

Addressing Racial and Ethnic Disparities in Youth Vaping

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Central East (HHS Region 3)

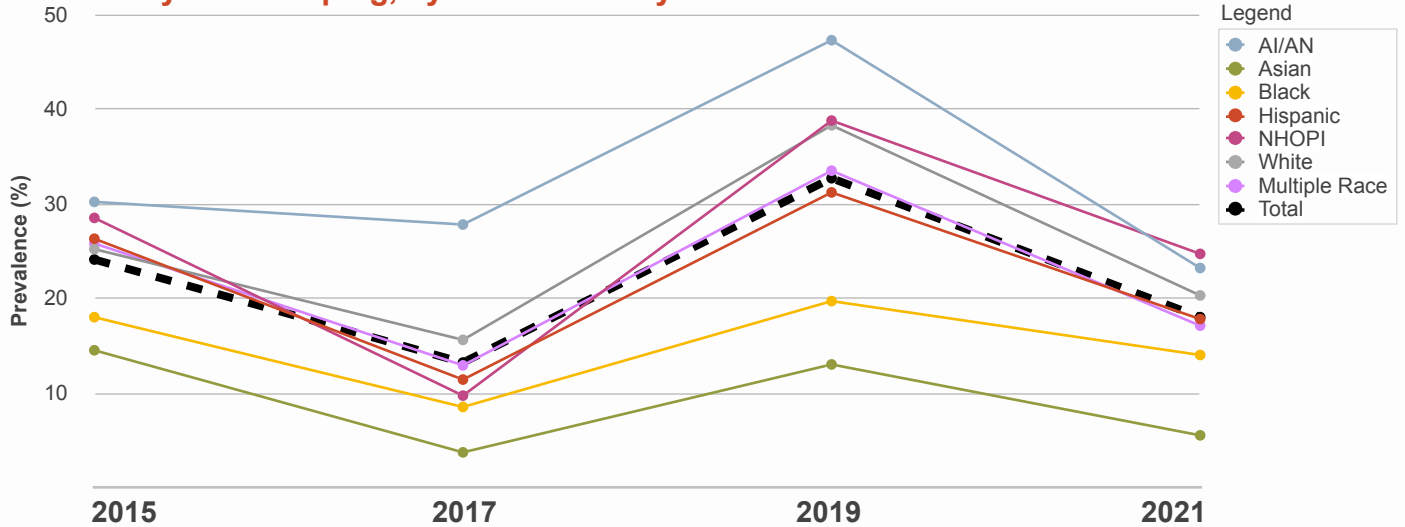
PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

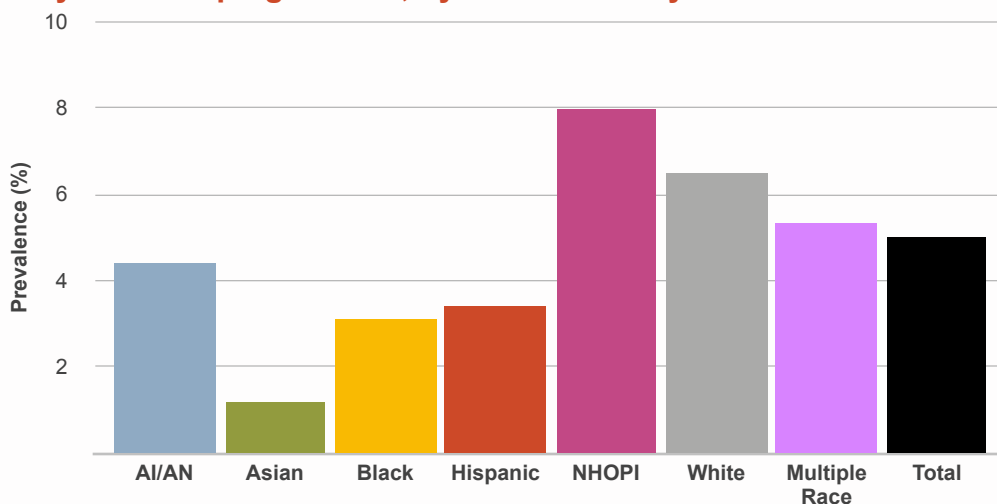
Youth vaping is a significant public health concern with disproportionate impacts across different populations. These disparities extend across nicotine, cannabis, and “flavoring” vapes.¹ They likely stem from inequities in vaping risk factors and the social determinants of health. Prevention professionals should identify the populations in their communities most impacted by vaping. They should then develop tailored prevention services following the principles of cultural humility. Nationally, American Indian/Alaska Native (AI/AN), Native Hawaiian and Pacific Islander (NHOP), and multiracial youth have some of the highest rates of current and daily vaping.^{2,3}

DISPARITIES IN YOUTH VAPING RATES ⁴

Past 30-Day Youth Vaping, by Race/Ethnicity



Daily Youth Vaping in 2021, by Race/Ethnicity



Vaping presents health risks from both the substances vaped and the devices used for vaping.⁵ For more information on the risks and causes of vaping, check out the Central East ATTC’s [The Scope and Risks of Vaping: Why More Action is Needed](#) factsheet.



ADDRESSING VAPING AND VAPING DISPARITIES

Prevention Messaging

Universal vaping prevention strategies have the widest reach across youth populations. These strategies should follow the principles of strategic planning and cultural humility to ensure they are relevant to community needs and resonate with community values.

For more information, check out

1. **SAMHSA** Reducing Vaping Among Youth and Young Adults
Resource Guide
2. **CDC** Cessation in Tobacco Prevention and Control
User Guide

Cultural Humility

Using a cultural humility lens to develop prevention messaging is key to addressing racial and ethnic disparities in vaping. Cultural humility is a lifelong process of self-reflection about culture and a commitment to addressing inequities through collaborative partnerships with communities.⁶ For example, simply translating existing prevention materials may reduce their effectiveness. Adapting them with cultural humility may enhance it.⁷ Two examples of promising, culturally responsive vaping prevention programs are:

PROJECT STOP THE USE OF NICOTINE (PROJECT SUN)⁸

A cultural adaptation of an evidence-based smoking cessation program for AI/AN youth. Community members reviewed the existing curriculum and made modifications that would resonate with AI/AN culture, such as incorporating talking circles, traditional songs, and blessings from elders.

HO'OUNA PONO DRUG PREVENTION CURRICULUM⁹

A classroom-based substance misuse prevention program for NHOPI adolescents in rural Hawaii. The program was developed using participatory research principles, examining the cultural context of substance use among NHOPI youth. Most notably, it uses a "culture wall" activity, applying Hawaiian cultural concepts to lessons in the curriculum.

NOTES

1. CDC. (n.d.). E-cigarette, or vaping, products visual directory. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf
2. Given data collection changes during the COVID-19 pandemic, 2021 results should be interpreted with caution.
3. Multiple surveys collect data on youth vaping, including Monitoring the Future, the National Survey on Drug Use and Health, and the National Youth Tobacco Survey. Each survey uses its own methodology. For consistency, only findings from the Youth Risk Behavior Survey are reported here.
4. CDC. (2023). YRBSS Results. <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>
5. CDC. (2022). Quick facts on the risks of e-cigarettes for kids, teens, and young adults. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
6. Tervalon, M. & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125. <https://doi.org/10.1353/hpu.2010.0233>
7. Cartujano-Barrera, F. et al. (2021). Developing graphic messages for vaping prevention among Black and Latino adolescents: Participatory research approach. *Journal of Participatory Medicine*, 13(3), e29945. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8663594/>
8. Ramos, G. et al. (2022). Project SUN: Pilot study of a culturally adapted smoking cessation curriculum for American Indian youth. *Journal of Drug Education*, 51(1-2), 10-31. <https://doi.org/10.1177/00472379221111542>
9. Okamoto, S. et al. (2019). An efficacy trial of the Ho'ouna Pono Drug Prevention Curriculum: An evaluation of a culturally grounded substance abuse prevention program in rural Hawai'i. *Asian American Journal of Psychology*, 10(3), 239-249. <https://doi.org/10.1037/aap0000164>

