May 26, 2021

Dear Colleague,

The popularity of e-cigarettes among youth is alarming. Although the rate of cigarette smoking has declined to 3.3% among New York City (NYC) public high school students over the last 2 decades, the use of e-cigarettes is now at 15.2%.¹ Use of other tobacco products such as cigars/cigarillos (6.3%)¹ and alternative products such as cannabis (17.7%)¹ or hookah (5.6%; 2018 Youth Tobacco Survey, unpublished data) is also more common than cigarette smoking.

In light of the COVID-19 pandemic, it is especially important to consider the use of these products as a critical respiratory exposure for youth, along with the transmission risk associated with sharing products and using them socially. You play a critical role in preventing and treating tobacco, e-cigarette, and other alternative product use among your patients and their family members. Find key clinical tools and patient education materials to support you in the Youth Tobacco and E-Cigarette Prevention Action Kit.

Health Effects

Although youth are usually aware of the harms of smoking, they often have misconceptions about the harms of using e-cigarettes (ie, vaping), other tobacco products (eg, cigars, cigarillos, smokeless), or alternative products such as cannabis or hookah. Data about the health harms of these products continues to evolve; we first learned about e-cigarette, or vaping, product use-associated lung injury (EVALI) with an outbreak in 2019. The tobacco industry continues to develop new products that are appealing to youth (such as IQOS, a heated tobacco product).

Learn more about all of these products by reviewing our Tobacco, E-Cigarettes and Alternative Products: Product Guide, which includes background information, terminology, and information about short- and long-term exposures and health risks.

Recommendations

The NYC Health Department has 4 key recommendations for preventing and treating tobacco, e-cigarette, and other alternative product use among youth. Detailed guidance can be found in Tobacco, E-Cigarettes and Alternative Products: Anticipatory Guidance, Screening and Treatment.

1. At all ages, screen patients for exposure to tobacco smoke and vaping aerosol. Educate parents and guardians on the importance of protecting children’s health and how children can resist peer pressure.

   • Screen for exposure to secondhand smoke and vaping aerosol.
   • Develop a treatment plan for family members that includes counseling, pharmacotherapy, and follow-up.
         ☰ Refer to Help Your Patients Quit Smoking: A Coaching Guide and the Smoking Cessation Medication Prescribing Chart.
   • Encourage a smoke- and vape-free home and share smoke-free housing resources.
         ☰ Use the Smoke-Free Housing Letter to Landlords/Management Companies template to send a letter to the patient’s building management or landlord recommending adoption of a smoke-free policy.
   • Encourage parents to talk to their children.
         ☰ See How to Talk With Your Children About Tobacco and E-Cigarettes: A Coaching Guide.
2. Starting at age 5, provide education and counseling at every visit to prevent initiation of tobacco, e-cigarette, and other alternative product use.

- For specific, age-appropriate talking points across different products, review the Tobacco, E-Cigarettes and Alternative Products: Anticipatory Guidance, Screening and Treatment.
- Share resources for patients such as the #DontGetHookedNYC Comic Book (for middle-school students) and the Teens and Vaping: What are the Risks? fact sheet.

3. Beginning at age 10, screen for tobacco, e-cigarette, and other alternative product use. To encourage disclosure, ask parents and guardians to leave the exam room when age appropriate.

- Consider opening the conversation by asking if a patient’s friends or peers use tobacco or cannabis products; then, ask about their own frequency of use.
- When asking about product use, refer to broad categories, as well as specific examples (eg, Have you ever tried vaping with a vape pen, Juul, or other device?; What about vaping cannabis or THC cartridges?).
- Reiterate health risks (see Recommendation 2), advise against use, and give positive reinforcement when appropriate.

4. Develop a treatment plan for children and their families that includes counseling, pharmacotherapy (as needed), and follow-up.

- Assess for nicotine or product dependence.
- Use coaching strategies from the Help Your Patients Quit Smoking: A Coaching Guide (see section C on triggers and section D on withdrawal symptoms).
- Share resources:
  - Individuals who are using tobacco or e-cigarettes can call 311 or 866-NY-QUITS or visit nysmokefree.com for support and guidance on quitting. Adults may also qualify for a free starter kit of nicotine medications.
  - Youth and young adults using e-cigarettes can participate in This Is Quitting, a Truth Initiative texting-based e-cigarette quit program, by texting “DROTHEVAPE” to 88709.
- For moderate to severe symptoms of nicotine dependence, consider nicotine replacement therapy (NRT) on a case-by-case basis. Review the Smoking Cessation Medication Prescribing Chart for more details about different types of NRT.
- Follow up frequently, because relapse and non-adherence to medication is common.

With your help, we can ensure that young New Yorkers understand the risks of tobacco, e-cigarette, and alternative product use, and we can prevent initiation. We encourage you to review the Youth Tobacco and E-Cigarette Prevention Action Kit for a complete listing of related resources, including the Billing Guide for Tobacco and E-Cigarettes Screening and Counseling for New York State.

Thank you for your efforts to improve the health of NYC’s children.

Sincerely,

Michelle Morse, MD, MPH
Chief Medical Officer
Deputy Commissioner, Center for Health Equity and Community Wellness
NYC Department of Health and Mental Hygiene

Reference