



## Question & Answer:

### Vaping: Evidence-based Prevention Efforts to Address Vaping Among Youth

Presenter: Chuck Klevgaard  
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#### **Questions not addressed in the Q and A**

**Q: Are we seeing the impact of vaping the traditional cigarettes more in some communities than others in terms of socio-economic and gender and race? \*like traditional cigarettes?**

A. Vaping does have a disproportional impact on marginalized populations. In a recent interview with Dean Perry N. Halkitis and Assistant Professor Pamela Valera, of Rutgers School of Public health, These experts make the case that; “Public health and local campaigns need to address underlying smoking stressors, social isolation and inequalities among sexual and gender minority groups, people living with HIV, and those with criminal justice histories that drive these behaviors and tailor smoking cessation messages to marginalized population.” Read the entire interview at <https://www.newswise.com/articles/rutgers-experts-explore-impact-of-e-cigarettes-vaping-on-marginalized-populations>. Read the CDC flyer on eliminating disparities [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/disparities-fact-sheet.pdf](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/disparities-fact-sheet.pdf)

**Q: Where can we find information concerning the advertising bans.**

A: You can find sample restrictions on the FDA Advertising and promotion Site <https://www.fda.gov/tobacco-products/products-guidance-regulations/advertising-and-promotion>. The Tobacco Control Legal Consortium Publishes an issue Brief on the Topic of Advertising <https://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-restricttobadvert-2011.pdf>

**Q: They may not be vaping e-cigs but isn't it being replaced with dabbing and marijuana?**

A: Great question, we know from a variety of surveys that many people are vaping and dabbing. The dapping high is so much more intense, so many will use it at different times when they want that experience vs the milder high



from vaping. So, you are correct to assume that people will substitute one drug for another or one delivery system for another when access becomes difficult. What is also true is that we can be more successful with more people if we implement comprehensive prevention approaches impacting access, price, cessation, and communication, creating synergy rather than focusing on any strategy in isolation. CDC has guidance on Comprehensive approaches [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/overall-fact-sheet.pdf](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/overall-fact-sheet.pdf)

**Q: Healthcare was the most cited segment to expand prevention work with.**

A: Citation: O'Connor S, Pelletier H, Bayoumy D, Schwartz R. Interventions to Prevent Harms from Vaping. Special Report. Toronto ON: Ontario Tobacco Research Unit; May 2019.

Tobacco, Vape & Cannabis: Information & Training for Health Professionals  
The Tobacco, Vaping and Cannabis Program (TVCP) works to improve the health and well-being of Albertans by preventing the use of commercial tobacco and vaping products, reducing the harms of cannabis, and helping those who use these products stop when they are ready. Resources, training and tools are available to support health professionals in their practice. <https://www.albertahealthservices.ca/info/Page17227.aspx>