

# POLICY IMPLICATIONS OF COVID-19 ON ALCOHOL AND CANNABIS

Chuck Klevgaard,  
Prevention Manager

Great Lakes Prevention Technology  
Transfer Center PTTC

July 15, 2021

# Brought To You By:



The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the following cooperative agreements:

Great Lakes ATTC: 1H79TI080207-03

Great Lakes MHTTC: 1H79SM-081733-01

Great Lakes PTTC: 1H79SP081002-01

# Disclaimer

This presentation was prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Great Lakes PTTC.

At the time of this presentation, Tom Coderre, serves as Acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

January 2021

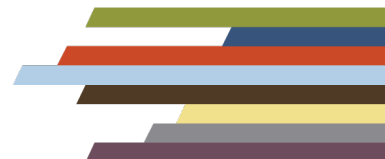
The use of affirming language inspires hope.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



# Thank You for Joining Us!


## A few housekeeping items:

- If you are having technical issues, please individually message Kristina Spannauer or Stephanie Behlman in the chat section and they will be happy to assist you.
- Please put any questions for the speaker or comments in the Q & A section, also at the bottom of the screen. We will respond to questions during the presentation.
- We will be using automated transcriptions for today's webinar.

# Thank You for Joining Us!

A few more housekeeping items:

- You will be directed to a link at the end of the presentation to a very short survey – we would really appreciate it if you could fill it out. It takes about 3 minutes.
- We are recording this session and it will be available on our website in a couple of weeks.
- Certificates of attendance will be sent out to all who attended the full session. They will take about 2 weeks.

A close-up photograph of several social media icons on white keyboard keys. The icons include Pinterest (red), Snapchat (yellow), Instagram (purple/pink), Facebook (blue), and Twitter (blue). The keys are arranged in a grid pattern, and the background is a light gray surface.

## Follow Us On Social Media!

Facebook and Twitter:

- @GreatLakesATTC
- @GMhttc
- @GLPTTC

Look for our weekly  
updates in your email on  
Thursdays for events  
coming the following week

# Speaker Introductions



**Chuck Klevgaard**



# POLICY IMPLICATIONS OF COVID-19 ON ALCOHOL AND CANNABIS



**Chuck Klevgaard**

Prevention Manager

Great Lakes Prevention Technology  
Transfer Center PTTC

July 15, 2021

# Objectives

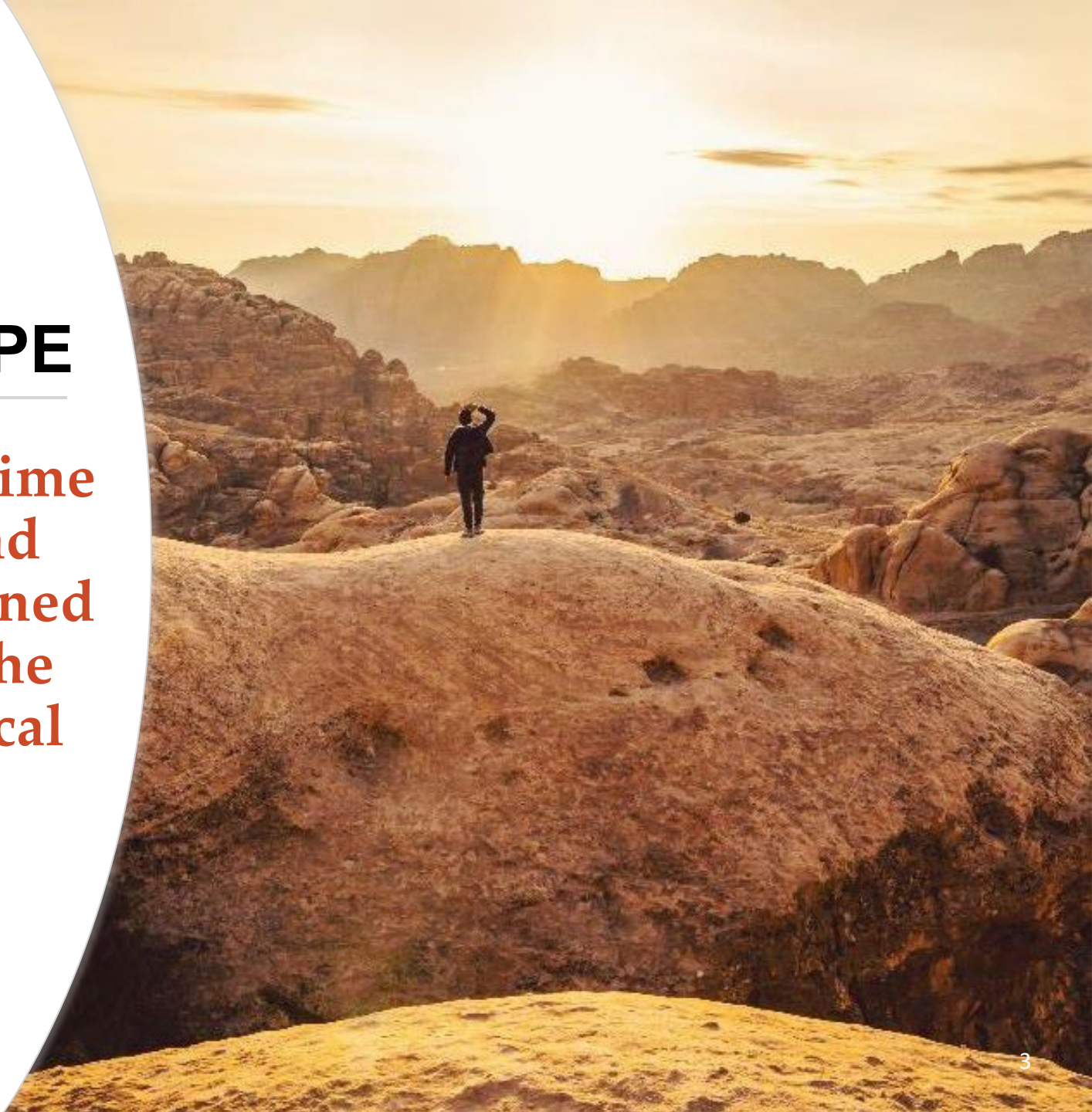
- Understand what policies have changed during the pandemic
- Identify the implications of lessened restrictions on risk factors for alcohol and cannabis
- List strategies for monitoring and mitigating the potential negative impact of policy change on community norms

---

# LOOKING AT THE LANDSCAPE

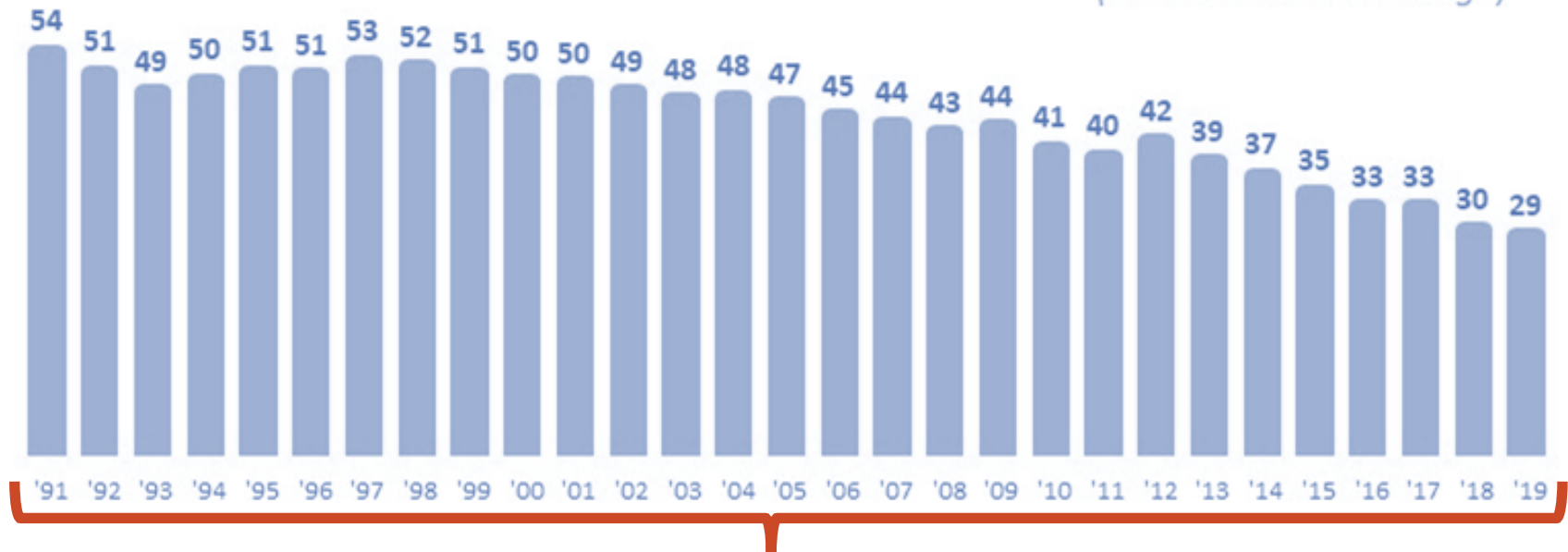
---

**Taking the Time  
to Understand  
What Happened  
to Policy at the  
State and Local  
Levels**



## Twelfth Grade Students Who Reported Drinking in the Past Month Declined 46% Proportionally from 1991 to 2019.

*(Numbers in Percentage)*

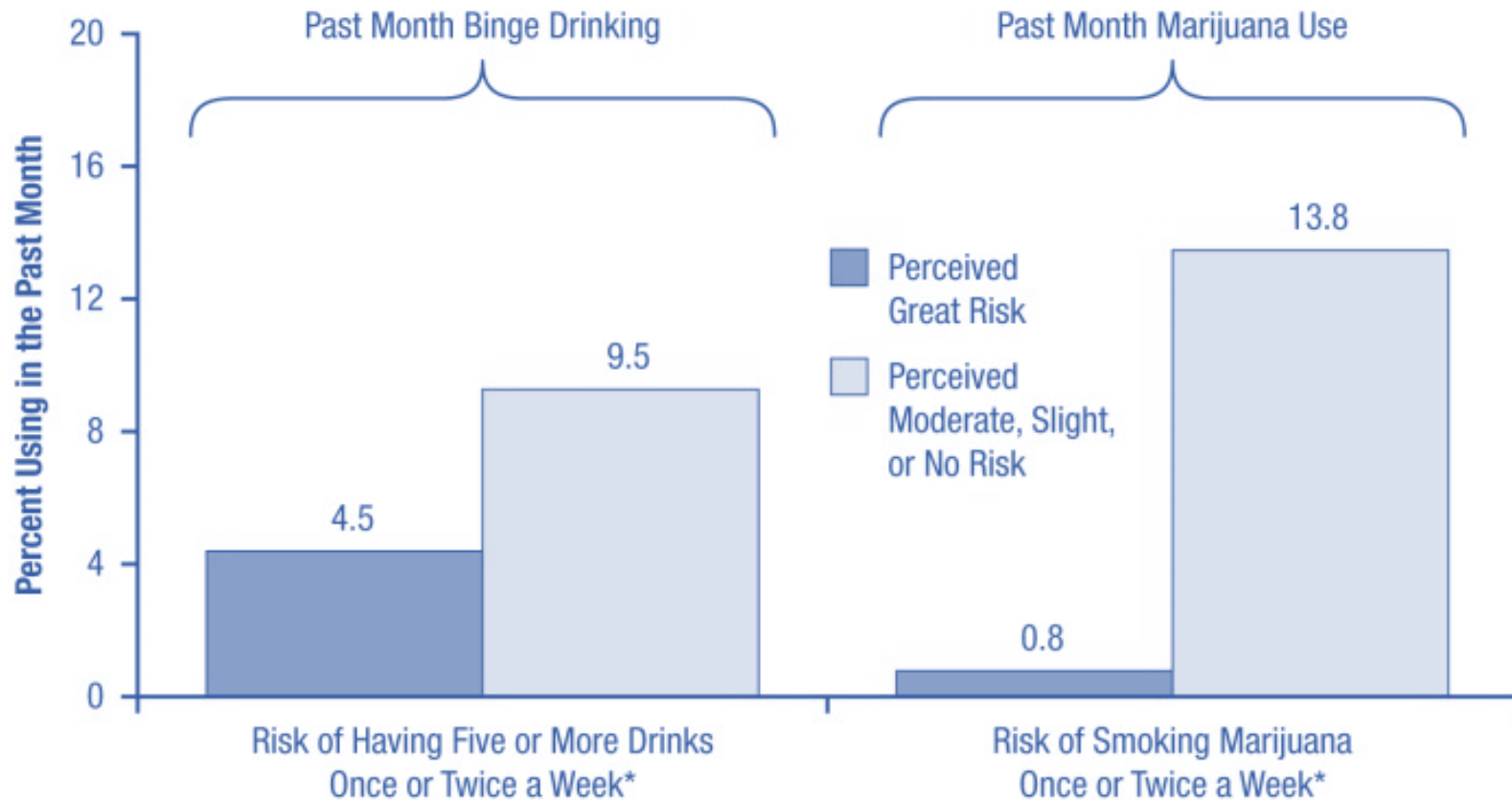


**TYPE IN THE CHAT WHAT YOU BELIEVE CONTRIBUTED TO THIS DECLINE**

**MLDA, CROSS-SECTOR WORK, MUTI-LEVEL APPROACHES, POLICY, AVAILABILITY, PRICING, ENFORCEMENT, GRADUATED DL, MINOR BAC LIMITS**

Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2021). Monitoring the Future national survey results on drug use 1975-2020: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.

# Past Month Binge Drinking and Marijuana Use among Adolescents Aged 12 to 17, by Perceptions of Risk: 2011



Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

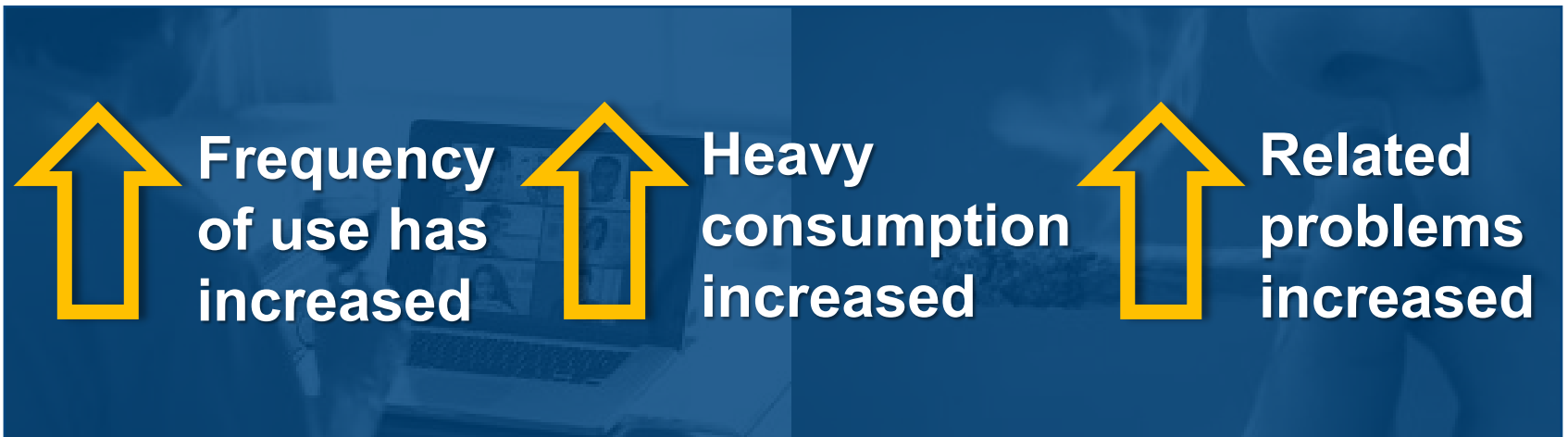
# Ease of Access and Use

- Ease of access to substances has been shown to have a **direct** and **significant** relationship with substance use.
- Other factors that have been shown to increase adolescents' perceived ease of access include:
  - ✓ **Perceived ease** of access increases with age;
  - ✓ **Physical availability** of substances in one's community; and
  - ✓ **Social availability** of substances (i.e., the perceptions of substance use norm, prevalence of use, and support for use amongst one's peers, parents, school, and community)

# Disapproval and Use

- Social influences on alcohol use, focusing on **proximal social contexts** of the family and peers.
- Within these environments, alcohol-specific **norms** and **expectations** have been consistently linked with alcohol use.
- In particular, **perceived disapproval** of alcohol use by parents and peers (*i.e.*, **injunctive norms**) is a well-established protective factor against adolescent drinking.

# The COVID-19:Rapid Changes to Substance-related State Laws and Policy



*“Industry leaders are responding to the pandemic by lobbying for deregulation and weakening of existing laws, for instance requesting tax reductions and the suspension of retail restrictions.”*

The Lancet Public Health



# POLL

**Which sentence best describes your experience of alcohol/marijuana use in your community over the last 8 months?**



- A. I've observed no change.
- B. I've observed some change.
- C. I've observed a lot of change.
- D. I've been surprised by the amount of change I've seen.

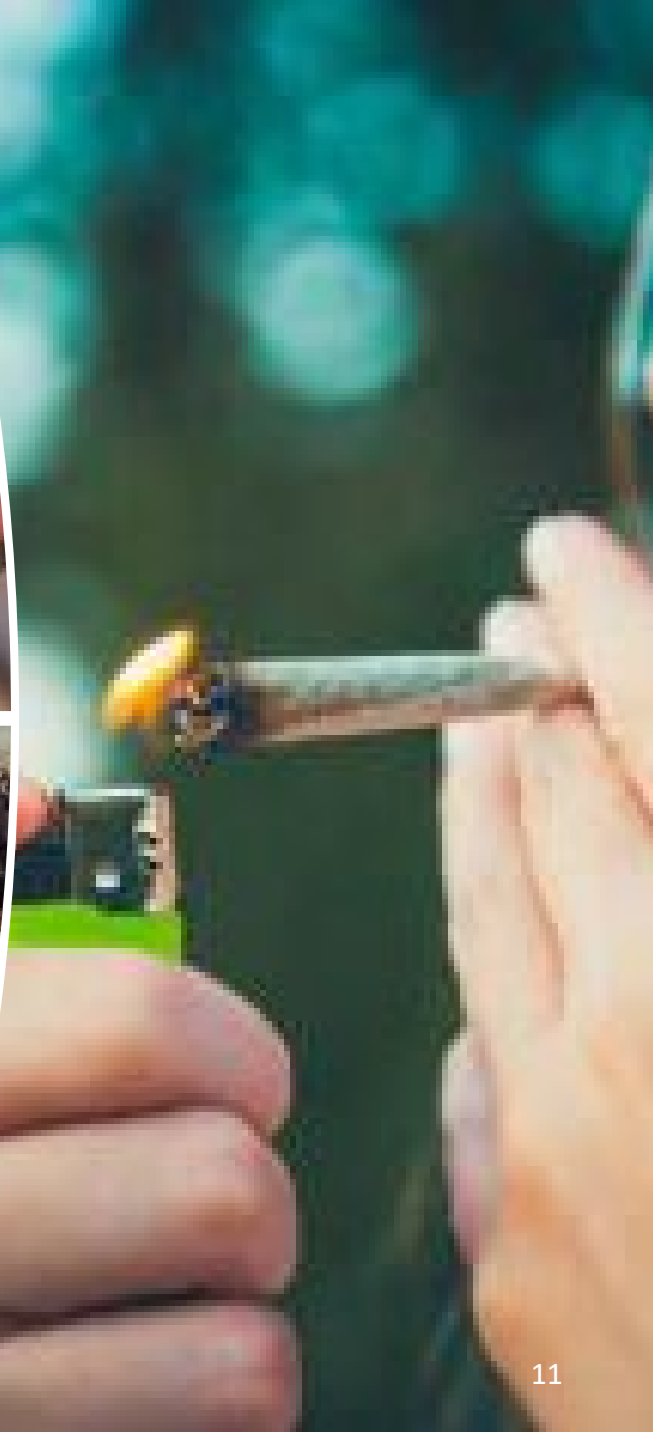
# Impact on Alcohol Use

- Frequency of consumption
- Increase in heavy drinking
- Increase in related problems
- Changes in who's using
- Where people are using



# Impact on Cannabis Use

- Increase in use
- Increase in access
- Increase in use of edibles
- Changes in who's using



# Context Changes



**Coping Strategies**

- Stress and social isolation
- Coping-motivated use
- SDOH
- Individuals with SUD
- E-commerce platforms



**KEEP THE DOOR.**  
**S THE**  
**LIQUOR STORE.**

# Why COVID

# s Matter



RAND > Press Room > News Releases > 2019 >

## Young Adults Who Live Near Medical Marijuana Dispensaries Use Marijuana More Often, Have More-Positive Views

FOR RELEASE

Monday

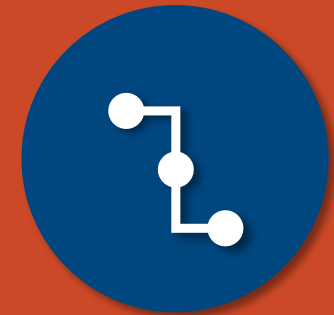
June 17, 2019

Young adults who live in neighborhoods with more medical marijuana dispensaries use marijuana more frequently than their peers and have more-positive views about the drug, according to a new RAND Corporation [study](#).

The associations were strongest among young adults who lived near dispensaries that had storefront signs, suggesting that regulating such advertising could be one strategy if policymakers were concerned about curbing use of marijuana.



Social norms  
and perception  
of harm



Perception of  
harm and  
increased use

# CHAT

Type in the chat examples of polices or regulations that your state community has changed or relaxed since the onset of COVID-19?



Take Out Cocktails

Telehealth



## Essential Business

Downtown Outdoor Refreshment Area (DORA)

## DEREGULATION

Curb-side Pick Up  
Doordash

Swill

ID Checking

Home Delivery

Minibar



DISTILLERISTAS GUIDE TO ALCOHOL DELIVERY SERVICES!



# Changes to Alcohol Policy

- Alcohol vendors deemed “essential”
- Off-premise changes
  - ID checking
  - Home delivery
- On-premise changes
  - Curbside pickup
  - Take-out cocktails



# Changes to Cannabis Policy

- Marijuana vendors deemed “essential”
- Delivery legal in some states
- Relaxed requirements for obtaining medical marijuana cards





# Disturbing Ramifications

- Unclear delivery guidance (e.g., how to safely confirm age/purchaser at point of delivery)
- Limited enforcement that purchasers are of age
- Push toward contactless delivery (social distancing)



**Industry positioning itself as “helper”**



# Protective Measures

- Ensure “Covid-related” regulations are temporary and/or revisited to add more enforcement
- Limit amount of alcohol delivered at one time



Require  
prove th  
(e.g., by  
using ap



## IN THE NEWS

### Factsheet

The unintended normalisation of alcohol: What role does the family play?

Home ▶ Parents ▶ The unintended normalisation of alcohol: What role does the family play?



Tags: Parental Supply, COVID-19, Parenting, Drinking

Targeted Drugs: Alcohol, Drugs (General)

# POLL

**What are the most important reasons for keeping on eye on these policy changes?**



- A. They may “normalize” use
- B. They may not be short term
- C. They may become permanent
- D. Other

# Happening Now

MADISON.COM


### Wisconsin Senate panel considers bipartisan slate of alcohol bills



Customers shop for alcoholic beverages at St...

### Michigan regulator planning to permanently allow curbside and possibly drive-through service

By Mike Fourcher | June 24, 2021



EATER

### Minnesota Legislators Need to Pass Cocktails To-Go Now

It's time for our state to join so many others by helping restaurants add jobs and sales while allowing diners to enjoy beverages at home

By Marco Zappia on January 5, 2021 10:30 am



COCKTAILS TO GO

### Illinois Lawmakers Pass Bill to Extend 'Cocktails to Go' Until 2024

Published May 31, 2021 • Updated on May 31, 2021 at 3:34 pm




The Illinois General Assembly is considering whether to

IndyStar. Subscribe Sign In

### Curbside alcohol sales are here to stay. Here's where to go in the Indianapolis area.


CHERYL V. JACKSON | INDIANAPOLIS STAR | 5:17 am EDT July 6, 2021



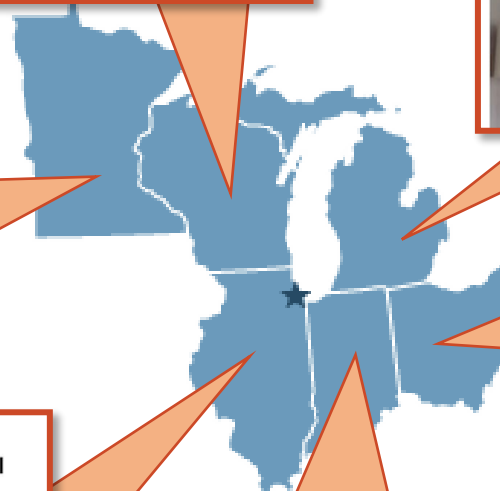
St. Elmo

### DeWine signs law making to-go cocktails permanent fixture in Ohio

Natasha Anderson 9 months ago



NEWPORT, RHODE ISLAND - MAY 09: A view of



# Why These Changes Matter

- Current trend towards deregulation not in public health interest
  - *For example, relaxed attitudes towards advertising translate to greater exposure for young people.*
- Changes may become permanent
- Changes may lead to more people with substance use disorders



# What Can Prevention Do?

- Follow the policies in your community
- Know the research
- Reach out to policymakers to raise concerns
- Use media to highlight local success stories



# A Social–ecological Framework for Explaining Influences on Alcohol Use to the Media

ALCOHOL RESEARCH: *Current Reviews*

## Social and Cultural Contexts of Alcohol Use

### *Influences in a Social–Ecological Framework*

May Sudhinaraset, Ph.D.; Christina Wigglesworth, M.S.W., L.C.S.W.; and David T. Takeuchi, Ph.D.

May Sudhinaraset, Ph.D., is an assistant professor in the Department of Epidemiology and Biostatistics and Global Health Group at the University of California, San Francisco, San Francisco, California.

Christina Wigglesworth, M.S.W., L.C.S.W., is a graduate student and David T. Takeuchi, Ph.D., is a professor and associate dean of research, both at the School of Social Work, Boston College, Boston, Massachusetts.

The alcohol research literature is overwhelmingly focused on risk factors, from the societal level down to the individual. Worldwide, 3.3 million deaths were attributed to alcohol misuse in 2012 (World Health Organization 2014). Excessive alcohol use is the third leading cause of death in the United States, accounting for 88,000 deaths per year (Centers for Disease Control and Prevention 2014). Globally, alcohol-attributable disease and injury are responsible for an estimated 4 percent of mortality and 4 to 5 percent of disability-adjusted life-years (DALYs) (Rehm et al. 2009). The harmful effects of alcohol misuse are far reaching and range from accidents and injuries to disease and death, as well as consequences for family, friends, and the larger society. Economic costs attributed to excessive alcohol consumption are considerable. In the United States alone, the costs of excessive alcohol use were

estimated at \$223.5 billion in 2006, or \$746 per person (Bouchery et al. 2011). Much of these costs result from a loss in workplace productivity as well as health care expenses, criminal justice involvement, and motor vehicle crashes (Rehm et al. 2009).

This article reviews some of the cultural and social influences on alcohol use and places individual alcohol use within the contexts and environments where people live and interact. This is not an exhaustive review but aims to show the wide range of contexts that may shape alcohol use.

#### Disparities in and Influences on Alcohol Use: A Social–Ecological Framework

Alcohol consumption varies across gender and race/ethnicity. Across the world, men consume more alcohol

than women, and women in more developed countries drink more than women in developing countries (Rehm et al. 2009). American men are much more likely than women to use alcohol (56.5 percent vs. 47.9 percent, respectively), to binge drink (30.4 percent vs. 16 percent, respectively), and to report heavy drinking (9.9 percent vs. 3.4 percent, respectively) (Substance Abuse and Mental Health Services Administration [SAMSHA] 2013). (Binge drinking is defined here as the number of instances in the past 12 months that women drank 4 or more drinks and men drank 5 or more drinks within a 2-hour period.) Among racial and ethnic groups, Whites report the highest overall alcohol use among persons age 12 and over (57.4 percent). American Indian/Alaska Natives report the highest levels of binge drinking (30.2 percent), followed by Whites (23.9 percent), Hispanic/Latinos

than women, and women in more developed countries drink more than women in developing countries (Rehm et al. 2009). American men are much more likely than women to use alcohol (56.5 percent vs. 47.9 percent, respectively), to binge drink (30.4 percent vs. 16 percent, respectively), and to report heavy drinking (9.9 percent vs. 3.4 percent, respectively) (Substance Abuse and Mental Health Services Administration [SAMSHA] 2013). (Binge drinking is defined here as the number of instances in the past 12 months that women drank 4 or more drinks and men drank 5 or more drinks within a 2-hour period.) Among racial and ethnic groups, Whites report the highest overall alcohol use among persons age 12 and over (57.4 percent). American Indian/Alaska Natives report the highest levels of binge drinking (30.2 percent), followed by Whites (23.9 percent), Hispanic/Latinos

Social and Cultural Contexts of Alcohol Use | 35

## “Like sugar for adults”

### THE EFFECT OF NON-DEPENDENT PARENTAL DRINKING ON CHILDREN & FAMILIES

October 2017



  
Alcohol Focus  
SCOTLAND

IAS  
Institute of  
Alcohol Studies

alcohol  
& families  
alliance

Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. Social and Cultural Contexts of Alcohol Use.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872611/pdf/arcr-38-1-35.pdf>

Like Sugar for Adults, <https://www.ias.org.uk/uploads/pdf/IAS%20reports/rp28102017.pdf>

# Apply Lessons Learned

- Understand oppositional research
- Include untraditional partners (vendors)
- Mobilize community support and build their capacity for action
- Be strategic and focus on the long-term goal





# Resources

## Alcohol and Cannabis Policy

SCHOOL OF MEDICINE

### Department of Public Health Sciences

Tutorial: Alcohol Policy and Adolescent Drinking: Using Science in the Public Interest



This training is based on a workshop conducted at the 17th Alcohol Policy Conference on April 6, 2016 in Arlington, VA. This workshop provided training for alcohol policy advocates interested in translating scientific evidence into effective alcohol policies that are focused on underage drinking at the local and national levels. The workshop material is based on a policy advocate's User's Manual which demonstrates how to implement the most effective policies identified in the book, Alcohol: No Ordinary Commodity (Babor et al., 2010). The publication of the User's Manual is coming.

#### Presentations/Slides

1. [Why be an Alcohol Policy Advocate?](#) ☞ Katherine Brown, MSc, Institute of Alcohol Studies in London (18 minutes) [Slides](#) [.pptx](#)
2. [Introduction to Effective Alcohol Policy](#) ☞ Thomas F. Babor, Ph.D., MPH, Department of Community Medicine and Health Care, UConn Health (42 minutes) [Slides](#) [.pptx](#)
3. [Key Elements of an Advocacy Campaign](#) ☞ David Jernigan, PhD, Johns Hopkins Bloomberg School of Public Health and Michael Sparks, MA, Sparks Initiatives (1 hour 6 minutes) [Slides](#) [.pptx](#)
4. [Post Policy Adoption: Key Elements for Implementation](#) ☞ Michael Sparks, MA, Sparks Initiatives (18 minutes) [Slides](#) [.pptx](#)

<https://health.uconn.edu/public-health-sciences/>



<https://gettingitrightfromthestart.org/#>

# Tracking Change

---

- Interactive dashboards
- State re-opening plans
- Government sites
- Industry trade associations
- Public policy organizations
- Health organizations
- Legal organizations



# Resources

## Track Changes in Alcohol and Cannabis Policy



The screenshot shows the NABCA (National Alcohol Beverage Control Association) website. The header includes the NABCA logo and navigation links: Meetings, Membership, Control Systems, Resources, Analytics & Statistical Data, Media Resources, and Cor. The main content area features a large blue graphic of coronavirus particles with a red banner that reads "COVID-19 RESOURCES". Below this, there are links for Government, Industry Trade Associations, Public Policy and Public Health, Interactive Dashboards, and Trade Practice Guides. A section titled "COVID-19 and Alcohol Beverage Regulation" contains text stating that NABCA is working to provide timely updates to its members and partners regarding the novel coronavirus (COVID-19). It also includes a disclaimer: "NABCA has worked diligently to ensure the accuracy and reliability of the information provided on this website. However, this information is intended for informational purposes only. This information should not be considered legal advice—and no relationship should be formed based on this information. NABCA recommends contacting the relevant state authorities or retaining private counsel."

<https://www.nabca.org/covid-19-resources>



The screenshot shows the APIS (Alcohol Policy Information System) website. The header includes the text "A project of the National Institute on Alcohol Abuse and Alcoholism" and the APIS logo. Navigation links include Alcohol Policy Information System, Policy Topics, Policy Changes at a Glance, and Resources. A red banner at the top reads "COVID-19 is an emerging, rapidly evolving situation." Below this, there are links for the latest public health information from CDC (<https://www.coronavirus.gov>) and the latest research information from NIH (<https://www.nih.gov/coronavirus>). A yellow banner below contains an information icon and the text "APIS COVID-19 coverage: Alcohol-related policies adopted in response to the C". The main content area features the word "RESOURCE" in red, followed by "COVID-19" in large black text.

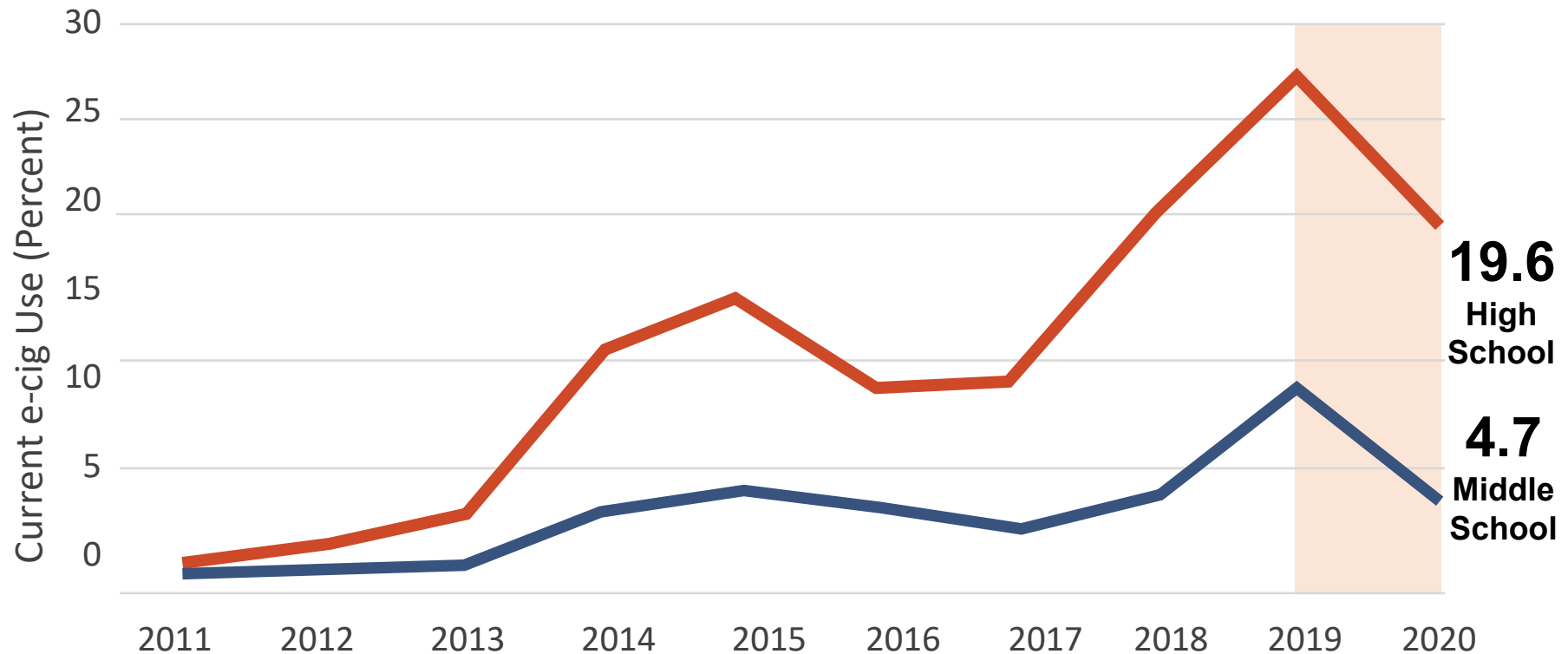
<https://alcoholpolicy.niaaa.nih.gov/resource/covid-19/98>



# Questions?

# Sharp decline in youth e-cigarette use

## 1.8 Million fewer users since last year



Youth Tobacco Use: Results from the National Youth Tobacco Survey, [Youth Tobacco Use: Results from the National Youth Tobacco Survey | FDA](https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey#2), <https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey#2>

# Decline: reasons given

JAMA  
Network | **Open**



Original Investigation | Public Health

## Underage Youth and Young Adult e-Cigarette Use and Access Before and During the Coronavirus Disease 2019 Pandemic

Shivani Mathur Gaiha, PhD; Lauren Kass Lempert, JD, MPH; Bonnie Halpern-Felsher, PhD

### Abstract

**IMPORTANCE** Understanding patterns of e-cigarette use and access during the coronavirus disease 2019 (COVID-19) pandemic is important because e-cigarettes may put users at risk for more severe respiratory effects and other health problems.

**OBJECTIVE** To examine whether underage youth and young adults who ever used e-cigarettes self-reported changes in access and use of e-cigarettes since the COVID-19 pandemic began.

**DESIGN, SETTING, AND PARTICIPANTS** A national, cross-sectional online survey study was conducted from May 6 to May 14, 2020. This sample of 4351 participants aged 13 to 24 years across the US included 2167 e-cigarette ever-users. Quota sampling was used to balance for age, sex, race/ethnicity, and 50% having ever used e-cigarettes.

**MAIN OUTCOMES AND MEASURES** Change in e-cigarette use (increase, decrease, quit, no change, and switch to another product) and access to e-cigarettes (easier or harder, and change in point-of-purchase) before and after the COVID-19 pandemic began, reasons for change, number of times e-cigarettes were used, nicotine dependence, and sociodemographic data.

**RESULTS** This study focused on 2167 e-cigarette ever-users among 4351 participants who completed the survey. Among 2167 e-cigarette users, a total of 1442 were younger than 21 years and 725 were aged 21 years or older; 1397 were female (64.5%) and 438 identified as lesbian, gay, bisexual, transgender, queer (20.2%). The survey completion rate was 40%. Since the COVID-19 pandemic began, 1198 of 2125 e-cigarette users (56.4%) changed their use: 388 individuals (32.4%) quit, 422 individuals (35.3%) reduced the amount of nicotine, 211 individuals (17.6%) increased nicotine use, 94 individuals (7.8%) increased cannabis use, and 82 individuals (6.9%) switched to other products. Participants reported that not being able to go to vape shops and product unavailability were the reasons accessing e-cigarettes was difficult after the pandemic began. Since the COVID-19 pandemic began, individuals reported purchasing from alternative retail stores (disposables, 150 of 622 [23.7%]) and brand, 144 of 207 [69.1%]) and other cigarette, 125 of 550

### Key Points

**Question** Did underage youth and young adults (13-24 years) self-report changes in use and access to e-cigarettes during the coronavirus disease 2019 pandemic?

**Findings** In this national, online, cross-sectional survey study of 2167 youth and young adults using e-cigarettes, 1198 respondents reported changing their amount of e-cigarette use, with 810 reducing or quitting e-cigarette use; e-cigarette access shifted to alternative retail stores and online. Reduced e-cigarette use or quitting was associated with adhering to shelter-in-place guidelines and was less likely if participants had used e-cigarettes more than 10 times or were nicotine dependent.

**Meaning** Individuals younger than 21 years reported e-cigarette use and accessed e-cigarettes from online and retail stores during the coronavirus disease 2019 pandemic, suggesting a need to strengthen prevention of e-cigarette sales to such youth, including age verification, and provide

At h  
PARI  
Would



Source: G  
use and

ken



ette  
en.  
30

# Use During COVID: easier & harder

Characteristics	g Adults
Reasons Why i	
I can not go to	28
Longer shipping	27
I can not go to	16
My product is r	15
Its more expen	10
Restriction on	6
Reasons why i	
Vape shop dea	52
Vape shop dea	29
I switched to b	30
It is cheaper th	16
I use my paren	8
Source: Miech, (2021). Trends in	ton-Trimis, J. ) 2020. JAMA



## How are adolescents getting their vaping products? Findings from the international tobacco control (ITC) youth tobacco and vaping survey

David Braak<sup>a</sup>, K. Michael Cummings<sup>b,\*</sup>, Georges J. Nahhas<sup>c</sup>, Jessica L. Reid<sup>d</sup>, David Hammond<sup>d</sup>

<sup>a</sup> Medical University of South Carolina, Charleston, SC, United States  
<sup>b</sup> Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC, United States  
<sup>c</sup> Department of Psychiatry and Behavioral Sciences, Hollings Cancer Center, Medical University of South Carolina, Charleston, SC, United States  
<sup>d</sup> School of Public Health & Health Systems, University of Waterloo, Waterloo, ON, Canada

### HIGHLIGHTS

- We report sources of vaping products reported from a 2017 web-based survey of 12,128 adolescents.
- 7.5% of adolescents had purchased a vaping product in the past year.
- Vape shops were the most commonly reported location for buying a vaping product.
- Purchasing was more common by those who vape more frequently and by those of legal age.
- A regulatory balance is needed to restrict access to nonsmokers while allowing access to smokers.

### ARTICLE INFO

**Keywords:**  
 Vaping-products  
 Youth  
 Purchase  
 Policy

### ABSTRACT

**Objective:** To examine the sources of vaping products reported by adolescents, and the characteristics of adolescents who reported purchasing a vaping product in the past year in the United States (US), Canada (CA), and England (EN).  
**Methods:** Data were from the 2017 ITC Youth Tobacco and Vaping Survey, a web-based survey of 12,128 respondents aged 16–19 years recruited from commercial panels in the US, CA, and EN. Respondents who have vaped in the past 12 months were asked whether they had purchased a vaping product, and from where (vape shop, online, retail), as well as whether anyone refused to sell them a vaping product because of their age. Respondents who reported vaping in the past 30 days were asked where they had obtained their vaping product from a social and/or commercial source.  
**Results:** Only about 7.5% of respondents reported having purchased a vaping product in the past year. Among

# Decline: Reasons Given

At home  
**PARENTS**  
Would know



Can't get  
**PRODUCTS**



E-cigs weaken  
**LUNGS**



**Poll:** Which of These Reasons for Decline Have  
Implications for Prevention



# Who Continued: Frequent Users



Youth with more frequent e-cigarette use and higher nicotine dependence were more likely to continue vaping during the COVID-19 pandemic.



This suggests that we continue developing and implementing strategies for addressing youth vaping addiction, including programs using novel approaches, such as social media, virtual reality, and text message programs.

JAMA Internal Medicine | Original Investigation

# Effectiveness of a Vaping Cessation Text Message Program Among Young Adult e-Cigarette Users: A Randomized Clinical Trial

Amanda L. Graham, PhD; Michael S. Amato, PhD; Sarah Cha, MSPH; Megan A. Jacobs, MPH; Mia M. Bottcher; George D. Papandonatos, PhD

**IMPORTANCE** e-Cigarettes are the most commonly used tobacco product among young adults (YAs). Despite the harms of nicotine exposure among YAs, there are few, if any, empirically tested vaping cessation interventions available.

**OBJECTIVE** To determine the effectiveness of a text message program for vaping cessation among YAs vs assessment-only control.

**DESIGN, SETTING, AND PARTICIPANTS** A parallel, 2-group, double-blind, individually randomized clinical trial was conducted from December 2019 to November 2020 among YA e-cigarette users. Eligible individuals were US residents aged 18 to 24 years who owned a mobile phone with an active text message plan, reported past 30-day e-cigarette use, and were interested in quitting in the next 30 days. Participants were recruited via social media ads, the intervention was delivered via text message, and assessments were completed via website or mobile phone. Follow-up was conducted at 1 and 7 months postrandomization; follow-up data collection began January 2020 and ended in November 2020. The study was prespecified in the trial protocol.

**INTERVENTIONS** All participants received monthly assessments via text message about e-cigarette use. The assessment-only control arm (n = 1284) received no additional intervention. The active intervention arm (n = 1304) also received This is Quitting, a fully automated text message program for vaping cessation that delivers social support and cognitive and behavioral coping skills training.

**MAIN OUTCOMES AND MEASURES** The primary outcome was self-reported 30-day point prevalence abstinence (ppa) at 7 months analyzed under intention-to-treat analysis, which counted nonresponders as vaping. Secondary outcomes were 7-day ppa under intention-to-treat analysis and retention weighted complete case analysis of 30-day and 7-day ppa.

**RESULTS** Of the 2588 YA e-cigarette users included in the trial, the mean (SD) age was 20.4 (1.7) years, 1253 (48.4%) were male, 2159 (83.4%) were White, 275 (10.6%) were Hispanic, and 493 (19.0%) were a sexual minority. Most participants (n = 2129; 82.3%) vaped within 30 minutes of waking. The 7-month follow-up rate was 76.0% (n = 1967), with no differential attrition. Abstinence rates were 24.1% (95% CI, 21.8%-26.5%) among intervention participants and 18.6% (95% CI, 16.7%-20.8%) among control participants (odds ratio, 1.39; 95% CI, 1.15-1.68; P < .001). No baseline variables moderated the treatment-outcome relationship, including nicotine dependence.

**CONCLUSIONS AND RELEVANCE** Results of this randomized clinical trial demonstrated that a tailored and interactive text message intervention was effective in promoting vaping cessation among YAs. These results establish a benchmark of intervention effectiveness.

- + Visual Abstract
- + Invited Commentary
- + Supplemental content

**Author Affiliations:** Innovations Center, Truth Initiative, Washington, DC (Graham, Amato, Cha, Jacobs, Bottcher); Department of Medicine, Mayo Clinic College of Medicine and Science, Rochester, Minnesota (Graham, Amato); Department of Oncology, Georgetown University

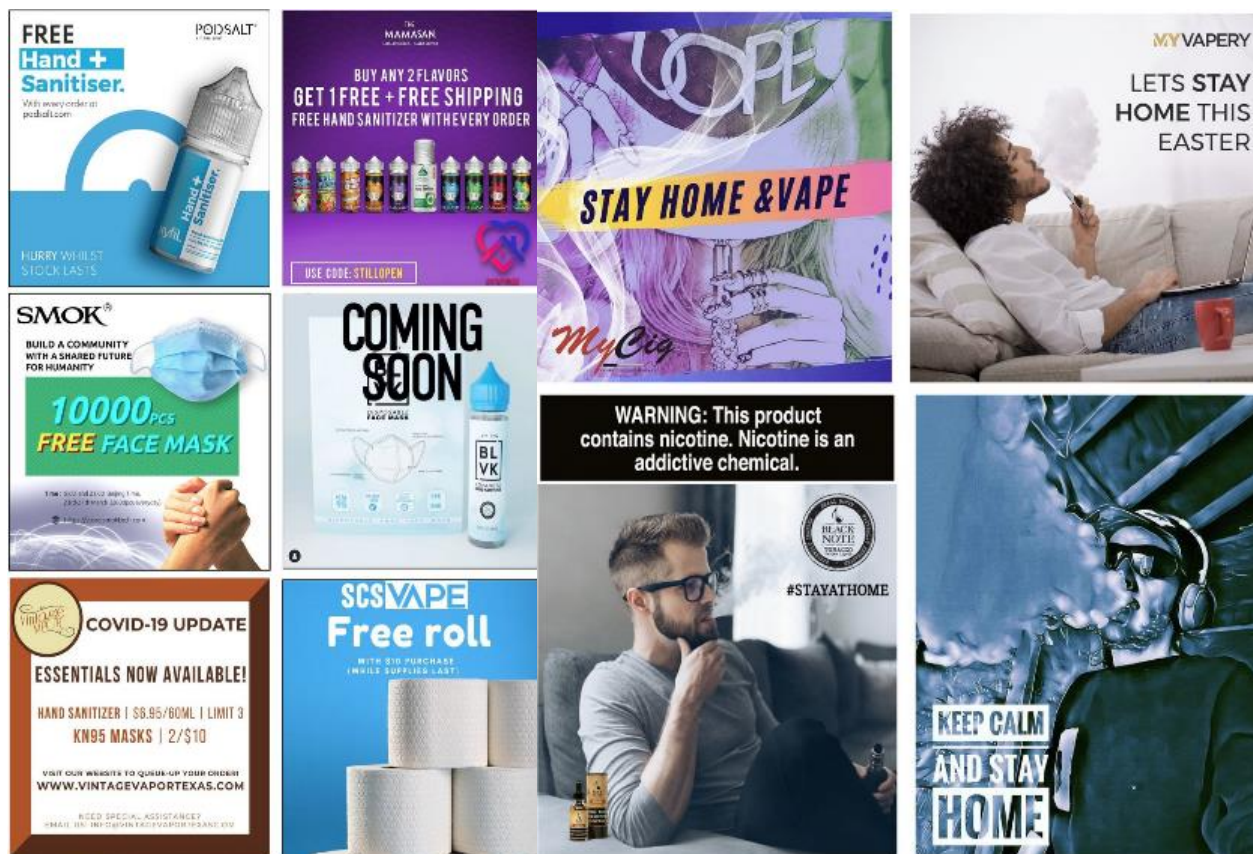
tte  
ce  
g

ping  
ig

# VAPING MARKETING DURING COVID-19

Examples of essential pandemic supplies (eg, hand sanitisers, masks and toilet paper) offered by e-cigarette companies as a bonus to spur sales.

A number of e-cigarette advertisements came with COVID-19 quarantine themes.



Divya Ramamurthi et al. Tob Control  
doi:10.1136/tobaccocontrol-2020-055855

Divya Ramamurthi et al. Tob Control  
doi:10.1136/tobaccocontrol-2020-055855

# Tracking State by State Policy

**PUBLIC HEALTH LAW CENTER**  
at Mitchell Hamline School of Law

Health through the power of law and policy

Commercial Tobacco Control | Healthy Eating | Active Living | Preemption | About Us | Webinars

## U.S. E-CIGARETTE REGULATIONS - 50 STATE REVIEW (2021)

This snapshot of U.S. e-cigarette regulations was prepared by the Public Health Law Center. The information is based on a survey of current state statutes pertaining to e-cigarette regulations in the 50 states, Washington, D.C., and the U.S. territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands in the following areas: definition of "tobacco product," taxation, product packaging, youth access/other retail restrictions, licensure, and smoke-free air legislation. Some laws have been codified or are not otherwise available. Note that this is a summary of state laws; cities, counties, and Tribes may have adopted additional regulations.

Please click on a state or territory on the map below to see the regulations in place as of March 15, 2021. [Click here to download the full report.](#)

If you prefer to view our state and territorial summaries by topic, click on the documents below:

- [States with Laws that Define E-Cigarettes \(March 15, 2021\)](#)
- [States with Laws Taxing E-Cigarettes \(March 15, 2021\)](#)
- [States with Laws on Product Packaging of E-Cigarettes \(March 15, 2021\)](#)
- [States with Laws Restricting Youth Access to E-Cigarettes \(March 15, 2021\)](#)
- [States with Laws Requiring Licenses for Retail Sales of E-Cigarettes \(March 15, 2021\)](#)

**POLICY PLAYBOOK FOR E-CIGARETTES**

**PUBLIC HEALTH LAW CENTER**  
at Mitchell Hamline School of Law

VAPING PREVENTION RESOURCE

# Updated Facts and Infographics



## ACTION NEEDED: E-CIGARETTES

Following years of successful tobacco control efforts that achieved record low youth smoking, **e-cigarettes have driven total youth tobacco use to rates unseen in decades.** Current, or past 30-day, use of e-cigarettes among high school students increased from 11.7% to 27.5% between 2017 and 2019, driving overall tobacco use among high school students to 31.2%.<sup>12</sup> The most recent data from 2020 show that **high school students continue to use e-cigarettes at epidemic levels**, with 1 in 5 (19.6%) vaping in the past 30 days, and that the **intensity of use has increased** with 38.9% of current users reporting vaping on 20 or more days per month.<sup>13</sup>

**The Food and Drug Administration has taken only tentative steps to remove some youth-appealing products and flavors.** In the absence of comprehensive federal regulation, many flavored e-cigarettes remain on the market and sales data indicate that young people simply switch to products that are still available. Meanwhile, evidence is mounting that links e-cigarette use among young people with subsequent cigarette use. A 2020 Truth Initiative study shows that **young Americans who had ever used e-cigarettes had seven times higher odds of becoming smokers one year later compared with those who had never vaped.**<sup>14</sup>

Despite the tobacco industry's insistence to regulators that e-cigarettes are intended for and marketed to adult smokers, the data show that youth and young adults continue to vape at the highest rates. While youth use of e-cigarettes reached 26.8% in 2018, the National Health Interview Survey found in the same year that only 3.2% of adults use e-cigarettes — much of that driven by young adults, who use at 7.6%.<sup>14</sup> A recent Truth Initiative study also found that **very few adult smokers are using e-cigarettes to try to quit.** Among adult smokers who tried to quit in the last year, just 1.1% used JUUL



**Young Americans who had ever used e-cigarettes had seven times higher odds of becoming smokers one year later compared with those who had never vaped.**

alone and only 5.6% used other e-cigarettes alone.<sup>15</sup> The study found that among former smokers who had quit in the past four years, just 2.2% reported using only JUUL and 6.9% used other e-cigarettes.<sup>15</sup> While some adults have used e-cigarettes to switch completely from combustible cigarettes, the **FDA has not approved any e-cigarette as a cessation intervention, and nearly half of adults who use e-cigarettes also use cigarettes.** This “dual use” provides no reduction in the harms associated with smoking.

In an era when brand names of e-cigarettes have become verbs (e.g. “JUULing”), much work remains for federal, state and local governments to establish comprehensive policies to protect youth from highly addictive nicotine-containing products like e-cigarettes. Immediate action is needed, including **removing all non-tobacco flavors from the market, ensuring a thorough and transparent FDA review of all products, and placing restrictions on e-cigarette marketing,** among other regulatory measures that will help protect youth from a lifetime of nicotine addiction.



## IQOS IN THE U.S. EXAMINING THE LAUNCH OF THE COUNTRY'S NEWEST ELECTRONIC TOBACCO PRODUCT

