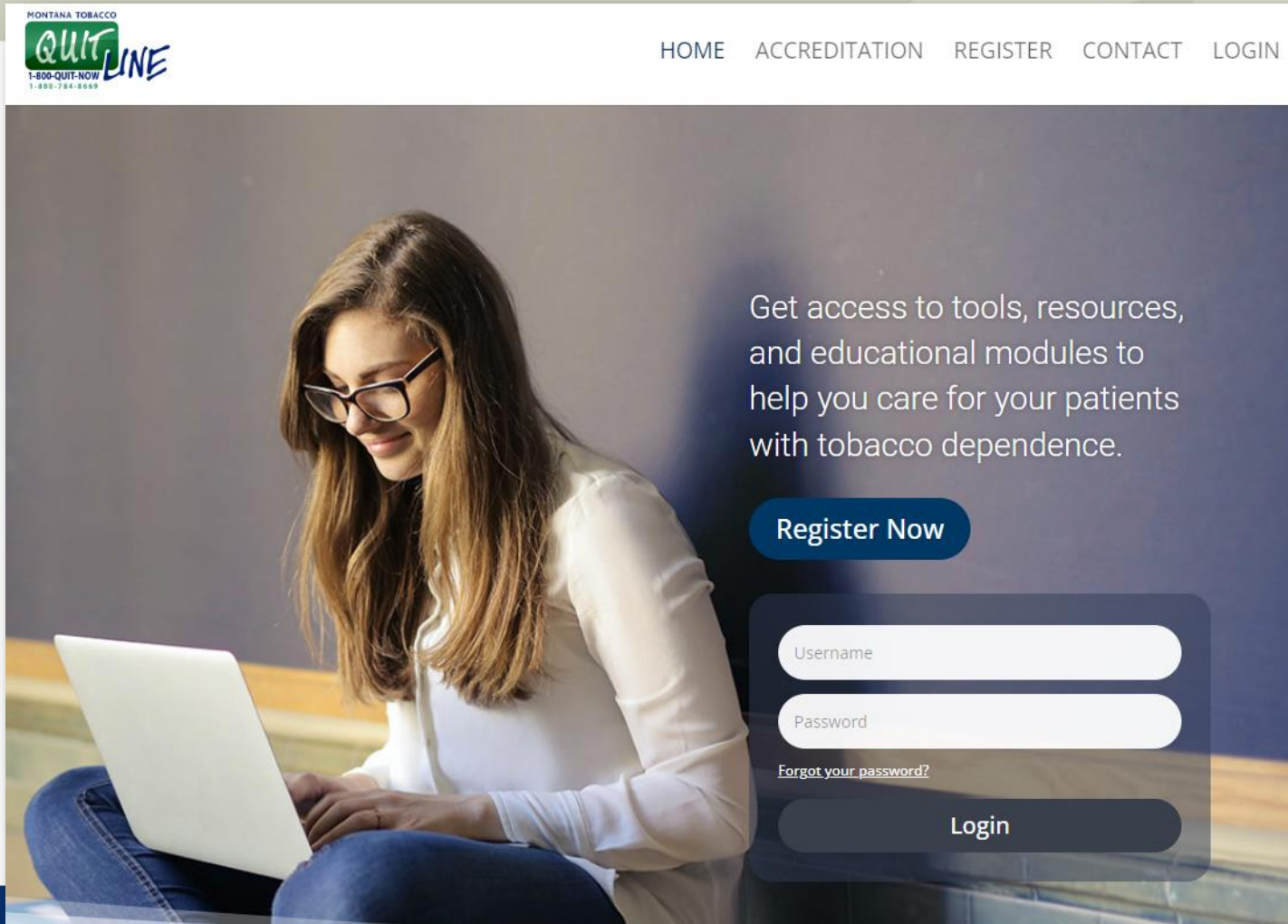
For free advice, tips, tools, and support: QuitNowMontana.com

Source: Centers for Disease Control and Prevention
7-2018

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-734-6663
QuitNowMontana.com

MONTANA
QUIT
LINE

<https://quitlogixeducation.org/montana/>



MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8689

HOME ACCREDITATION REGISTER CONTACT LOGIN

Get access to tools, resources, and educational modules to help you care for your patients with tobacco dependence.

[Register Now](#)

Username

Password

[Forgot your password?](#)

[Login](#)



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Conduct Tobacco Treatment

Behavioral health providers already have the skills and knowledge to treat tobacco use dependence disorders.

Tobacco dependence treatment can be easily integrated into existing SUD treatment services.



Resources



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My Life, My Quit

- Helps youth quit ALL forms of tobacco products
- 100% confidential
- Can live text with a coach – **Text “Start My Quit” to 36072**
- Completely FREE of charge
- Learn how to cope with stress in healthy ways



VAPING SUCKS YOU IN QUICK.

WE CAN HELP YOU BREAK FREE.



Get a free Quit Plan



Confidential Coaching



And 24/7 text support to help you get over nicotine

Refer by Web or Fax



MY LIFE MY QUIT

MY QUIT

Hello. [Sign In](#) or [Enroll today](#).

PROVIDER WEB REFERRAL

mylifemyquit.com

QUIT LINE AMERICAN INDIAN COMMUNITY TOBACCO Q&B LINE 1-800-372-0037 MY LIFE MY QUIT MONTANA TOBACCO QUIT LINE FAX FORM Fax to: 1-800-261-6259

PROVIDER INFORMATION (PRINT CLEARLY)
Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name _____ Provider Last Name _____
Contact (if applicable): First Name _____ Last Name _____
Name of Health System/Hospital/Health Center/Community Organization: _____
Department or Clinic Name (if applicable): _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email for HIPAA-covered entity: _____
Fax for HIPAA covered entity: (_____) _____

Type of HIPAA covered entity: Health care Provider Health Plan Health care Clearing House Not Covered Entity
As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.
As a Not Covered Entity, personal health information will not be shared back for the individual being referred.
Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.
Is the patient: Pregnant Breastfeeding
(If Provider) I authorize the Outline to send the patient over-the-counter nicotine replacement therapy.
Please sign here if patient may use NRT _____ Date _____
Provider signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (First) _____ (Last) _____
Patient Zip _____ *Date of Birth: ____/____/____
*Phone (_____) _____ Home Cell Work OK to leave message at number provided? Yes No
*Do you require accommodation while participating in the program such as TTY, Translator or Relay Service? Yes, if Yes, please specify _____ No THE VOICEMAIL MAY BE A RECORDING FROM AN AUTOCALLER.
*Language? English Spanish Other _____ Consent of text: Yes No
I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

I, the patient (or authorized representative), give permission to release my information to the Montana Tobacco Quit Line. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

*Patient Signature _____ Date _____
If filling out form on behalf of the patient:
Authorized Representative name: (First) _____ (Last) _____
Signature _____ Date _____
*Participant or Authorized Representative signature required in order to place phone call to the patient.

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259
Confidentiality Notice: This form contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, discuss, copy or distribute.

Quit Tobacco & Improve Your Mental Health



**“I’m Finally
Getting There.”**

MYTHS & FACTS If you have a mental health disorder and smoke, you can die 8-25 years earlier than the general population. Smoking can interfere with recovery and make psychiatric medications less effective. Quitting reduces your risk of relapse, saves money and improves your health!

Control Cravings — with FREE Patches, Gum or Lozenges!

1-800-QUIT-NOW

MONTANA TOBACCO

**QUIT
LINE**
1-800-QUIT-NOW

QuitNowMontana.com



Behavioral Health Program

- **Over half** of Quit Line participants reporting a BH condition
- People with BH conditions experience extra stressors and have a more difficult time successfully quitting
- 7 scheduled telephone coaching sessions, focused on developing and practicing coping skills to manage stress while quitting
- Specially trained tobacco treatment coaches who understand behavioral health conditions



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Be an Example by Living Tobacco-free!

MONTANA TOBACCO



1-800-QUIT-NOW

1-800-784-8669

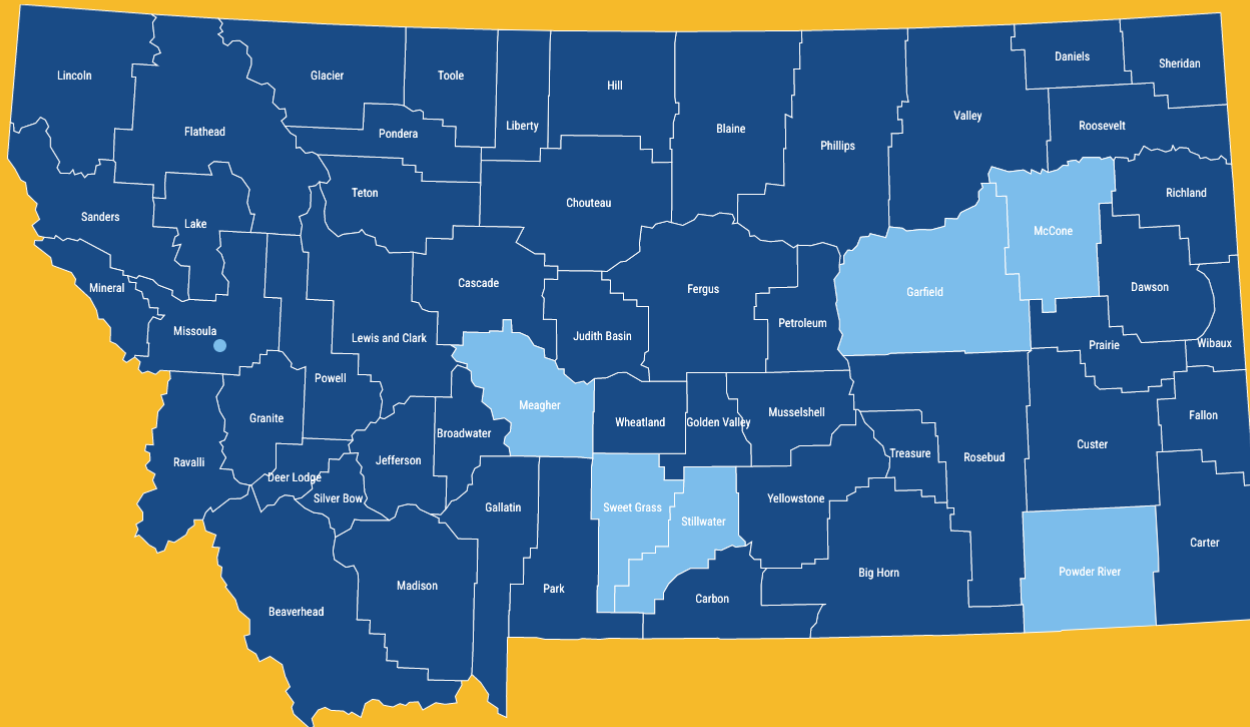
QuitNowMontana.com



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Local Tobacco Education Specialists

Counties with a local Tobacco Education Specialist



Contact
infotobaccofree@mt.gov
to be connected with
your local Tobacco
Education Specialist



Contact Information

Nicole Aune, MPH

Section Supervisor

Montana Tobacco Use
Prevention Program

(406) 444-7373

naune@mt.gov

Visit tobaccofree.mt.gov

Call 406-444-7408

Email infotobaccofree@mt.gov

