INTRODUCTION

The South Carolina Tobacco Education Program (SC TEP) is offered as an alternative to students who face suspension for violation of a school tobacco-use policy or who break the law. (It is unlawful for a minor under the age of 18 to purchase, possess, or attempt to possess tobacco products and/or to present false proof of age in order to purchase a tobacco product.) SC TEP was developed by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) and prevention professionals from throughout the state.

The SC TEP curriculum has three objectives:

1) To educate youth on the dangers of tobacco use, alternative nicotine products, and/or electronic nicotine delivery system use
2) To address possible motivations for considering quitting using any nicotine-containing products
3) To introduce participants to cessation resources

The program consists of five sections that address and educate youth about tobacco use, effects of tobacco use, addiction, healthy alternatives to smoking, and resources to quit using tobacco products. The program utilizes several units (e.g., Two Truths and a Myth, A Little History to Set the Stage, E-Cigarette and Vape Pens 101, What’s in E-Cigarettes and Vape Pens, Pod-Based Systems, Unit-1-Brain-101, etc.) from the online Stanford Tobacco Prevention Toolkit, which is an evidence and theory-based educational curriculum developed for middle and high school students. The Stanford Tobacco Prevention Toolkit includes lessons, PowerPoints, worksheets, and activities which cover an array of topics from a history of tobacco products to the emerging public health threat of young electronic cigarettes users.

For students who choose to participate in SC TEP, attendance of each section is mandatory. Prior to implementing the program, facilitators and administrators should determine the consequences for unexcused absences and tardiness.

Schools may wish to track the number of teens who attend SC TEP and any corresponding reduction in tobacco-related suspension rates.

For additional information about SC TEP, please contact:

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PROMOTION: THE TARGET GROUP

The following information covers promotion of SC TEP. Keep in mind that SC TEP is primarily an educational program. It is designed to assist students who have violated laws regarding possession or use of tobacco products. Referrals come from a variety of sources:

- **School Resource Officers** are an excellent source of referral. Schools can choose to refer students with school violations and/or civil fines for possession or use of tobacco on or around school property.

- **Community Organizations** that work with at-risk youth such (e.g., Department of Juvenile Justice, Alternative Youth Programs) can be excellent referral sources.

- **Law Enforcement Officers** often are unaware of the law. Promotion of SC TEP and education on tobacco laws can be time well spent with law enforcement officers. You may wish to begin with officers assigned to the Alcohol Enforcement Teams within your area. These officers are trained on ticketing those with possession or use of alcohol and are in an excellent position to address underage use/possession of tobacco.

- **Magistrate Courts**, in most cases, will be the primary source of referrals, so educated and informed magistrates are essential.

HOW TO PROMOTE SC TEP

There are generally **two steps** to promoting any program or service. The **first step** is to determine where you can best reach your target population. The **second step** is to determine how to get the target population to attend the service. Initially, your goal is to have law enforcement officers, school personnel and community organizations call you for more information. This can be accomplished by developing a brochure that explains SC TEP. *(See sample brochure in the Appendix.)* Remember to utilize all avenues to promote the program. Some examples include: health fairs, school presentations, community collaboration meetings, and teacher training events. Other options for promoting the program are: contacting youth service organizations, scheduling appointments with local magistrates, sending letters to community members, and offering training for law enforcement officers and school resource officers. Keep in mind that the best method for promotion is always personal contact.

PHONE ENTHUSIASM

First impressions matter. Participation in SC TEP is most often mandated. Students and parents may feel that the program is a waste of time or an inconvenience. Be enthusiastic
about the program. This may be the first step toward helping a young person quit smoking. When talking about SC TEP, stay away from conversation about mandates. Keep the focus positive. If you concentrate on what the program has to offer, students and parents may be more accepting of their need to complete the program.

ENROLLING PARTICIPANTS

Require that students call to enroll in the program in advance. It makes for better planning if you know who and how many you anticipate in attendance. If schools are referring participants, ask the school to require that the student or parent call your location to register in advance. If students are referred by a magistrate, the magistrate’s office should instruct them to call and register. Keep a registration form on hand for students who call. (See sample registration form in the Appendix.)

If you have the time, a reminder phone call to each participant can increase attendance. Participants who fail to attend the first section should be sent a brochure following that section and/or a few weeks before the next section. Remember that youth may be mandated to attend. You should make every effort to enroll those who are referred. Your promotion plan must include follow-up.

MAGISTRATE COURT INFORMATION

Materials are included in the Appendix that will assist you in promoting SC TEP to magistrates. These materials will assist you, not only with promotion, but with follow-up once students have completed the program.

The following materials are included:

- SC TEP Brochure
- Magistrate Fact Sheet on Underage Tobacco Use
- Sample Letter to Magistrates
- SC TEP Completion Form for Magistrates

SCHOOL INFORMATION

Materials are included in the Appendix that will assist you in promoting SC TEP to schools. These materials will assist you, not only with promotion, but with follow-up once students have completed the program.

The following materials are included:

- SC TEP Brochure
- School Fact Sheet on Underage Tobacco Use
- Sample Letter to Schools
- SC TEP Completion Form for Schools
CONFIDENTIALITY

The provider should have the client sign a “Consent for the Release of Confidential Information” form (see Appendix) and instruct the parent/guardian to sign the “Parental/Guardian Consent for Services” form (see Appendix) prior to offering the service. The first form is needed in order for communication to occur between the court and other entities. The provider’s policy should be followed with regard to storing confidential information. In many cases, the client will not have a treatment file on record. In this event, the provider’s Privacy Officer and/or Quality Assurance (QA) designee must set up a section in the lockable file cabinet that houses existing QA reports. These files must be maintained for the appropriate time before shredding.

IMPACT DOCUMENTATION

Documentation in IMPACT is required for SC TEP. The following bullets highlight the required documentation:

- The Tobacco Education Program is a single service program
- Service Code – STP03 or STP03P
- Number of Participants
- Demographics of Participants
- Program Date
- Program Length
- Indirect and Direct Service Time
- Service Populations:
  - High School Students
  - Middle School / Junior High Students
  - Youth/Minors
- Service Location
- Complete a brief description of the activity.
SECTION 1: WELCOME AND INTRODUCTIONS

WELCOME – 5 minutes (Slide 1-2)

Begin by introducing yourself. Tell the group why you are facilitating the SC TEP and elaborate on what TEP is.

GROUND RULES AND INTRODUCTIONS – 5 minutes (Slide 3-4)

- Ask participants to name other ground rules they feel will make their experience of the program more pleasurable. Write these on a flip chart and keep ground rules displayed during the program. EXAMPLES: “Participation is expected,” “No cell phones or iPods.”
- Explore the participants’ expectations and/or fears of the program. Acknowledge all negative feelings and do not attempt to negate the participants’ feelings or misconceptions about the program or smoking.
- Encourage the explanation of policies and procedures for each agency regarding on-premise smoking policies.

PRE-TEST (Slide 5)

It is recommended that you use a coding system for the purpose of matching your pre- and post-tests, and to ensure confidentiality of the client. It is also recommended that you review your agency’s policies and procedures regarding the testing of individuals.

The Tobacco Education Program Pre-Test can be found in the Appendix.

ACTIVITY 1 - Icebreaker (Slide 6)

The facilitator has four options for this activity. Pick the activity below that best fits the audience’s “style.”

Option A – “Pick a Quote”: Have a number of quotes scattered throughout the room. Ask the participants to choose the quote that they most relate to and take it back to their seats with them. During the introductions, have them explain why the quote stood out to them and how they relate to it.

SAMPLE QUOTES FOR “PICK A QUOTE” ACTIVITY

“It is not enough to do your best; you must know what to do, THEN do your best.”
- W. Edwards Deming

“There is only one success: to be able to spend your life in your own way, and not to give others absurd maddening claims upon it.” – Christopher Darlington Morley

“I have not failed. I’ve just found 10,000 ways that won’t work.” – Thomas A. Edison
“When all think alike, no one is thinking very much.” – Walter Lippmann

“If a million people say a foolish thing, it is still a foolish thing.”
  – Anatole France, Anatole Thibault

“If I look confused, it is because I am thinking.” – Samuel Goldwyn

“Faith is to believe what you do not see; the reward of this faith is to see what you believe.” – Saint Augustine

“Take Away Love and our Earth is a Tomb.” – Robert Browning

“Love takes up where knowledge leaves off.” – Saint Thomas Aquinas

“The beginning of knowledge is the discovery of something we do not understand.”
  – Frank Herbert

“The harder I work, the luckier I get.” – Samuel Goldwyn

“You don’t take a photograph, you make it!” – Ansel Adams

“Do the right thing. It will gratify some people and astonish the rest.” – Mark Twain

“Do just once what others say you can’t do, and you will never pay attention to their limitations again.” – James R. Cook

“The most difficult thing in the world is to know how to do a thing and to watch somebody else doing it wrong, without comment.” – T.H. White

“Be as smart as you can, but remember that is it always better to be wise than to be smart.” – Alan Alda

“Minds are like parachutes. They only function when they are open.” – Sir James Dewar

“It is horrifying that we have to fight our own government to save the environment.”
  – Ansel Adams

“You have to go through the falling down in order to learn to walk. It helps to know that you can survive it. That’s an education in itself.” – Carol Burnett

“I’m a dreamer. I have to dream and reach for the stars, and if I miss a star then I grab a handful of clouds.” – Mike Tyson

“A team will always appreciate a great individual if he’s willing to sacrifice for the group.” – Kareem Abdul-Jabbar
“You can’t win unless you learn how to lose.” – Kareem Abdul-Jabbar

“Be who you are and say what you feel, because those who mind don’t matter and those who matter don’t mind.” – Dr. Seuss

“Hate it or love it, the underdogs come out on top.” – 50 Cent

“The truth is you don’t know what is going to happen tomorrow. Life is a crazy ride, and nothing is guaranteed.” – Eminem

“A lie cannot live.” – Martin Luther King Jr.

“Life’s most persistent and urgent question is, ‘What are you doing for others?’”

– Martin Luther King Jr.

“You must be the change you want to see in the world.” – Mahatma Gandhi

“Whether you think that you can, or that you can’t, you are usually right.” – Henry Ford

**Option B – “Silent Lineup”:** Without talking, the entire group is to line up single file, placing themselves according to their birth date (month and day), using whatever resources are available in the room. All of their actions are to be done non-verbally. The facilitator can identify a starting line or can make the group consider that in their planning time. (Variations include having the group line up by height or the first letter of their last name or by the number(s) of their street address. Once the activity is completed, the facilitator can ask: 1) what resources were used to accomplish the task, focusing on any unique resources used; and 2) who became frustrated and why. (You may consider not allowing them to write anything down on paper or on the chalkboard.)

**Option C – “Name Boggle” or “Name Search”:** Using flipchart paper or the chalkboard, each person lists his/her name in large letters on the paper/board using a uniform left margin. The group – or small groups – then try to create as many words as possible from the combined letters within the names (being able to only use letters that are contiguous). Words should be three letters or more, and letters can be re-used. Allow from three to five minutes to complete the task. You can explore themes of the words created. Once the activity is completed, you can ask: 1) how the participants worked as a team; and 2) who took leadership. Discuss how the participants arrived as individuals attending TEP, but now are blended together in this situation as a group.

**Sample:**

<table>
<thead>
<tr>
<th>BILL</th>
<th>BLIND</th>
<th>SAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINDA</td>
<td>LAND</td>
<td></td>
</tr>
<tr>
<td>ANDREW</td>
<td>DREW</td>
<td>AND</td>
</tr>
</tbody>
</table>
NOTE: Words can be created in any direction as long as the letters can be connected by touching vertically, horizontally, diagonally or on angles to create a word.

**Option D** – “All My Neighbors” or “That’s Me”: Using a prepared list of situations, the facilitator describes one situation, beginning each statement by saying, “All my neighbors who…” (with “neighbors” being those people in the room at the time of the activity). If a person fits into the “situation” being described, they stand up and shout, “That’s me!” or they can simply raise their hand and say, “That’s me!” EXAMPLE: All my neighbors who play a musical instrument.

Here’s a list of possible situations, but feel free to add items based on your community, fads and trends in games, movies, food, etc.:

- prefer the taste of Coke over Pepsi
- are an only child
- have gone to see a movie in the past month
- have a member of the family in the U.S. military
- have made the honor roll at least one time in their school career
- enjoy the thrilling ride of rollercoasters
- are right now chewing gum or have candy or a cough drop in their mouth
- played a Wii, Xbox, PlayStation game in the past 24 hours
- were born outside of South Carolina
- know how to swim
- read at least three books within the past six months
- said the words “I love you” within the past seven days
- enjoy playing some type of sport
- enjoy dancing
- have done at least one nice thing for a neighbor in the past month
- need sleep
- prefer McDonald’s over Burger King
- eat dinner with their family at least once a week
- have any type of pet or own a fish tank
- prefer texting to talking on the phone

Encourage the participants to interact with their “neighbors” during the breaks, etc. At times, we may think that we share nothing in common with other people, when in fact we just might share a number of similarities with others in a particular group, if we just explore the situation.

**Option E** – “Marooned”: The facilitator will need to place the students in pairs (unless the group is too small, then individual student can do this activity by himself or herself) or groups of three. Next, the facilitator will describes a situation where the students are stranded on a deserted island. Explain that they must select three to five items from their personal belongings to help them survive and that each member of their group must contribute one or two items. If students opt to use their cell phone, they won’t have service to call anyone. In the scenario, explain that they would have to break it and take it apart for some parts/materials. Give the students about ten minutes to dig through their backpacks, purses, or
pockets to select necessary items. Then, have each pair or group explain what they selected and how each item is essential to their survival.

- Water bottle
- Pocket knife (may or may not have)
- Shoe laces for rope
- Whistle (signal for rescue)
- Rain jacket
- Head phones (cords)
- Keys (cutting)

STATE TOBACCO LAWS (Slides 7-9)
The Youth Access to Tobacco Prevention Act of 2006, which was effective August 21, 2006, states that a minor under the age of eighteen years must not purchase, attempt to purchase, possess, or attempt to possess a tobacco product or an alternative nicotine product, or present or offer proof of age that is false or fraudulent for the purpose of purchasing or possessing these products. Penalties include:

- A civil fine of $25
- A total fine that can reach well over $100.00 after court costs and fees
- In lieu of the civil fine, the court may require a minor to successfully complete a DHEC-approved smoking-cessation or tobacco-prevention program, or to perform not more than five hours of community service for a charitable institution.
- Violation of new school tobacco/vaping policies:
  - Disciplinary actions for students: administrator and parent or legal guardian conference, mandatory enrollment in tobacco prevention education or cessation programs, community service, in-school suspension, suspension for extracurricular activities, or out-of-school suspension;

An individual’s failure to complete his/her sentence gives a court the option to restrict driving privileges for 90 days or to deny issuance of a driver’s license 90 days past eligibility.

Definitions:

"Alternative nicotine product' means any vaping product, whether or not it includes nicotine, including electronic smoking devices, that can be ingested into the body by chewing, smoking, absorbing, dissolving, inhaling, or by any other means. 'Alternative nicotine product' does not include:

(a) a cigarette, as defined in Section 12-21-620, or other tobacco products, as defined in Section 12-21-800;
(b) a product that is a drug pursuant to 21 U.S.C. 321(g)(1);
(c) a device pursuant to 21 U.S.C. 321(h); or
(d) a combination product described in 21 U.S.C. 353(g)."
"Electronic smoking device' means any device that may be used to deliver any aerosolized or vaporized substance, including e-liquid, to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen, vapor product, or e-hookah. 'Electronic smoking device' includes any component, part or accessory of the device, and also includes any substance intended to be aerosolized or vaporized during the use of the device, whether or not the substance includes nicotine. 'Electronic smoking device' does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act."

D. Section 16-17-501 of the 1976 Code is amended by adding appropriately numbered items at the end to read:

"(8) 'E-liquid' means a substance that:
(a) may or may not contain nicotine;
(b) is intended to be vaporized and inhaled using a vapor product; and
(c) is a legal substance under the laws of this State and the laws of the United States;
E-liquid does not include cannabis or CBD as defined under the laws of this State and the laws of the United States.
(9) 'Vapor product' means a powered vaporizer that converts e-liquid to a vapor intended for inhalation."

Following the state tobacco laws, there is a slide for smokeless tobacco products (visuals). Then a slide discussing some of the health consequences of using these products (Slides 11-12).

Next, there is a slide for combustible tobacco products – cigarettes and cigars - (visuals). Then a slide discussing some of the health consequences of using these products (Slides 13-14).

Next, there is a slide for alternative nicotine products, electric vaping devices, e-liquids, vapor products, and hookahs. (visuals). Then a slide discussing some of the health consequences of using these products (Slides 15-17).

*Depending on your students, you may need to focus more or less on some of these products. To prepare for this section, you can find more information on any of these products on the U.S. Food and Drug Administration’s Products, Guidance and Regulations page (https://www.fda.gov/tobacco-products/products-guidance-regulations).

Slide 17 Discussion Question: What are some of the risks you have heard of that can come from smoking, vaping, or dipping? If you were to put them in order of least risky to most risky, how would you rank cigarettes, cigars, vapes, and dip?

TOBACCO PRODUCT OVERVIEW (Slides 11-17)

*For this section, cover the products that are the most relevant for your students. It is recommended that the facilitator reviews the following for more context to share, should students have questions:
Talking Points (Slide 11-12)
- Smokeless tobacco products include: snus, dissolvable tobacco (orbs, snuff, chew, dip, sticks and strips).
- Many regular smokeless tobacco users have:
  - receding gums,
  - gum disease,
  - cavities and tooth decay,
  - scratching and wearing down of teeth,
  - bone loss around the teeth.
  - Regular users are at risk of developing oral, pancreatic, and esophagus cancers
- [https://www.youtube.com/watch?v=YvpFJ6QEYdU](https://www.youtube.com/watch?v=YvpFJ6QEYdU)

Talking Points (Slide 13-14)
- Cigars and Pipes - Health Effects
  - Increase risk for cancers (lung, esophagus, larynx, oral cavity
  - Gum disease and Tooth loss
  - Heavy users may be at an increased risk for developing coronary heart disease and lung diseases (i.e. emphysema and chronic bronchitis.

- Cigarettes - Health Effects
  - Smoking increases the risk for coronary heart disease, stroke, and developing lung cancer.
  - More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than died in all the wars fought by the U.S.
  - Smoking causes more deaths each year than human immunodeficiency (HIV), illegal drug use, alcohol use, motor vehicle injuries, and firearm-related incidents combined.

Talking Points (Slide 15-17)
Alternative Nicotine Products, Electronic Vaping Device, E-Liquids, Vapor Product, etc.

Hookah – Health Effects

- Hookah Smoke and Cancer
  - The charcoal used to heat the tobacco can raise health risks by producing high levels of carbon monoxide, metals, and cancer-causing chemicals.
  - Hookah tobacco and smoke contain several toxic agents known to cause lung, bladder, and oral cancers.
  - Tobacco juices from hookahs irritate the mouth and increase the risk of developing oral cancers.

- Other Health Effects of Hookah Smoke
  - Hookah tobacco and smoke contain many toxic agents that can cause clogged arteries and heart disease.
  - Infections may be passed to other smokers by sharing a hookah (Click).

**Slide 17 Discussion Question:** What are some of the risks you have heard of that can come from smoking, vaping, or dipping? If you were to put them in order of least risky to most risky, how would you rank cigarettes, cigars, vapes, and dip?

E-Cigarettes

- E-cigarettes are a rapidly changing product class, and are known by many different names, including “e-cigs,” “e-hookahs,” “mods,” and “vape pens.” Recently, a new type of e-cigarette has become increasingly popular among our nation’s youth due to its minimal exhaled aerosol, reduced odor, and small size, making it easy to conceal.
  - We will discuss these products more momentarily.

**SCHOOL POLICY** (Slide 18)

Due to the amendments to the Youth Access to Tobacco Prevention Act of 2006, you can elaborate on how each school district across the state will be developing a more comprehensive tobacco free and/or vape free school policy. If you would like, hand out the actual school policy (if time permits). You may be able to find the policy on your local school district’s web site. If students in the class represent multiple school districts, discussing the similarities in their school policies will be beneficial.

**SECTION 2: TWO TRUTHS & A MYTH AND HISTORY**

**Two Truths and a Myth** (Slides 19-29)

For this portion of the presentation, there are two slides for each set of Two Truths and a Myth. The first slide shows all three statements, with the myth turning bold after pressing enter. (Here the myth is already put in bold.) The second slide explains why the statement is a myth and contains relative examples, facts, or images. Ask students to point out the myth and then explain the correct option using the subsequent slide.
Transition: Now that we have discussed some of the truths and myths surrounding many of the electronic products that are popular today, let’s examine how the cigarette has changed over time and discuss how the tobacco industry (and now e-cigarette industry) has modified their tactics over the years to sell their products to customers.

**A Little History to Set the Stage (Slides 30-47)**

Talking points (slide 30):
- You are here to learn about e-cigarettes/vape pens, but it is also important to understand the history of the tobacco industry since many of the strategies being used by e-cigarette/vape pen manufacturers were those used, and are still being used, by cigarette companies.
- New focus on increasing nicotine use with new and popular nicotine delivery devices, including e-cigarettes/vape pens.
- Tobacco smoking causes around 480,000 deaths every year, yet people still decide to smoke.
- In part, because the tobacco industry has become very good at hiding the risks of cigarette smoking.
- Let’s take a look at the historical context and some of the tobacco industry’s tactics.

Talking points (slide 31):
- Cigarettes, tobacco leaves rolled in thin paper and smoked, have been around since the 9th century, originating in North, Central, and South America
- Cigarettes gained international popularity in the 1800s as global exploration began
- They became widespread in the 20th century

Talking points (slide 32):
- As tobacco became more common across the globe, new technology made cigarette production easier
- In the 1880s a cigarette making machine was invented, allowing the tobacco industry to begin and grow (left)
- As production increased, so did consumption of cigarettes. In the U.S., cigarette use often fluctuated during major national events (right)

Talking points (slide 33):
- Once cigarettes became easier to make, tobacco companies began to develop and expand on the cigarette market
- Many of these original companies are still around today
- These companies used advertising strategies to convince people to become their customers

Talking Points (slide 34):
- “What do you notice about these ads?”
  - “Doctors” making strong claims about the lack of risk associated with cigarettes
• Figure 2 even cites a specific number of physicians who agree with the claim “Luckies are less irritating.”

• Many tobacco companies tried to convince their customers that cigarettes were not only harmless, but good for your health!

• “How believable are these ads to you?”

• In reality, from the late 1920s to the 1930s, tobacco companies hired actors to play doctors and dentists to mislead the public
  • Just like the “doctors” in these ads, the information about the cigarettes could be misleading or even completely made up

• Based on what you know about how tobacco affects health, where would you guess these “facts” came from?
  • Tobacco companies
  • Most of our early research on tobacco wasn’t done by universities, hospitals, or the government
  • It was actually done by the Tobacco Institute, which was funded by the tobacco industry

Talking Points (slide 35):
• In the mid-1930s, a new advertising campaign for Philip Morris referred to research conducted by physicians.

• In one ad, the company claimed that after prescribing Philip Morris brand cigarettes to patients with irritated throats, “every case of irritation cleared completely or definitely improved.”

• After the launch of this series of advertisements, along with others referring to “proof” of superiority, Philip Morris became a major cigarette brand.

• Is this example, and many others, misleading the public really paid off for tobacco companies

• (Click) What are your thoughts about the messages here?

Talking Points (slide 36):
• Early on in the history of cigarettes, it was considered “unladylike” to smoke in public until tobacco companies realized that marketing to women would get them new customers

• Women then became the focus of new ad campaigns

• These campaigns often relied on sexist messages to convince women to smoke to be modern, fashionable, thin, and smart

• (Click) Do you think ads like this would be effective today?

Talking Points (slide 37):
• Men were not spared from being targets of ad campaigns

• Numerous ad campaigns used hyper-masculine imagery to try and get the public to associate smoking with the “tough-guy” persona

• Well-known celebrities were even paid to endorse different tobacco brands to make them more appealing

• Men in cigarette ads were made to seem manly, cool, and attractive to women
Talking Points (slide 38):

- Let’s look at some examples of cigarette ads that may not be intended for adults only
  - (Click on the Flinstone image to follow link to view 50 sec clip of Flinstones Winston Commercial: https://vimeo.com/139530361)
  - “What do you think the industry’s message was in the cartoon and ads? Who do you think found this cartoon and these ads the most appealing?
    - Most appealing to kids and teens
    - Trying to hook customers at a young age
    - Trying to have young people connect to their brands early in life
- Let’s look at actual quotes from the tobacco industry.
  - (Click) "Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens."
  - "[T]he base of our business is the high school student."
- In fact, 88% of smokers are exposed to nicotine by the time they're 18 years old--past that window, and they're way less likely to start smoking.
- Tobacco companies know this and used their ads to find new customers

Talking Points (slide 39):

- Early tobacco advertising was really effective. Smoking became more and more common
- Smoking rates climbed until 1964, the year the Surgeon General published a report that explained many of the harmful effects of smoking
- Up until this point, the public suspected smoking may have been bad for your health and this groundbreaking report confirmed it
- After the release of the report, trends in smoking began to decrease
- (Click) Why do you think this report had such a large impact?
- The report was impactful because the tobacco industry’s manipulation was exposed and accurate information from a trusted source was finally available to the public

Talking Points (slide 40):

- The decline in smoking rates didn’t happen overnight
- Many public policies were put into place to discourage people from smoking
- In 1965 the Federal Cigarette Labeling and Advertising Act required large warning labels on cigarette cartons
- In 1971, the Surgeon General proposed a smoking ban in public places
- In 1998, advertising targeted at young people was prohibited and higher taxes were placed on cigarettes to discourage use
- These kinds of policies helped to fight back against the big advertising push from large tobacco companies

Talking Points (slide 41):

- Tobacco Control Policies were put into place, not only to encourage people who smoked to quit, but also to protect those who do not smoke.
- The truth about the dangers of secondhand smoke became more well-known because of ads like these
Secondhand smoke is smoke that is exhaled or comes from tobacco burning products. This smoke can cause danger for anyone who inhales this smoke, even if they are not the ones smoking. Even pets can be harmed from secondhand smoke. Since 1964, about 2,500,000 nonsmokers have died from health problems caused by exposure to secondhand smoke, and many others face asthma and heart attacks.

(Click) Why do you think these types of messages are effective?

Talking Points (slide 42):
- In 1999, the U.S. Department of Justice filed suit against the cigarette companies for violating civil provisions of the Racketeer Influenced and Corrupt Organizations Act (RICO) and other laws.
- This same law was used in the 1970s to prosecute the Mafia and others who engaged in organized crime.
- In 2006, US District Court Judge Gladys Kessler convicted the big cigarette companies and their trade and scientific groups of forming an illegal racketeering "enterprise" to defraud the American people.
- The court ordered the cigarette companies to publish "corrective statements" telling the public that they had lied about the dangers of smoking, secondhand smoke, and nicotine addiction.
- The court also prohibited them from challenging the evidence that these statements are true, which is why the companies no longer do so (https://tobacco.ucsf.edu/step-forward-implementing-rico-ruling-against-big-tobacco).
- Judge Kessler stated "The evidence in this case clearly establishes that Defendants have not ceased engaging in unlawful activity ... Their continuing conduct misleads consumers in order to maximize Defendants revenues by recruiting new smokers (the majority of whom are under the age of 18), preventing current smokers from quitting, and thereby sustaining the industry" (pages 1604-1605 of the opinion).
- Do you think it was fair to treat tobacco executives like mob bosses? Why or why not?

Talking Points (slide 43):
- This may seem like ancient history but, as you may have noticed, tobacco companies aren’t the type to give up easily.
- Tobacco Industry has created new marketing techniques to bring in new cigarette smoking customers.
- And the Industry has developed new products and advertised them using their old ad techniques.
- In our following lessons and activities, we will explore the new and recycled strategies that are being used by tobacco companies today.

Talking Points (slide 44):
- These marketing strategies are not new.
- Tobacco companies have been using recycling old tactics that have been successful in the past.
• Let’s compare some regular cigarette ads with recent e-cigs/vapes ads to prove that point.
• What similarities between these two ads do you notice?
• Why do you think these ads are successful in attracting customers?

Talking Points (slide 45):
• What similarities between these two ads do you notice?
• Why do you think these ads are successful in attracting customers?

Talking Points (slide 46):
• What similarities between these two ads do you notice?
• Why do you think these ads are successful in attracting customers?

Talking Points (slide 47):
• What similarities between these two ads do you notice?
• Why do you think these ads are successful in attracting customers?

ACTIVITY 2 (Slides 48-52)
The facilitator will need to hand out copies of the Deconstructing Advertisements Worksheet found in the Appendix.

Once all the handouts have been passed out, have the students review Slide 49 to complete this activity.

Talking Points (slide 49):
• Think of an advertisement that you really like
• Now think of one that really annoys you
• Turn to a partner and share the ad that you thought about and why
• If you’re having trouble, you can use these examples for reference (click)
(After about 1-2 minutes, ask for a few volunteers to share an ad that came to mind.)
• What are some of the things that the different ads have in common? [Record responses on the board or easel paper.]
• What are some of the things that the advertisers did to get your attention? (i.e., funny, famous spokesperson, attractive people, etc.) [Record responses on the board or easel paper.]

Talking Points (slide 50):
• Companies spend a lot of money figuring out how to get the attention of the people who they would like to buy their product.
• E-cigarette companies are no different. In 2014, e-cig/vape advertising totaled $88.1 million
• Why do you think that companies are willing to spend so much money on advertising?

Talking Points (slide 51):
• Does anyone know what a target audience is?
Combine responses from a few students to form a class definition.

If needed, summarize with the following definition: A target audience is a specific group of people, for which a particular product is aimed.

(Click) Slide 52. Next, review the following content with the group:

Deconstructing Advertisements Worksheet (See Appendix for this handout)

- Companies spend millions of dollars figuring out how to get the attention of the people who they would like to buy their product! Let’s deconstruct an advertisement to see what messages they are selling.

  - Who paid for the ad?
  - Who is the target audience? Why do you think that?
  - What story is this ad telling (messages)? How do you know? (Text, images, etc.)
  - What strategies did the company use to make their product appealing?
  - What might a 110% honest slogan be for this product?
  - Was the ad successful? If yes, why? If no, why not?

SECTION 3: E-CIGARETTES AND VAPE PENS 101

E-Cigarettes and Vape Pens 101 (Slides 53-68)

Talking Points (slide 54):
- Today we are going to be discussing e-cigarettes/vape pens, also known as vapes, e-hookah, vape pens, mods and vaping devices.
- (click) Specifically, we are going to learn about the parts of an e-cigarette/vape pen and what they work
- (click) Then we will learn about what is actually in the e-cigarette/vape pen clouds, and it isn’t simply water vapor
- (click) We’ll talk about the risks involved with using e-cigarettes/vape pens
- (click) And lastly we’ll explore the ways e-cigarette/vape pen companies target young people in their marketing

Talking Point (slide 55):
- (click) Let’s begin discussing the basics of e-cigarettes and vape pens

Talking Points (slide 56):
- E-cigarettes are made of a battery, (click) an atomizer with a heating coil,(click) and an absorbent material (click) that absorbs a liquid that can contain nicotine, flavoring and chemicals (click)
- The battery allows the atomizer to heat the liquid, called e-juice, which creates an aerosol that is breathed into the lungs and breathed out into the air repeatedly
• Some of these devices are pre-loaded with the e-juice that comes in bottles like these (click) and others where the users add it themselves.
• The original e-cigarettes/vape pens looked like a cigarette, came pre-loaded and were disposable.

Talking Points (slide 57):
• The first e-cigarettes came onto the market around 2007
• Most deliver nicotine, a highly addictive drug.
• Next came the rechargeable cigarette devices

Talking Points (slide 58):
• There are even products called e-hookahs
• These are disposable and pre-loaded with e-juice.

Talking Points (slide 59):
• Next came the first tank-style e-cigarettes with higher capacity batteries, often called vape pens
• They have a tank which allows the user to refill with e-liquid.
• Once compatible, the user can change the battery, tank, atomizer (heating element), and even the mouthpiece or drip tip
• E-cigarette/vape pen batteries can explode unpredictably and pose a fire hazard, which is why airplanes have begun banning passengers from carrying them on planes
• The user can also regulate the frequency of the puffs and create a bigger amount of aerosol, that is the fog that is produced
• All of this means that more aerosol, nicotine, and other chemicals are breathed into the lungs, and a faster rate

Talking Points (slide 60):
• And now there are large size, modifiable e-cigarette that are often bigger than eGos and vape pens. They are commonly referred to as mods, drippers, RBAs, RDAs, or even RTAs
• These allow users to change battery voltage or power and even build their own coils using resistance or low resistance wires such as Kanthal.
• Some have large tanks. Others don’t have tanks and instead have cotton or silica wicks weaved between coils on which the user drips e-liquid on (these are the drippers or RDAs).
• Modifications to voltage, power and wire resistance allow the atomizer to reach higher temperatures which increases the amount of nicotine and other chemicals delivered to the body
• Although these can deliver even more aerosol and nicotine to your lungs, they are popular because of the large aerosol clouds they can make

(Note: RBA = rebuildable atomizer; RDA = rebuildable dripping atomizer; RTA = rebuildable tank atomizer)

Slide 61 Discussion Question: Which is the most preferred type of e-juice for teens your age, with or without nicotine? Is it a common thing for teens your age to take JUUL pods
apart to refill them with other types of e-juice? Do you think it is common for teens your age to use e-juices that contain substances other than nicotine, such as marijuana oil?

Talking Points (slide 61):
- This is E-liquid, or sometimes called e-juice
- This is what is put into the e-cigarette/vape pen device and often contains flavors and nicotine
- The e-juice is heated inside the device and creates the flavors and aerosol that is inhaled into the body and out into the air

**Slide 62 Discussion Question**: Recent reports have shown that vaping is very popular with teens, particularly the use of JUULs. Do you agree with that? What is it that makes vaping so appealing to teens? Are there other types of vapes besides JUULs that are popular with teens such as NJOYs, mods, other devices/brands?

Talking Points (slide 63):
- Pod-based systems are made up of two components (*click*): the part on the left is the power source and contains the battery that can be charged through a USB port.
- The smaller piece on the right is the pod or cartridge. A cartridge from JUUL can provide up to 200 puffs and comes in a variety of different flavored e-juices, all with an alarming amount of nicotine.
- These flavors and cartridge colors (*click*) are concerning since they attract young people.
- Each JUUL pod is packed with 41.3 milligrams of nicotine, which is equal to the amount of nicotine found in up to 2 packs of cigarettes. A PHIX pod contains almost twice that amount (75 milligrams).
- This is concerning because we know that the developing teen brain is very sensitive to nicotine and prone to addiction.
- A pod holds its e-juice in the outer shell. When plugged into the battery piece the e-juice is heated to produce an aerosol, which is invasive to your lungs.

Talking Points (slide 64):
- These products are marketed by JUUL Labs as a "smoking alternative," yet they imitate combustible cigarettes.
- Just a warning that we don’t know if this graph holds true since we are unable to fully trust what these tobacco/nicotine companies are saying.
- This graph from JUUL Labs shows the speed at which nicotine is absorbed and stays in a test subject’s blood over an hour.
- The green line represents a combustible cigarette and the blue line represents a JUUL device. Notice how the JUUL line is so similar to the cigarette line. They designed the JUUL this way to deliver nicotine like a cigarette, but using salt-based nicotine instead.
- Unlike freebase nicotine, seen in orange, salt-based e-juice is able to pack more nicotine while reducing the harsh throat hit when aerosolized.
- This graph could give someone the impression that this product is the perfect nicotine replacement for cigarette use even though this has not been studied.
• Even if this graph did hold true, studies are showing that e-cigarettes reduce the chances that someone will quit smoking.
• More importantly, putting out such claims confuses the general public and leads to an expansion of the nicotine market by attracting young people to start.

Talking Points (slide 65):
• Our biggest concern with pod-based systems among young people is that they deliver, at the very least, the same amount of nicotine found in up to two packs of cigarettes. **ALL** salt-based e-juice/liquid contains nicotine!*
• *(Click)* For example, JUUL pods contain salt-based nicotine.
• *(Click)* Products with salt-based nicotine can allow for more frequent use, increasing their potential for addiction because it feels less harsh on the throat.
• *(Click)* Each JUUL pod contains 41.3 milligrams of nicotine, which is extremely high compared to other tobacco and nicotine products.
• *(Click)* If you aerosolized the same amount of e-juice, but with the most concentrated freebase nicotine, it would be equal to 25 milligrams of nicotine.
• *(Click)* JUUL pods are not made to be refilled, *(click)* unlike other e-cigarette/vape devices.

* Although some e-juices may not contain nicotine, **ALL SALT-BASED** e-juices **contain nicotine!**

Talking Points (slide 66):
• The two most common ways the pod-based industry represents the amount of nicotine in e-juice is in milligrams per milliliter (mg/mL) or percentage of nicotine by weight (%).
• The labeling of nicotine content is inconsistent, sometimes represented in milligrams or milliliters, and sometimes they may not be labeled at all. *(Click)* From a show of hands, how many of you are confused so far? *(Click)* Well, how might your confusion benefit the pod-based industry?

Responses to 2nd question could include: 1. Underestimates the device’s nicotine content, making it seem safe to use 2. People would feel more inclined to try these products 3. Feel more comfortable continuing to use this product
• A higher value means there is more nicotine, but 5% on these boxes is misleading. 5% is a small number and it just says “5% strength.”
• *(Click)* 5% strength of what? Exactly how much is 5%?
• How might this marketing strategy of using “5% strength” on the packaging manipulate and mislead young people?

Responses could include: 1. no mention of nicotine may give young people the impression that it is safe 2. using a smaller number like 5 instead of 41.3mg once again downplays the amount of nicotine present *(Click)* Remember, a JUUL pod contains 41.3 milligrams of nicotine.

Talking Points (slide 67):
• If you don’t know, a standard pack of cigarettes contains 20 cigarettes *(click)*. There is 1 mg of nicotine absorption per cigarette, so about 20 milligrams of nicotine in the whole pack.
• Unlike other e-juices which may or may not contain nicotine, ALL salt-based e-juice contains nicotine!
• According to JUUL Labs, one JUUL pod contains 41.3 milligrams of nicotine. This is equal to the amount of nicotine you’ll find in about 40 cigarettes (click).
• How many packs of cigarettes would a JUUL pod then be equal to? Answer: about 2 packs
• As mentioned before, this is a high amount of nicotine and can be intense for first-time users. Our concern is that young people are being introduced to a high amount of nicotine, developing a tolerance quickly, and becoming addicted as a result.
• 1 PHIX pod contains 75 milligrams of nicotine (click), which is equivalent to 75 cigarettes. How many packs of cigarettes would a PHIX pod then be equal to? Answer: almost 4 packs
• 1 Suorin Vagon cartridge contains up to 90 milligrams of nicotine or 90 cigarettes (click). How many packs of cigarettes would a Suorin pod then be equal to? Answer: about 4 and a half packs

Talking Points (slide 68):
• (click) Now that we have discussed the e-cigarette basics...
• (click) Let’s learn more about the aerosol clouds that make e-cigarettes/vape pens so popular

Talking Points (slide 69)
• Optional - Break up the class into groups of 5 or so and give each group 5 or 10 minutes to come up with the definition and examples of these three words: vapor, gas, and aerosol, using the “Activity 3 Definitions” handouts. The groups should first write the definition using their own words. Next, students should use smartphones, laptops, and/or dictionaries to help find the exact definition. Then groups can list examples.
• Have someone be the recorder for each group and have them put their definition and any examples on their group handout. Bring them back into the large group and review. After reviewing with them, come up with a definition for which there is the most agreement.

Talking Point (slide 71):
• Have students present their definitions and examples

Talking Point (slide 72):
• Take a moment to let the group review the definitions.

Talking Point (slide 73):
• The answer is that aerosol created enters the lungs and also is exhaled into the air.

Talking Points (slide 74):
• E-cigarettes/vape pens allow the user to make large clouds that many think are just water vapor
• In reality the ‘cloud’ is a mixture of many different chemicals that were either present in the e-liquid before or produced during the heating process (click)
• A vapor is a chemical that has evaporated
• An aerosol is a mixture of liquid particles suspended in a gas and can contain many chemicals
• Instead of just mixing with the air like a pure gas, aerosols can leave drops behind.

Talking Points (slide 75):
• Why does it matter that e-cigarettes/vape pens produce aerosol and not water vapor?
• Aerosols leave residues behind that can be harmful.
• Let’s talk about a real-life example of this

**ACTIVITY 3: It’s Just Water Vapor, Right? (Slides 75-76)**

*Group Activity (5-10 minutes) slide 70:*

*Purpose*
To understand why the differences between vapor and aerosol are important. To demonstrate that aerosols leave residue behind and e-cigarettes/vape pens aerosols do the same.

*Preparation*

**Materials Needed:** Spray bottle filled with water, Aerosol hair spray can (if it has a fruity smell, better yet), Aerosol underarm deodorant

*Handout: None*

*Procedure*
Show PowerPoint slides 76

Show the class:
Water-filled spray bottle.

Say to the class:
Just FYI, I filled this spray bottle just a few minutes ago with water. If I spray this on my hair [spray water bottle on your hair], what will happen? [Some people will answer your hair will get wet, or you can just say “My hair will get wet.”]

Ask the class:
In 30-45 minutes, when this water dries from my hair, will anything be left on my hair? [Looking for: no nothing will be left because this was just water vapor/spray.”] Vapor is one of the main words the ecig/vape companies want you to associate with their products. Nice and safe.”

[Point the water spray bottle towards your mouth] By the way, do you think it is safe to spray this into my mouth and swallow? Is it safe to drink and digest? [Answers will likely be yes from the crowd.]

[Spray the bottle of water into your mouth and swallow.] and say “Yes it is, it’s only water and water vapor/spray.”[Hold the aerosol hair spray can up.] Now what will happen if I spray this onto my hair? [Hold it up as you are about to spray your hair.] Is this only water vapor?
[Read some of the chemicals in the product.] Let me ask again, what will happen when I spray my hair with this aerosol-propelled hair product? It will shape and hold my hair. In 30-40 minutes will it be dry? What will be left in my hair? Will all the chemicals in this aerosol be gone from hair, or will some of them still be left to shape and hold my hair?

[Wait for the answers.] Yes, you're right, some of the chemicals will still be left in my hair. After all when you have chemicals in the form of an aerosol, they may look like water vapor, but they actually have small particles of...chemicals. Some will just hold hair and others if inhaled will do damage.

Now let me ask, is this aerosol [hold the can up] safe for me to spray into my mouth and drink? Swallow? [Hold the can near your open mouth.] Why? Why not? [Wait for their answers. You may want to read some of the chemicals again in the hair aerosol.]

[With a spray on hair product, repeat the exercise. Optionally, pull out a can of aerosol under arm deodorant, ask and repeat the same questions.] Do you believe e-cigarettes/vape pens/aerosol products are just water vapor? If not, are they safe? What kind of particles do you think they may have in them?

Talking Points
• Why does it matter that e-cigarettes/vape pens produce aerosol and not water vapor?
• Aerosols leave residues behind that can be harmful.
• Let’s talk about a real-life example of this

Talking Point (slide 77):
• Why does it matter that e-cigarettes/vape pens create aerosols? (Take responses from the class)
• We’ll discuss why it matters in the next activity.

Talking Point (slide 78-79):
• (click) Here is a list of chemicals, which of these do you think are found in the e-cig aerosol?

Talking Points (slide 80):
• (click) All of these chemicals have been found in in the E-Cig Aerosol
• (click) The ones in yellow are known to be harmful
• And while we did not know this at first, Many of these are the same chemicals found in traditional cigarettes
• Simply put, E Cigs produce a vapor/aerosol that often contain propylene glycol, glycerin, flavorings, and nicotine and many other harmful chemicals and toxins, some known to cause cancer
• Nicotine itself is a highly addictive compound
• And while not all contain nicotine, all have many of these chemicals and toxins.

Talking Points (slide 81):
• Although the chemicals that have been found in e-cig aerosols might seem unrecognizable, you are familiar with other places some of those same chemicals can be found.
  (click) For example, Propylene glycol can be found in antifreeze products or also used to winterize plumbing systems
  (click) Acetone is commonly found in nail polish remover and as a paint thinner
  (click) Ethylbenzene is often used to make other chemicals. It’s also found in other products, including pesticides, synthetic rubber, varnishes paints, and inks
  (click) Formaldehyde based solutions are also used in embalming to disinfect and temporarily preserve human and animal remains
  (click) Maybe the most important ingredient here is nicotine. Nicotine is a drug that's highly addictive in moderate doses, and is the reason why smokers smoke even after they start getting sick. Of course, in high doses, it's a poison--in fact, plants make it to keep insects from eating them. It's a funny drug that has a lot of effects, but mostly it's an upper.
  (click) Rubidium is a chemical that can be used to give fireworks their bright colors
  • So now that you know that e-cigarettes/vape pens produce aerosol, and that those aerosols contain harmful chemicals, how would you describe e-cig clouds to someone who says they are just water vapor?

Talking Points (slide 82):
  • For so many years consumers were told that the clouds made by e-cigarettes/vape pens was "just water vapor"
  • Do you think that is true? (click)

Talking Points (slide 83):
  • Now that we have learned what an e-cigarettes/vape pens is, and what is in their aerosol clouds, let’s talk about why many health professionals are concerned about these new products (click)
  • Since these products are so new, there simply is not enough information to fully understand the possible health risks
  • Knowing that e-cigarettes/vape pens produce aerosols that contain known toxic chemicals that are breathed into the lungs, we can say that these products are not harmless
  • Many health professionals are very concerned about the growing popularity of e-cigarettes/vape pens use

Talking Points (slide 84):
  • One concern is the dramatic increase in e-cigarettes/vape pens use by youth shown here in orange (click)
  • E-cigarette use has tripled among middle and high school students in just one year
  • E-cigarettes are used more than any other tobacco product overall
  • It is a major concern among health professionals that using using e-cigarettes/vape pens at a young age can lead to use of traditional cigarettes down the road
  • Fortunately, most young people are not e-cigarettes/vape pens users (click)

Talking Points (slide 85-86)
• What’s So Bad About E-Cigarettes and Vape Pens? (click)

Talking Points (slide 87):
• Nicotine is a drug that is a stimulant, meaning it raises levels of physical or psychological activity in the body, and it is toxic at high doses.
• It is highly addictive since it causes changes in brain chemistry quickly and leaves the brain craving more.
• Nicotine is found in tobacco products and nicotine exposure during fetal development has lasting adverse consequences for brain development.
• Data from studies of mice suggest that nicotine exposure during adolescence may have lasting adverse effects on brain development.
• (click) If nicotine is unsafe, why do you think people still choose to use products that have nicotine?

Talking Points (slide 88):
• Let’s see where you can find this highly addictive drug.
  • (click) Nicotine can be found in tobacco and comes from tobacco leaves.
  • (click) Nicotine is found in cigarettes and tobacco companies made cigarettes more addictive by controlling and increasing nicotine levels and enhancing the impact of nicotine by adding chemicals
  • (click) Most hookah contains nicotine and overall, can have a lot of the same negative health effects of cigarettes
  • (click) E-juice used in e-cigs/vapes can contain varying levels of nicotine.

Talking Points (slide 89):
• In this section, we are going to go over some basic information about the brain, specifically how the brain communicates

Talking Points (slide 90):
• Our brain affects how we experience the world around us. It keeps our body functioning and it also controls our behavior.
• Some things our brain does without us thinking about it (like breathing) while other behaviors we have more control over (talking, singing).
• There is even a part of the brain that controls speech and another that controls smell
• Multiple areas of the brain are often working at the same time to help us engage in different behaviors. For example, when we are walking, this involves using multiple areas of the brain starting from our decision to walk to us standing up and taking our first step.

Talking Points (slide 91):
• In order for our bodies to function, the different parts of our brains need to communicate with each other
• The neuron is the primary signaling cell of the nervous system. The interaction between the billions of neurons in the nervous system is what allows our bodies to function and what allows us to think and move.
• The neuron is made up of a few parts. The soma, the powerhouse of the neuron, where the nucleus is housed. The soma gives the rest of the cell instructions on what to do.
• The axon is the channel that carries information from the soma to the synapse (the end of the neuron). The synapse is the part where two neurons communicate by sending chemicals called neurotransmitters.

Talking Points (slide 92):
• In order for neurons to communicate, an electrical signal travels between neurons
• The signal starts from one neuron, travels through a space between neurons called the synapse, and then connects to the next neuron.
• The part of the neuron that receives the signal is called a dendrite
• The signal keeps going through connecting neurons.
• Another way to think about this is when you play “telephone” by stringing soup cans on a string. The message travels from one soup can to another through the string that connects them, allowing for communication between separate things.

Talking Points (slide 93):
• Neurotransmitters are the chemical messengers used by the brain to communicate from one neuron to another
• Neurotransmitters are released from one neuron into the synapse (the space between neurons) and bind to the receptors of the receiving neuron. This binding of the neurotransmitter to the receptor signals the neuron to take action
• Each neurotransmitter communicates a different message and gives different instructions to the neuron it binds to

Talking Points (slide 94):
• Drugs can leave long-lasting effects on the brain, especially if you are a teenager. Next, we are going to talk about what makes the teenage brain unique

Talking Points (slide 95):
• The teenage or adolescent brain is a work in progress- in a good way.
• Your brain is doing a lot of growing and learning during your teenage years and even continuing into adulthood
• Structures in your brain are developing and adapting to all the things going on in your life.
• It’s great time to learn new skills and hobbies because those things can become more cemented in your brain for the rest of your life.
• However, risky behaviors, like using drugs, can also more strongly impact your brain during these years.

Talking Points (slide 96):
• Our brains develop in a “back to front” fashion over our childhood and teenage years (click)
• Areas near the back of our brain, which control things such as coordination and vision develop first.
• Areas in the middle of our brain called the limbic system, which control our emotions, develops next. This system is well-developed when we are teenagers.  
• During our teen years, the front part of our brain called the prefrontal cortex, which we use to help make decisions, is still continuing to develop. In fact, it doesn’t stop developing until we are around 25

Talking Points (slide 97):
• So, to put it simply, this is what is happening:  
• During your teen years, your brain has a significant increase in synapses, the connections between neurons in the brain.  
• Your brain looks a little like the LA freeway system- there a lot of new connections and roads going everywhere.

Talking Points (slide 98):
• And there is a lot of traffic. Your brain is experiencing a lot of stimuli right now  
• In essence, the chemicals in your brain feel like they are in bumper to bumper traffic on the highway. As such, while your brain functions well, sometimes there is a lot of traffic slowing down your information processing. This is totally normal!

Talking Points (slide 99):
• As you start to get older, your brain starts to “prune” away some of these additional connections to help consolidate your learning.  
• By the time you are in your early to mid-twenties, your brain has reduced the number of synapses or “freeways”  
• Also during this time, your neurons are undergoing increased “myelination”. This is involves forming a type of “sheath” or connecting channel or “roads” between neurons. This allows for the processing of information (or travel between two places) to be smoother and more efficient

Talking Point (slide 100):
• As such, you have less traffic and information flows more smoothly

Talking Points (slide 101):
• There is so much growth and development happening during the teenage years, which is great in many ways.  
• However, the brain is much more vulnerable to becoming addicted during this period of development  
• If we use drugs during our teen years, it not only impacts how the brain works in the moment but it actually affects the development of our brain  
• This is why teenagers who smoke get more addicted more quickly than adults and more likely to continue to be addicted to drugs when they become adults

Talking Points (slide 102-103):
• The tobacco industry knows that teenagers are most vulnerable to getting addicted to drugs such as nicotine- that is why they target you as an age group! (click)  
• Next we are going to talk about how drugs affect the brain
Teacher Talking Points (slide 104):

- Now that we have brainstormed our definitions of “addiction,” let’s take a look at the exact definition from the National Institute on Drug Abuse (NIDA)
- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs.
- Let’s break down this definition to better understand what it is saying.
- (Source: https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction)

Talking Points (slide 105):

- In general, there are two main ways that drugs can affect the brain
- Drugs can affect the brain by over-stimulating a part of the brain called the “reward pathway”
- Or drugs can mimic our natural chemical messengers, neurotransmitters, and overwhelm the neurons that normally use those neurotransmitters

Talking Points (slide 106):

- There are two neurotransmitters we will focus on- the first is dopamine
- Dopamine is the neurotransmitter involved in the pathway of the brain called the “reward pathway”
- We will discuss this pathway more on the next slide

Talking Points (slide 107):

- The reward pathway is activated when you do things that make you feel good
- You first release the neurotransmitter dopamine which then activates this pathway in your brain
- This pathway was developed evolutionarily to help us pursue activities that would help us survive
- At normal levels, this release of dopamine rewards the behaviors we need to survive (eat, sleep, etc.) so we keep doing them

Talking Points (slide 108):

- Drugs like to “hijack” and take control of your reward pathway so you no longer have control over it
- Drugs cause almost twice to ten times the release of dopamine from this pathway, and can occur almost immediately and last longer than the dopamine released from “survival activities”
- For example, when you use a cigarette, the nicotine in the cigarette causes dopamine to be released
- This is why people initially feel good after using a cigarette
- However, your brain continues to crave that dopamine release after you done, and you slowly lose control over your choice to use cigarettes, especially since these drugs artificially release more dopamine than your body naturally does
This is how people become addicted to cigarettes

Talking Points (slide 109):
- In order to understand how nicotine works, we must discuss an important neurotransmitter in our body, acetylcholine (click).
- Nicotine mimics the structure of acetylcholine and readily binds to wherever there are acetylcholine receptors in the brain.
- However, nicotine isn’t behaving like acetylcholine in the brain and as a result prevents what should normally happen.
- One way to think about nicotine is like termites coming into your home. Your home is a structure that is already built, for you to live in. (Click) Termites come in and take advantage of this structure, altering the original use for the house.

Talking Points (slide 110):
- The reaction that nicotine has in the brain results in the stimulation of pleasure centers in the brain
  - (click) When inhaled, nicotine enters into the brain after passing through the lungs
  - Then it binds to pleasure receptors in the brain
  - (click) That causes a release of pleasure chemicals such as dopamine, providing the user with a temporary feeling of pleasure

Talking Points (slide 111):
- This might not sound dangerous but in reality, the nicotine interferes with the body’s natural ability to experience/communicate pleasure
- Nicotine use creates floods of dopamine and intense feelings
- The pleasure centers in the brain adapts to drug use by sensing the extra dopamine and then begins to produce less of it
- This means that the user has a hard time creating natural feelings of pleasure without nicotine
- The user needs the nicotine just to feel normal.
- Additionally, the pleasure centers in the brain creates a memory of nicotine and an appetite for it.
- That appetite for nicotine, even despite it’s harmful consequences, is what we refer to as nicotine addiction

Talking Points (slide 112):
- Nicotine is highly addictive. What that means is, the human brain can develop such a strong dependence on the drug that the nicotine user can no longer control their desire or smoking behaviors.
  - (click) The cycle of nicotine addiction starts with bringing nicotine into the body. In this case it comes inhalation of cigarettes, hookah, and or e-cigs/vapes
  - (click) Nicotine enters the brain and activates the pleasure centers of the brain
  - (click) After, the level of nicotine in the body drops quickly
  - (click) This drop in nicotine levels causes the body to have a strong craving for nicotine that is satisfied by bringing more nicotine into the body
• This cycle is powered by the body’s biological reaction to nicotine and isn’t controlled by the person vaping.
• Based on this information, what could you say to someone who says they won’t let themselves get addicted to nicotine?

ACTIVITY 4: My Day Activity – (See Appendix for this handout)

Talking Points (slide 112)

• Next, I want you to pull out the “My Day - Activity” handout. Think about an average day at school. Fill in and label the clock below for everything that you do on one of these days. Include sleeping, eating, sports, and any other activities. After, put a start next to the times or activities where you find you are smoking, vaping, or dipping.
• Give the students 5-10 minutes to complete the handout. Next, ask them about the frequency of their use. What do they think about how many times they need to smoke, dip, or vape? Did this activity help them identify times of day that are more difficult to not smoke, dip, or vape?
• What trends do the youth notice about their habits throughout the day?

Talking Points (slide 114):

• This video can help us better understand how the brain’s function can be hijacked by drugs and addiction (i.e., https://youtu.be/uFX9F-KD7eo?list=PLel9ROMy1WLSfA5-Njp_TKwl1vZpaReP)
• The narrator is a former tobacco scientist, Dr. Victor DeNoble, who testified to Congress against the tobacco industry and now provides education about the science of drug addiction.

Talking Points (slide 115):

• (Click) Nicotine doesn’t just have an effect on your brain, since there are “acetylcholine” receptors all over your body.
• (Click) For example, using nicotine can make your heart beat faster because it activates your “fight or flight response.”
• (Click) Outside of all the chemicals and toxins already in cigarettes, nicotine can independently cause trouble breathing and damage to the lungs.
• (Click) Nicotine can also cause increased acid reflux.
• Last by not least, nicotine can even negatively impact your reproductive organs.

(Click) Effects of Flavorings (slide 116)

Talking Points (slide 117):

• (click) One of the major appeals of e-cigs/vapes is the over 7,000 flavors of e-liquid available.
• The various trendy flavors have been a very successful marketing strategy that allows e-cig/vape users to consume nicotine without the harsh taste of cigarettes.
• It may come as a surprise to many, but the flavors themselves pose a risk to the e-cig/vape user.
• Some flavors have been shown to be toxic due to the chemicals they contain.
Talking Points (slide 118):
  - Various cinnamon flavors contain cytotoxic compounds
  - The cherry flavor, benzaldehyde, has some toxicity

Talking Points (slide 119):
  - Diacetyl and a closely related compound, 2,3-pentanedione, cause popcorn lung (also known as constrictive bronchiolitis obliterans)
  - This irreversible respiratory disease was named after the factory workers inhaled artificial butter flavor while working, causing the small airways in the lungs become irreversibly scarred and constricted, impairing breathing.
  - Diacetyl has been found in many e-liquids with sweet flavors.

Talking Points (slide 120):
  - (Click) If we take apart these devices, it is important to consider how each component will impact a young person’s health. This is something that has not been studied at all!
  - (Click) This raises an important question, how do all of these parts affect your body?
  - (Click) We share these concerns for all pod-based systems.

Talking Points (slide 121):
  - (Click) Based on what we know about e-juice/liquid, what chemicals would you find in these pods? For instance, let’s look at a JUUL pod.
  - Nicotine: the addictive chemical in all pods.
  - Benzoic Acid: pairs up with nicotine to help deliver high amounts to the brain.
  - Glycerol and propylene glycol: common ingredients found in most e-juices. Propylene glycol is not approved by the government for inhaling.
  - The other chemicals include natural oils, extracts and flavors. What do they mean by extracts and flavors? What else is in this?
  - We are nowhere close to understanding everything that the JUUL pod contains and what other chemicals are produced when it is aerosolized.
  - We have to ask ourselves, how many known and unknown chemicals are being released?

Talking Points (slide 122):
  - Benzoic acid is one of the chemicals we should be worried about, since it is commonly found in e-juices containing nicotine salts. More importantly, the long-term effects of heating and aerosolizing benzoic acid are unknown.
  - (Click) Inhaling benzoic acid alone can irritate the lungs, nose and throat.
  - As a result, symptoms such as coughing, wheezing, and shortness of breath can occur.
  - (Click) If exposed to the skin repeatedly, it can lead to cracking and drying.
  - There is limited research on the long term effects of exposure to benzoic acid.
  - We need to study the health consequences this has on young people, along with all chemicals associated with e-cigarettes that use nicotine salts.

SECTION 4: THIRDHAND SMOKE, MARKETING, & COST ANALYSIS
Talking Point (slide 123)
- Another way that e-cigs pose a danger to people other than the smoker is through thirdhand smoke.

Talking Points (slide 124):
- (click) You may be familiar with the concept of secondhand smoke. How would you define secondhand smoke?
- Secondhand smoke is smoke from burning tobacco products, such as cigarettes, cigars, or pipes and is toxic when inhaled
- (click) Although it is not yet known whether secondhand aerosol from e-cig devices is harmful, there is evidence to show that thirdhand smoke is dangerous to others. Can you try and guess what “thirdhand smoke” is?
- (click) Thirdhand smoke is chemicals in e-cig vapor/aerosol that remain on surfaces and in dust, even after the vaper and aerosol are gone

Talking Points (slide 125):
- (click) Thirdhand smoke is chemicals in e-cig vapor/aerosol that remain on surfaces and in dust, even after the vaper and aerosol are gone, and react with other chemicals in the environment to form toxic chemicals that are re-released into the environment
- People and pets can be exposed to these potentially harmful chemicals through the respiratory system, through ingestions, and through skin exposure
- Small children are especially at risk for thirdhand smoke exposure because they tend to touch surfaces and put their hands into their mouths and they have more vulnerable skin

**Group Discussion (Slide 126)**

Facilitate a class discussion about this question. Remind students to be respectful. Correct any misinformation that students might express during the discussion (spend 5-10 minutes).

Key Points to Consider:
- Many teens wouldn’t use traditional cigarettes, why do they choose to use e-cigs/vapes?
- How do you think traditional cigarette smokers felt when they learned about all the harmful health effects caused by cigarettes that were being covered up by tobacco companies?
- How do you think an e-cig/vape user would feel if 10 years into the future they learned that e-cigs/vapes were just as harmful as traditional cigarettes?
- How do you think advertising plays a role in a teen’s decision to use e-cigs/vapes?

Talking Points (slide 127):
- Based on current information, we know there are health risks when people use these products
- (click) The aerosols produced by the chemicals in e-juice, enter into the user’s lungs and leave chemical residue behind
- (click) Also, many e-cigs/vapes have nicotine, which is known to have effects on the cardiovascular system. Some recent studies show that acute use of e-cigarette
impaired flow-mediated dilation, this suggests that e-cigarettes can lead to cardiovascular diseases

- **(click)** Ear, Eye and Throat Irritation is common among e-cig/vape users
- And perhaps most worrisome is the possibility of more young people developing an addiction to nicotine
- **(click)** Nicotine use in early adolescence causes changes in the brain that make life-long addiction much more likely for young e-cig/vape users

Talking Points (slide 128):
- Since e-cig/vape products are so new and health professionals can’t fast forward into the future, all of the long-term consequences of these products are impossible to predict **(click)**
- Based on what we do know today from research on the chemicals found in e-cig/vapes, we can say that these products are not harmless to the user or the people around them
- For close to 20 years, health professionals did not know the long term effects of cigarette smoke either
- Just imagine what else we will know in another 10 years we have a fuller picture of all of the health consequences

Talking Points (slide 129):
- Along with the health of e-cigarette/vape pen users, there is also concern over the effects of e-cigarettes/vape pens on the people around them
- We’ve seen a big increase to calls to the National Poison Center regarding e-cigarettes and vape pens.
- Most of these calls coming from parents whose children just ingested and drank something that looked like…well juice to them.
- Other calls where from people whose kids got it on their hands and wiped their eyes.
- Since there are no federal regulations on these products, there are no child safety precautions on the caps making them dangerous to others besides the user
- Imagine your younger sibling or cousin, finding a bottle of e-juice that said “Cherry Flavor” and had a picture of a cherry on it, what would stop them from drinking it?
- As you can see, this is becoming a more common occurrence.

Talking Points (slide 130):
- **(click)** One of the most insidious aspects to the rise in e-cigarettes/vape pens use is the marketing tactics used by the e-cigarettes/vape pens industry

Talking Points (slide 131):
- Let’s look at some actual quotes from the tobacco industry that shows how the really see people your age.
- **(click)** Today’s teen-ager is tomorrow’s potential regular customer and the overwhelming majority of smokers first begin to smoke while in their teens.
- **(click)** At least a part of the success of Marlboro Red during its most rapid growth period was because it became the brand of choice among teenagers who then stuck with it as they grew older.
Talking Points (slide 132):
- (click) The ability to attract new smokers and develop them into a young adult franchise is key to brand development.
- (click) They represent tomorrow's cigarette business. . . As this 14-24 age group matures, they will account for a key share of the total cigarette volume -- for at least the next 25 years.
- How do you feel about you and others your age being talked about in this way?

Talking Points (slide 133):
- So if you take a closer look at e-cigarette/vape pen marketing, you’ll notice the industry’s attempts to make e-cigarettes/vape pens trendy and appealing to young people

Talking Points (slide 134):
- Besides the large aerosol clouds that can be made with e-cigarettes/vape pens, the 7,000 e-juice flavor options are a marketing strategy to lure new customers
- (click) Who do you think is most likely to be attracted by these flavor options?
- It’s no coincidence that flavorings in tobacco products can make them more appealing, especially among young people your age

Talking Points (slide 135):
- Let’s see what the e-cig industry has to say about the many e-juice flavor options available.
- This is a clip of California Senator, Barbara Boxer asking e-cig industry representatives about the topic.
(Hover over black square and click to play video)
- What do you think about the e-cig industry’s response?

Talking Points (slide 136):
- If you aren’t convinced that e-juice flavor are targeting kids and young people watch this video
(Hover over black square and click to play video)
- How do you feel about the kids’ responses to the flavored tobacco products?

Talking Points (slide 137):
- And I wonder what age this is targeted to?
- Clearly, young people are the target audience for these types of products

Talking Points (slide 138):
- e-cigarettes/vape pens companies try to recruit new customers by sponsoring events that are popular among young people, like (click) music festivals
- Sports fan are targeted through (click) brand sponsorships or (click) by indirectly attempting to associate e-cigarette and vape pen products with sports themes

Talking Points (slide 139):
• Some of the brands behind these new products are actually the same corporations that produced traditional cigarettes
• The company that sells Kool sells Blu, Marlboro sells Mark Ten, Camel sells Vuse
• Basically, these Big Tobacco corporations are replacing their old cigarette customers with new customers around your age that they hope to keep for a lifetime by promoting a new product

Talking Points (slide 140):
• Imagine, if you will, being a Big Tobacco company executive and all of your customers looked like this. Why might you be worried? What would you do to make sure you were still going to make money off of your product?
• The e-cigarette industry knows that many of their customers are getting older or dying and need to be replaced with new customers so they can make more profits
• Who do you think they see as the ideal customer?

Discussion Question: Do you see yourself still smoking, vaping, or dipping at age 30? At what age do you think you would be most likely to want to stop? What are some of the reasons why you would want to stop at that age?

Talking Points (slide 141):
• (Click) Young people like you!
• The e-cigarette industry sees young people as the perfect replacement customers
• They know if young people get hooked to their products early in life, they’ll have them as customers for years to come
• It’s well-known by health professionals and the e-cigarette/tobacco industry alike, many current smokers started smoking before adulthood

ACTIVITY 5: What is the Appeal of E-Cigs/Vapes (Slide 142-146)
(See Appendix for this handout)

Using the “UNIT 4: ACTIVITY 1: Brainstorm” worksheets, ask the students to name some reasons young people smoke e-cigs/vapes, reasons adults smoke e-cigs/vapes, and reasons young people choose not to smoke e-cigs/vapes.

Using paper worksheets: Project the worksheet one at a time and as the students list reasons, write the reasons on the worksheet or on the board around the silhouette figure. As the list of reasons grows, the silhouette figure will appear crowded on the page. After the students are done listing reasons, draw arrows from the listed reasons pointing towards the figure. Explain that there are many factors that influence an individual’s decision to smoke e-cigs/vapes and their opinions about e-cigs/vapes.

Using PowerPoint: Working in small groups, have students write the reasons on the worksheet around the silhouette figure. Use the prompting questions to guide them if necessary. As the list of reasons grows, the silhouette figure will appear crowded on the page. After the students are done listing reasons, have them read some responses aloud and type them over the red question marks on the following slides. Project the slides one at a time after students list reasons. Click and arrows from the listed reasons will point towards the
figure. Explain that there are many factors that influence an individual’s decision to smoke e-cigs/vapes and their opinions about e-cigs/vapes.

Talking Points (slide 146):
- What do you notice about our responses? *(allow for discussion)*
- What similarities or differences stand out to you? *(allow for discussion)*
- It’s important to remember that individuals’ choices about whether to use e-cigs/vapes can be very different and can be influenced by many factors
- E-cig/vape companies recognize these differences between individuals and have made ad campaigns meant to target groups of people based on these characteristics. Examples of these targeting tactics are discussed in Unit 4 Activity 2.

Review the teacher talking points before presenting this next series of slides (slide 146)

**Remember to delete slide 147 before presenting**

Talking Points (slide 148):
- There are many reasons why young people start using these devices, such as *(click)*:
  - Flavors, changing social norms, life stressors, perceived reduced risk, marketing, and lack of addiction education.
  - The industry is smart in their approach and focuses on these three points *(click)* to push their agenda and attract young consumers.

Talking Points (slide 149):
- Most flavored cigarettes have been banned since 2009, since extensive research shows that they are more appealing to young people. The e-cigarette industry has yet to be regulated in this way.
  - *(Click)* Notice all of these fruity and sweet flavor pods along with the colors.
  - *(Click)* Why else would there be 15,500 e-juice flavor options such as Banana Butt and Honey Doo Doo?
  - If you aren’t yet convinced that the industry is aware of this tactic, then let’s talk about their most recent effort to protect their flavored products.
  - The city of San Francisco just passed an ordinance to ban flavored tobacco products. The industry was determined to prevent this from happening.
  - RJ Reynolds, the 2nd largest tobacco company in the US, spent $12 million to overturn the campaign.
  - Why do you think they spent the money and became so involved in a single city’s ballot measure?
  - **Discussion starters/hints**: 1. They’re concerned that this idea will spread to other cities 2. Flavors are a marketing strategy to lure new (particularly young) customers.

Talking Points (slide 150):
- What audience do you think this ad is targeting? *(Let the class provide some answers.)*
- How does this woman in the ad have a youthful appearance?
- **Discussion starters/hints:** 1. ponytail hair, 2. letterman’s jacket, 3. position of her body (pose)
  - *(Click)* Here is another campaign of ads from a different pod-based e-cigarette brand.
  - Who does this person with the short hair look like? *(Let the class provide some answers.)*
- **Discussion starters/hints:** 1. The Parkland Student Activist 2. Do you think it was an accident that this model resembles a girl who received a lot of press and air time? 3. How do you think this ad may be exploiting that?
  - How is this Blu ad different from the JUUL ad?
- **Discussion starters/hints:** 1. femininity (gender expression) 2. social message 3. city backdrop vs. geometric shapes 4. how the device is being held

Talking Points (slide 151):
- There has been increasing concerns around how young people have been targeted on social media.
- Social media accounts post videos of young people using these products, while giving shout-outs to pod-based brands.
- *(Click)* Why might the industry be okay with the online circulation of these cartoons and memes?
- Social media allows for the industry to have widespread advertising at almost no cost. By sharing these cartoons and memes, young people have essentially done the advertising for them.
- *(Click)* How might these images send harmful messages to young people?

**ACTIVITY 6: Cost Analysis of any tobacco product budget or e-cigarette budget**
10 Minutes – slide 152-153
- Pass out enough handouts of both sheets. Depending on your audience, determine which budget/cost analysis sheet to use with your students.
- Give the class 5-7 minutes to complete the activity. Once everyone is finished, review the answers and discuss what that total amount (spent on tobacco products) equates to in football tickets, movie tickets, or other youth items.

**SECTION 5: TAKEAWAY MESSAGES & RESOURCES**

Talking points (slide 154-155):
- Companies spend a lot of money figuring out how to get the attention of the people who they would like to buy their product(s).
- Combustible tobacco products, alternative nicotine products, and electronic cigarettes are not safe and may pose significant risk to your health and wellbeing. E-cigarettes are NOT SAFE (Less risk does not mean no risk).
- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.
• If you do dip, smoke, or use e-cigarettes and want to quit, there are resources available to you! You can pass out the optional handout in the Appendix (i.e., Benefits of Quitting Smoking).
  o National resources:
    ▪ https://teen.smokefree.gov/ - great fee information about various federal initiatives and how nicotine can impact you and your loved ones

This is Quitting: a mobile app designed by Truth Initiative to help young people quit with inspiration from others like them

BecomeAnEX: a free, digital quit-smoking plan and community created by Truth Initiative in collaboration with Mayo Clinic

  o State resources:
    ▪ SC Quitline is great resources for anyone trying to quit. The number is 1-800-784-8669. Your first call will take about 15-20 minutes.
      • You will be asked a series of questions about your contact information, tobacco use behavior (such as what type of tobacco you use, how much you smoke and frequency), and any quit history you may have (such as methods used and the longest quit you've been able to accomplish).
      • You will then be transferred directly to your own personal Quit Coach® who will use this information to better understand your personal tobacco use and ways to help effectively.
      • Services include:
        o One-on-one coaching
        o Phone or web-based counseling and support
        o Development of a personalized quit plan.
        o DHEC offers free nicotine patches, gum and lozenges to South Carolinians without health insurance.

  o Local resources:
    ▪ Your local alcohol and drug commission staff have trained treatment professionals who may be able to help. You can find out where your local providers are using the SC DAODAS website.

POST-TEST (Slide 156)

It is recommended that you use a coding system for the purpose of matching your pre- and post-tests, and to ensure confidentiality of the client. It is also recommended that you review your agency’s policies and procedures regarding the testing of individuals.

The Tobacco Education Program Post-Test can be found in the Appendix.

Distribute post-test. Have an envelope or valet box in which students can place their completed post-tests.
REFERENCES

Stanford Tobacco Prevention Toolkit
American Lung Association
2016 Surgeon General’s Report
American Cancer Society
Centers for Disease Control and Prevention
Food and Drug Administration’s Center for Tobacco Products: Products, Guidance, and Regulations
South Carolina Youth Tobacco Survey
SC DHEC Cancer Profile September, 2015
U.S. Department of Health and Human Services
APPENDIX I
HANDOUTS
ACTIVITY 2: DECONSTRUCTING ADVERTISEMENTS

Purpose
This activity provides a students an opportunity to breakdown some of the common marketing strategies used by tobacco companies.

Preparation

Materials Needed: Computer, Projector, PowerPoint, Poster Paper, Markers
Handout: "Deconstruction Advertisements" Worksheets

Procedure

- Using the “Unit 4: Activity 2: Deconstructing Advertisements” worksheet, ask the students to get into pairs and deconstruct an e-cigarettes/vape pens ad. Provide each pair with an ad and ask them to answer the questions on their deconstructing advertisements worksheet. If time allows, ask for pairs to share their ad and responses to one of more questions on the handout.
- Provide each group with poster paper and markers and ask them to rewrite/design their ad, based on their new 110% honest slogan.
- Depending on how much time you have, either have each group present their ad to the group (this will take longer) or have each group hang their ad around the room so everyone can do a gallery walk to view all of the ads.

Possible Discussion Questions:

- Today we focused on print advertising. This is only one type of advertising that companies use to get our attention.
- What are some other types of advertising that we encounter in our daily lives? (social media, TV/radio commercials, online ads, product placement, posters at stores, event sponsorship, etc.)
- Ask specifically about ads that are marketed towards youth on places such as Facebook or Instagram, or through Google/Yahoo searches.
- Why is it important for us to be aware of and understand advertising strategies and messages?
- Explanation/response: Advertising is ALL around us. It is important that we are aware of the ways in which companies try to recruit us as customers.
# Deconstructing Advertisements Worksheet

Companies spend millions of dollars figuring out how to get the attention of the people who they would like to buy their product! Let's deconstruct an advertisement to see what messages they are selling.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who paid for the ad?</td>
<td></td>
</tr>
<tr>
<td>Who is the target audience? Why do you think that?</td>
<td></td>
</tr>
<tr>
<td>What story is this ad telling (messages)? How do you know? (Text, images, etc.)</td>
<td></td>
</tr>
<tr>
<td>What strategies did the company use to make their product appealing?</td>
<td></td>
</tr>
<tr>
<td>What might a 110% honest slogan be for this product?</td>
<td></td>
</tr>
<tr>
<td>Was the ad successful? If yes, why? If no, why not?</td>
<td></td>
</tr>
</tbody>
</table>

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Tobacco Prevention Toolkit  
Division of Adolescent Medicine, Stanford University  
www.tobaccopreventiontoolkit.stanford.edu, tobprevtoolkit@stanford.edu

Download file at  
https://med.stanford.edu/content/dam/sm/tobaccopreventiontoolkit/documents/ecigarettes/unit4/Lesson%204.2-%20Activity%20Deconstructing%20Advertisements%20Worksheet.pdf
ACTIVITY 3: VAPOR OR AEROSOL? DOES IT REALLY MATTER?

Purpose
To understand why the differences between vapor and aerosol are important. To demonstrate that aerosols leave residue behind and e-cigarettes/vape pens aerosols do the same.

Preparation

Materials Needed: Spray bottle filled with water, Aerosol hair spray can (if it has a fruity smell, better yet), Aerosol underarm deodorant

Handout: None

- Water-filled spray bottle.

Say to the class:
- Just FYI, I filled this spray bottle just a few minutes ago with water. If I spray this on my hair [spray water bottle on your hair], what will happen? [Some people will answer your hair will get wet, or you can just say “My hair will get wet.”]

Ask the class:
- In 30-45 minutes, when this water dries from my hair, will anything be left on my hair? [Looking for: no nothing will be left because this was just water vapor/spray.”] Vapor is one of the main words the ecig/vape companies want you to associate with their products. Nice and safe.”
- [Point the water spray bottle towards your mouth] By the way, do you think it is safe to spray this into my mouth and swallow? Is it safe to drink and digest? [Answers will likely be yes from the crowd.]
- [Spray the bottle of water into your mouth and swallow.] and say “Yes it is, it’s only water and water vapor/spray.”[Hold the aerosol hair spray can up.] Now what will happen if I spray this onto my hair? [Hold it up as you are about to spray your hair.] Is this only water vapor?
- [Read some of the chemicals in the product.] Let me ask again, what will happen when I spray my hair with this aerosol-propelled hair product? It will shape and hold my hair. In 30-40 minutes will it be dry? What will be left in my hair? Will all the chemicals in this aerosol be gone from hair, or will some of them still be left to shape and hold my hair?
- [Wait for the answers.] Yes, you're right, some of the chemicals will still be left in my hair. After all when you have chemicals in the form of an aerosol, they may look like water vapor, but they actually have small particles of...chemicals. Some will just hold hair and others if inhaled will do damage.
- Now let me ask, is this aerosol [hold the can up] safe for me to spray into my mouth and drink? Swallow? [Hold the can near your open mouth.] Why? Why not? [Wait for their answers. You may want to read some of the chemicals again in the hair aerosol.]
- [With a spray on hair product, repeat the exercise. Optionally, pull out a can of aerosol under arm deodorant, ask and repeat the same questions.] Do you believe e-cigarettes/vape pens/aerosol products are just water vapor? If not, are they safe? What kind of particles do you think they may have in them?

Talking Points
• Why does it matter that e-cigarettes/vape pens produce aerosol and not water vapor?
• Aerosols leave residues behind that can be harmful.
• Let’s talk about a real-life example of this
ACTIVITY 4: MY DAY ACTIVITY

Directions: Think about an average day at school. Fill in and label the clock below for everything that you do on one of these days. Include sleeping, eating, sports, and any other activities. After, put a start time next to the times or activities where you find you are smoking, vaping, or dipping.
NICOTINE ADDICTION DEFINED (Slide 110-112)

The following handouts can be used during this section with the Clock:

Optional Handout A – Signs of Addiction

Adults and youth who use tobacco have difficulty quitting because they are addicted to nicotine. Did you know that nicotine is as addictive as heroin or cocaine? When a person is addicted to nicotine, they often describe a physical urge to use tobacco. This urge often is described as a physical discomfort of some sort or feelings of illness when trying to quit. A person may also describe a psychological urge to use tobacco. A person who feels psychologically addicted may express that he/she feels trapped or has a “need” or yearning to use tobacco.

Following completion of the “Signs of Addiction” checklist, you may want to discuss both physical and psychological addiction. You may also want to discuss how the participants feel about their responses on the checklist exercise. Did they have difficulty admitting that they may have an addiction to nicotine? Were they shocked by any of their own answers? This activity provides an opportunity to discuss addiction to nicotine and how the participants, as young people, feel this will affect their plans for the future.

Optional Handout B - My Style

Directions: think about a typical weekend and identify those times when you are likely to use tobacco or other nicotine products. If appropriate, include social or work situations in the evening. “Triggers” are those things you associate with using.

OPTIONAL HANDOUT (clock activity)

SIGNS OF ADDICTION

DIRECTIONS: Put a checkmark beside those statements that apply to your smoking behavior.

☐ 1. I generally use a tobacco product within 5 to 30 minutes after I wake in the morning.

☐ 2. I find it difficult to not use tobacco in places where I shouldn’t, such as school, church, movies, at the library, or other places.

☐ 3. I use tobacco when/if I am sick and in bed with an illness.

☐ 4. When not using tobacco, I often think about smoking/dipping or planning my next opportunity to use tobacco.
☐ 5. When I try to quit or cut down on my tobacco use, I feel sick or miserable.

EXPLANATIONS:

1. For a person who is addicted, the craving for tobacco is especially strong first thing in the morning, because the body has been deprived of nicotine for seven, eight or more hours.

2. An addicted person begins to feel a craving for nicotine within 30 minutes to an hour after his/her last cigarette.

3. Illness does not take away the craving for tobacco in someone who is addicted.

4. Tobacco use is an important part of an addicted person’s life. The craving an addicted person feels when he/she can’t use tobacco causes them to think about tobacco and plan when they will get the chance to use tobacco again.

5. When a person addicted to nicotine stops his/her use of tobacco, he or she will experience withdrawal symptoms. These symptoms are the result of the body not receiving the nicotine to which it has become accustomed. The addicted tobacco user may also experience anxiety, stress, or feel depressed because he/she has relied on tobacco to relieve unpleasant feelings.
**OPTIONAL HANDOUT (clock activity)**

**My Style**

**Directions:** think about a typical weekend and identify those times when you are likely to use tobacco or other nicotine products. If appropriate, include social or work situations in the evening. “Triggers” are those things you associate with using.

<table>
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<th>Time</th>
<th>Location</th>
<th>Who you’re with</th>
<th>Trigger/Emotion</th>
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ACTIVITY 5: WHAT IS THE APPEAL OF E-CIGARETTES/VAPES?

Why do you think people your age use e-cigs/vapes?

Why do you think adults use e-cigs/vapes?
Why do you think *people your age* DON’T use e-cigs/vapes?
ACTIVITY 6: COST ANALYSIS

MY E-CIGARETTE BUDGET

My e-cigarette cost $__________. (Include all e-cigarettes purchased)

My e-juice bottle/pods cost $__________.
I purchase __________ e-juice bottles/pods a week.

Cost per e-juice/pods $__________ x __________ bottles/pods purchased. I spend $__________ per week on e-juice/pods.

Cost per week $__________ x 52 weeks = I spend $__________ per year on e-juice/pods.

Cost of e-cigarette $__________ + $__________ total cost of e-juice/pods =
Total spent on e-cigarettes a year $__________.

I have $__________ for spending money each week from my job, allowance, or other source. Divide the amount you spend each week by the total amount you have spending money each week to find out what percentage of your money goes toward vaping each week.
WHAT’S IT COSTING YOU?

Example:

I purchase one pack of e-cigarette pods per week.

The average cost of my e-cigarette pods are $15.99.
$15.99 x 52 weeks = $831.48
Plus one e-cigarette costs $49.99.

I spend $881.47 per year!!
I smoke __________ cigarettes per day.

There are 20 cigarettes in a pack, so I smoke about __________ packs per week.

My brand of cigarettes costs $__________ per pack.

Cost per pack $__________ $__________ packs per week = $__________ per week on cigarettes.

Cost per week $__________ $__________ packs per week = $__________ per year on cigarettes.

I have $__________ for spending money each week from my job, allowance, or other source.

Divide the amount you spend on cigarettes each week by the total amount you have spending money each week to find out what percentage of your money goes toward cigarettes each week.
WHAT’S IT COSTING YOU?

Example:

I smoke one pack per day.  
That’s seven packs per week.  
My cigarettes cost $5.58 per pack.  
$5.58 times 7 = $39.06 PER WEEK  
$39.06 X 52 Weeks =

I spend $2031.12 per year!!!
MY DIP BUDGET

I dip ________ times per day.

There are 20 pouches in a can, so I use _________ pouches per week.

My brand of dip costs $__________ per can.

Cost per can $__________ X _________ cans per week= I spend $__________ per week on dip.

Cost per week $__________ X 52 weeks= I spend $__________ per year on dip.

I have $__________ for spending money each week from my job, allowance, or other source.
Divide the amount you spend on a can of dip each week by the total amount of spending money each week to find out what percentage of your money goes toward a can of dip each week.
WHAT’S IT COSTING YOU?

Example:

I dip one can per day.
That’s 7 cans per week.
The average cost $3.00 per can.
$3.00 times 7 = $21.00 PER WEEK
$21.00 X 52 Weeks =

I spend $1,092 a year on dip!!!
When smokers quit, within 20 minutes of smoking the last cigarette, the body begins a series of changes.

**20 minutes after quitting:**
- blood pressure decreases
- pulse rate drops
- body temperature of hands and feet increases

**8 hours after quitting:**
- carbon monoxide level in blood drops to normal
- oxygen level in blood increases to normal

**24 hours:**
- chance of a heart attack decreases

**48 hours:**
- nerve endings start re-growing
- ability to smell and taste is enhanced

**The first year after quitting…**

**At 2 weeks to 3 months:**
- circulation improves
- walking becomes easier
- lung function increases

**1 to 9 months:**
- coughing, sinus congestion, fatigue, shortness of breath decreases

**1 year:**
- excess risk of coronary heart disease is decreased to half that of a smoker

**Long-Term Benefits of Quitting…**

**At 5 years:**
- from 5 to 15 years after quitting, stroke risk is reduced to that of people who have never smoked

**At 10 years:**
- risk of lung cancer drops to as little as one-half that of continuing smokers
- risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases
- risk of ulcer decreases

**At 15 years:**
- risk of coronary heart disease is now similar to that of people who have never smoked
- risk of death returns to nearly the level of people who have never smoked
APPENDIX II
OTHER DOCUMENTS
Underage Tobacco Use: Get the Facts

- Each day in the United States, approximately 4,000 young people between the ages of 12 and 17 start smoking.
- Nine out of 10 smokers start using before the age of 19, even though the legal age for access is 18.
- One-third of young people who are just “experimenting” with tobacco end up being addicted by the time they are 20.
- Only three out of 100 high school smokers think they will be smoking in five years...But in reality, 60 out of 100 will still be smoking seven to nine years later.
- Only about 55% of high school smokers who decide to quit are able to stay off cigarettes for 30 days – and it only gets harder as they get older.
- 103,000 South Carolina kids now under the age of 18 will ultimately die prematurely from smoking.
- Only 18% of South Carolina teens smoke, and approximately 8% use dip or chewing tobacco...So eradicating this problem is an attainable goal!

For more information about SC TEP, contact:

Brenda Powell
DAO/DAS
803-896-5555

For information about the availability of SC TEP in your county...
What is SC TEP?

The South Carolina Tobacco Education Program (SC TEP) is offered as an alternative to penalties for:

- Students who face suspension for violation of a school tobacco-use policy
- Young people who break one of the state’s laws regarding underage tobacco use.

The program consists of four sections that address and educate youth about:

- Tobacco use
- Effects of tobacco use
- Addiction
- Healthy alternatives to smoking
- Resources to quit using tobacco products

By the end of the training, participants will:

- Understand the dangers of tobacco use
- Understand reasons that they should consider quitting their use of tobacco products
- Learn about resources to help them quit using tobacco products

Who can refer young people to SC TEP?

School Resource Officers

Schools can choose to refer students facing school violations and/or civil fines for possession or use of tobacco on or around school property.

Community Organizations

Groups or agencies that work with at-risk youth (e.g., Department of Juvenile Justice, alternative programs) can refer participants.

Law Enforcement

Law enforcement officers often have the first contact with offending young people and can serve as a valuable source of referrals.

Magistrate Courts

With their ability to mandate participation in SC TEP in lieu of fines, etc., the courts are the primary source of referrals.

South Carolina Tobacco Laws

The Youth Access to Tobacco Prevention Act of 2006, which went into effect in August of that year, states that is unlawful for a minor under the age of 18 to purchase, possess, or attempt to possess tobacco products and/or to present false proof of age in an attempt to purchase or possess these products. Penalties include:

- A civil fine of $25
- A total fine that can exceed $100 after court costs and fees

An individual’s failure to complete his/her sentence gives the court the option to restrict driving privileges for 90 days or to deny issuance of a driver’s license 90 days past eligibility.

SC TEP is approved by the S.C. Department of Health and Environmental Control and the S.C. Department of Alcohol and Other Drug Abuse Services.
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SC TEP is approved by the S.C. Department of Health and Environmental Control and the S.C. Department of Alcohol and Other Drug Abuse Services.
SC TEP Trainer’s Manual

SC Tobacco Education Program
REGISTRATION FORM

DATE OF CLASS: ____________________________

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>Age</th>
<th>Address</th>
<th>Phone</th>
<th>Referral Source</th>
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SIGN-IN SHEET

Date ____________________
Time ____________________

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Consent for the Release of Confidential Information

Client Name (Last, First, MI)  ID#

I, _______________________________________________________________________________________, authorize

________________________________________________________________________________________ (name of client)

________________________________________________________________________________________ (name of program making the disclosure)

to disclose to ______________________________________________________________________________________

(person or organization to whom disclosure is to be made)

the following information: __________________________________________________________________________

(nature of information, as limited as possible)

Purpose of the disclosure is to: _______________________________________________________________________

(purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows:

________________________________________________________________________________________

(specification of the date, event or condition upon which this consent expires)

I understand that, generally, this agency may not condition my treatment on whether I sign a consent form, but that, in certain limited circumstances, I may be denied treatment if I do not sign a consent form.

Client Signature  Date

Parent or Guardian Signature  Date

Witness Signature  Date

Revocation of Consent

Client Signature  Date Revoked
## Parental/Guardian Consent for Services Form

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<th>Client Name (Last, First, MI)</th>
<th>ID#</th>
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I, __________________________________________, being the parent or legal guardian of __________________________________________, who is under the age of 16 and has applied for services from the __________________________________________, do hereby certify that these services are being provided with my full knowledge and consent. I also understand that to withdraw this consent, I must notify this agency in writing.

I understand that in any event this consent expires automatically as follows:

_________________________________________________________________________________________________

(specification of the date, event or condition upon which this consent expires)

<table>
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<th>Client Signature</th>
<th>Date</th>
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<td>Parent or Guardian Signature</td>
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<tr>
<td>Witness Signature</td>
<td>Date</td>
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### Revocation of Consent

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<th>Client Signature</th>
<th>Date Revoked</th>
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PC 4/9/03 DAODAS FORM
Survey ID: ___________
Date: _______________

Directions: Circle the correct response for each question.

1. Nicotine…
   A. Changes brain chemistry  
   B. Is a stimulant  
   C. Is highly addictive  
   D. All of these  

2. Diacetyl is related to popcorn lungs and…
   A. Is reversible  
   B. Aids breathing  
   C. Found in e-cigarettes/  
   D. Does not scar the lungs  
   
3. Thirdhand smoke…
   A. Chemicals are left in the  
   B. Smoke that comes from a  
   C. A mythical term invented by  
   D. Occurs when the smokers  
   
4. What percent of adult smokers started before the age of 18?
   A. 20%  
   B. 45%  
   C. 75%  
   D. 88%  

5. The amount of nicotine in a JUUL pod is equivalent to (choose the best answer):
   A. One cigarette  
   B. One to two packs of cigarettes  
   C. Half a pack of cigarettes  
   D. Five packs of cigarettes  

6. Are you at risk for cancers when using dip/smokeless tobacco?
   A. No, smokeless is harmless  
   B. No, not cancers only  
   C. Yes, only oral cancers  
   D. Yes, such as oral, pancreatic,  
   and esophagus cancers  

7. How much do you think people risk harming themselves physically and in other ways  
   when they dip, smoke, or vape?
   A. No risk  
   B. Some risk  
   C. High risk  

8. What is the definition of addiction
   A. The state/condition of not  
   B. A situation in which someone  
   C. Uncontrollable desire to  
   D. Must have something to  
   use drugs despite  
   survive  

9. Which pathway of the brain is hijacked by addiction?
   A. The Happiness Pathway  
   B. The Pain Pathway
C. The Reward Pathway

10. Using a drug only occasionally cannot cause addiction to develop
   A. True   B. False

11. How often do you stop and think about all of the consequences that may happen as a result of your decisions?
   A. Never   B. Sometimes   C. All the Time

12. I am worried about the effects of tobacco use on my health at this time.
   A. Yes   B. No

13. Tobacco companies target which groups with their advertising?
   A. Youth and African Americans   B. Asians, Latinos, and women
   C. Latinos, African Americans, and Asians   D. All of the above
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**Answer Sheet**

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Tobacco Education Program (TEP)  
Post-Test

Survey ID: ___________  
Date: _______________

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10. Using a drug only occasionally cannot cause addiction to develop
   A. True           B. False

11. Which pathway of the brain is hijacked by addiction?
   A. The Happiness Pathway  B. The Pain Pathway  C. The Reward Pathway

12. Are you at risk for cancers when using dip/smokeless tobacco?
   A. No, smokeless is harmless  B. No, not cancers only tooth decay and bad breath 
   C. Yes, only oral cancers  D. Yes, such as oral, pancreatic, and esophagus cancers

13. How often do you stop and think about all of the consequences that may happen as a result of your decisions?
   A. Never  B. Sometimes  C. All the Time
Answer Sheet

Directions: Circle the correct response for each question.

1. What percent of adult smokers started before the age of 18?
   A. 20%  
   B. 45%  
   C. 75%  
   D. 88%

2. Thirdhand smoke…
   A. Chemicals are left in the environment after smoking hookah  
   B. Smoke that comes from a hookah  
   C. A mythical term invented by the Cancer Society  
   D. Occurs when the smokers share cigarettes

3. Nicotine…
   A. Changes brain chemistry  
   B. Is a stimulant  
   C. Is highly addictive  
   D. All of these

4. Diacetyl is related to popcorn lungs and…
   A. Is reversible  
   B. Aids breathing  
   C. Found in e-cigarettes/vape pen flavors  
   D. Does not scar the lungs

5. Tobacco companies target which groups with their advertising?
   A. Youth and African Americans  
   B. Asians, Latinos, and women  
   C. Latinos, African Americans, and Asians  
   D. All of the above

6. How much do you think people risk harming themselves physically and in other ways when they dip, smoke, or vape? **Opinion**
   A. No risk  
   B. Some risk  
   C. High risk

7. The amount of nicotine in a JUUL pod is equivalent to (choose the best answer):
   A. One cigarette  
   B. One to two packs of cigarettes  
   C. Half a pack of cigarettes  
   D. Five packs of cigarettes

8. I am worried about the effects of tobacco use on my health at this time. **Opinion**
   A. Yes  
   B. No

9. What is the definition of addiction
   A. The state/condition of not having any or enough of something  
   B. A situation in which someone must have something to survive  
   C. Uncontrollable desire to use drugs despite consequences

10. Using a drug only occasionally cannot cause addiction to develop
    A. True  
    B. False

11. Which pathway of the brain is hijacked by addiction?
    A. The Happiness Pathway  
    B. The Pain Pathway
C. The Reward Pathway

12. Are you at risk for cancers when using dip/smokeless tobacco?
   A. No, smokeless is harmless       B. No, not cancers only tooth decay and bad breath
   C. Yes, only oral cancers           D. Yes, such as oral, pancreatic, and esophagus cancers

13. How often do you stop and think about all of the consequences that may happen as a result of your decisions? **Opinion**
   A. Never      B. Sometimes      C. All the Time
SAMPLE CERTIFICATE OF COMPLETION

CERTIFICATE OF COMPLETION

This certificate is presented to:

_______________________________

In recognition of successful completion of the

S.C. TOBACCO EDUCATION PROGRAM
, 2008

Sponsored by
Spartanburg Alcohol and Drug Abuse Commission
and
Spartanburg Sheriff’s Office

[Signature]
[Date]

[Signature]
[Date]
**SC TEP FIDELITY CHECKLIST**

Trainer: __________________ Location: ________________ Date: ________________

Number of Participants: Court Ordered Non-Court Ordered

1. Were the following topics covered? Indicate whether all, some, or none of the following were completed during the session:

<table>
<thead>
<tr>
<th>Section 1</th>
<th>ALL</th>
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<tr>
<td>a. What is TEP?, Ground Rules, and Introductions</td>
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<td>b. Pre-Test &amp; Answer Review</td>
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<td>c. Activity 1 (circle the activity you chose: Pick a Quote, Silent Lineup, Name Search, That's Me, or Marooned)</td>
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<td>d. Code of SC Laws, Tobacco Products, School Policy</td>
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<tr>
<td>a. Two Truths and a Myth</td>
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<td>b. History, Activity 2</td>
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<td>a. E-Cigarettes and Vape Pens, Pod-Based Systems</td>
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<td>b. Aerosol Contents, Activity 3</td>
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<td>c. Health Risks, Effects of Nicotine, Activity 4: My Day</td>
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<td>d. Adolescent Brain, How drugs affect the brain</td>
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<td>e. Overall health effects</td>
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<tr>
<td>a. Thirdhand Smoke, Class Discussion</td>
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<td>b. Marketing Tactics, Videos</td>
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<td>c. Activity 5: Appeal of E-Cigs/Vapes,</td>
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<td>d. Activity 6: Cost Analysis</td>
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<td>b. Resources</td>
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<td>c. Post-Test</td>
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2. Did you inform your referral source once your students completed the class? (Circle) Y or N

3. Did you get the Consent Form signed? (Circle) Y or N

4. Did you provide a Certificate of Completion to your students? (Circle) Y or N

5. Did you complete the Registration Form? (Circle) Y or N
APPENDIX III
RESOURCES
TOBACCO ADDICTION GLOSSARY OF TERMS

**Addiction:** A chronic, relapsing disease characterized by compulsive drug-seeking and use and by neurochemical and molecular changes in the brain; sometimes used synonymously with “dependence.”

**Addictive Personality:** A common belief that particular personality traits predispose to addiction to drugs, smoking, eating, etc. There is no scientific support for this belief.

**Anxiolytic:** A medication used to reduce anxiety symptoms; also known as “tranquilizer” or “anti-anxiety medication.”

**Aversive Smoking:** Several types of therapeutic techniques that involve smoking in an unpleasant or concentrated manner. These techniques pair smoking with negative associations or responses.

**Bupropion:** A non-nicotine prescription medication used both for smoking cessation (Zyban) and for treating depression (Wellbutrin).

**Carbon Monoxide (CO):** A colorless, odorless, poisonous gas produced by the burning of tobacco. CO binds more readily to hemoglobin than oxygen, thereby reducing the oxygen-carrying capacity of the blood.

**Carcinogen:** A chemical or other substance that causes cancer. Tobacco smoke has more than 50 known carcinogens.

**Chantix:** The trade name of a medication that is prescribed by physicians for assistance with smoking cessation.

**Chewing Tobacco:** A type of smokeless tobacco that is potentially addictive because it contains nicotine. Long-term, regular use can cause oral cancers and dental problems; it should not be used as a substitute for smoking cigarettes. Also known as spit tobacco, chew, dip, and chaw.

**Chipper:** Smokers who smoke at a low rate, such as one to five cigarettes per day or less. It is estimated that 10% to 20% of all smokers are chippers. Can also be referred to as “social smokers” or “aperiodic smokers.”

**Clonidine:** A prescription medication (Catapres; generic available) primarily used to lower blood pressure. It has also been shown in research studies to help smokers quit smoking. Not yet approved by the FDA for smoking cessation.

**Cold Turkey:** A smoking-cessation strategy that involves abrupt cessation of smoking.
Compensatory Smoking: When a smoker inhales more smoke, or smokes more intensely, to compensate for reductions in nicotine content of tobacco smoke or the number of cigarettes smoked per day.

Chronic Obstructive Pulmonary Disease (COPD): A lung disease in which the airways in the lungs produce excess mucus, resulting in frequent coughing. Smoking accounts for 80% of the risk for developing COPD.

Coronary Artery Disease: Thickening of the coronary arteries due to build-up of plaque (fatty deposits); causes narrowing of the arteries so that the supply of blood and oxygen to the heart is restricted or blocked. Smoking is a major risk factor for coronary artery disease.

Craving: A powerful, often uncontrollable, desire for drugs.

Dopamine: A neurotransmitter present in regions of the brain that regulate movement, emotion, motivation, and feeling of pleasure.

Electronic nicotine delivery system (ENDS): Electronic cigarettes are battery-operated devices that deliver nicotine with flavorings and other chemicals to the lungs in vapor instead of smoke. Some other names for these “e-cigarettes” are e-vaporizer, e-smokes, e-cigs, cigalikes, vapes, mods, pod mods, pod vape devices, vape mods, box mods, wop machines, pens, vape pens, personal vaporizers (PVs), and advanced personal vaporizers (APVs). Other vaping products that use e-liquids include e-cigars, e-pipes, and hookah pens (e-hookahs).

Emphysema: An irreversible, chronic lung disease in which the alveoli (small air sacs in the lung) become damaged. Smoking is the most common cause of emphysema.

Environmental Tobacco Smoke (ETS): Also known as “second-hand smoke” or “passive smoking”; occurs when people inhale the smoke of others. ETS contains the same harmful chemicals that smokers inhale.

Fading: Cigarette fading (or smoking reduction) involves reducing the number of cigarettes smoked prior to quitting smoking.

Lapse: A brief, temporary resumption of smoking, perhaps a few cigarettes, after a cessation attempt; synonymous with “slip.”

Mainstream Smoke: Smoke that is exhaled by a smoker (in contrast to “sidestream smoke,” which comes from a burning cigarette).

Menthol: A chemical added to cigarettes to produce a cool sensation in the throat when smoke is inhaled.
**Neurotransmitter:** Chemical messengers in the nervous system that permit nerve cells to communicate; examples include dopamine, serotonin, and norepinephrine. Nicotine acts on several neurotransmitters, including acetylcholine and dopamine.

**Nicotine:** An alkaloid (chemical substance) derived from the tobacco plant that is responsible for smoking’s psychoactive and addictive effects. It is toxic at high doses but can be safe and effective as a medicine at lower doses.

**Nicotine Replacement Therapy (NRT):** Nicotine-containing medications used for smoking cessation, including the nicotine patch, nicotine gum, nicotine inhaler, and nicotine nasal spray.

**Nicotine Gum:** Nicotine-containing gum that delivers nicotine through the lining of the mouth. It is available without a prescription, marketed as Nicorette. It is not available for purchase in South Carolina by youth under 18 years of age.

**Nicotine Inhaler:** Nicotine-containing inhaler that delivers nicotine in a vapor that is absorbed in the mouth. It is available by prescription only, marketed as the Nicotrol Inhaler.

**Nicotine Nasal Spray:** Nicotine-containing nasal spray that delivers nicotine in a mist that is absorbed in the nasal passages. It is available by prescription only, marketed as Nicotrol Nasal Spray.

**Nicotine Patch:** A nicotine-containing patch that delivers nicotine through the skin; available without a prescription. Brands include Nicoderm, Havitrol, Nicotrol, and ProStep. Generic brands may be available. Not available for purchase in South Carolina by youth under 18 years of age.

**Nortriptyline:** An antidepressant that has been found in research studies to be potentially effective for smoking cessation. However, the FDA has not approved nortriptyline as a smoking-cessation aid.

**Pharmacotherapy:** Treatment that uses one or more medications. Five medications are FDA-approved for smoking cessation: nicotine gum, nicotine patch, nicotine inhaler, nicotine nasal spray, and Zyban (buproprion SR).

**Physical Dependence:** An adaptive physiological state that occurs with regular drug use and results in withdrawal syndrome when drug use is stopped.

**Psychoactive:** A chemical substance that exerts psychological effects, including changes in mood, cognition, and behavior. Nicotine is a psychoactive drug.

**Pulmonary Function Test:** A specialized lung test that takes about 10 minutes and requires that the patient blow big breaths into a machine; this test helps the doctor evaluate the health status of the patient’s lungs.
Raynaud Disease: Temporary discoloration, mild tingling/numbness, and sometimes pain of the fingers and toes due to reduced blood flow and reduced availability of oxygen. It occurs in response to changes in temperature and emotional events. Smoking can trigger episodes of Raynaud Disease.

Risk Factors: Conditions that increase a person’s chances of getting a disease (such as cancer). Risk factors do not cause the disease; rather, they indicate that a person has a higher chance of getting the disease.

Secondhand Smoke: Also known as Environmental Tobacco Smoke. The smoke inhaled by an individual not actively engaged in smoking. It contains the same harmful chemicals that smokers inhale.

Sidestream Smoke: Smoke that comes from a lit or smoldering cigarette (in contrast to “mainstream smoke” that is exhaled by a smoker).

Silver Acetate: Silver acetate is a chemical compound that reacts with cigarette smoke to produce an unpleasant taste and has been investigated as a deterrent to smoking. Scientific studies have shown no support for silver acetate as a treatment for smoking cessation.

Smokeless Tobacco: Includes snuff and chewing tobacco; not a safe alternative to smoking. Smokeless tobacco is as addictive as smoking and can cause cancer of the gum, cheek, lip, mouth, tongue, and throat.

Smoker’s Cough: The chronic cough experienced by smokers because smoking impairs the lung’s ability to clean out harmful material. Coughing is the body’s way of trying to get rid of the harmful material in the lungs.

Snuff: Smokeless tobacco that consists of cured, finely ground tobacco marketed in various forms (e.g., dry, moist, fine cut). Users put a pinch (dip) of snuff between gum and lip (or cheek) or snort snuff into the nose where nicotine is absorbed.

Tar: An oily substance resulting from the burning of tobacco and consisting of thousands of chemicals, some of which are carcinogenic or otherwise harmful.

Tolerance: A condition in which higher doses of a drug are required to produce the same effect as during initial drug use. Tolerance often leads to physical dependence.

Transdermal Nicotine: Also known as the nicotine patch; smoking-cessation medications that deliver nicotine by diffusion through the skin.

Trigger: Situations, thoughts, or feelings that “trigger” or start the urge to smoke. Common triggers include stressful events, driving in a car, drinking alcohol, watching TV, negative emotions, and breaks from work.
Urge: In smokers, an “urge” is a desire to smoke that can vary in intensity from mild to very strong. Some urges are strong enough that a smoker who has recently quit may experience a lapse or relapse.

Withdrawal: A variety of unpleasant symptoms (e.g., difficulty concentrating, irritability, anxiety, anger, depressed mood, sleep disturbance, and craving) that occur after use of an addictive drug is reduced or stopped. Withdrawal symptoms are thought to increase the risk for relapse.

Zyban: A prescription smoking-cessation medication that contains bupropion in a sustained-release formulation.

**TALKING POINTS: Electronic Nicotine Delivery Systems**

Electronic cigarettes have the potential to benefit and harm certain populations.¹ Researchers are still learning about electronic cigarettes’ constituents, how these devices’ impact human health, issues of initiation and cessation, and how these devices can be used for harm-reduction purposes.¹²

**Electronic Cigarettes:**
- Electronic cigarettes are battery-operated devices that deliver nicotine with flavorings and other chemicals to the lungs in vapor instead of smoke. Some other names for these “e-cigarettes” are e-vaporizer, e-smokes, e-cigs, cigalikes, vapes, mods, pod mods, pod vape devices, vape mods, box mods, wop machines, pens, vape pens, personal vaporizers (PVs), and advanced personal vaporizers (APVs). Other vaping products that use e-liquids include e-cigars, e-pipes, and hookah pens (e-hookahs).³
- Manufacturers have developed a wide array of e-cigarettes that look like combustible cigarettes, cigars, and/or pipes; however, new e-cigarettes resemble everyday items such as USB flash drives, pens, etc.¹
- A JUUL is a rechargeable e-cigarette that resembles a USB flash drive.⁴ Using a JUUL e-cigarette may be referred to as JUULing,⁴ and all JUUL pods have a high level of nicotine.⁴ According to the manufacturer, one JUUL pod may contain as much nicotine as a pack of cigarettes.⁴

**Health Effects:**
- A majority of e-cigarette constituents or e-liquids contain nicotine.¹² Nicotine is highly addictive, can harm brain development in adolescents, and is dangerous for pregnant women and developing fetuses.¹
- In addition to nicotine exposure, e-cigarette vapor or aerosol contains substances that harm the body.¹ E-cigarette use exposes the lungs to a variety of chemicals, including those added to e-liquids, and other chemicals produced during the heating/vaporizing process.³
- Manipulated or defective e-cigarette devices can cause fires and explode, leading to unintended injuries.¹

**Impact on Youth:**
- Youth and young adults are the primary users of e-cigarettes. High school students use e-cigarettes at rates five times higher than adults over age 25. Their reasons for trying and using e-cigarettes are flavor, taste, curiosity, and the belief that they are less harmful than other tobacco products.⁵ Youth and young adult e-cigarette users are more likely to try combustible cigarettes.²

**Smoking Cessation:**
- Limited evidence suggests that e-cigarettes may help current smokers quit smoking combustible cigarettes. Currently, more evidence is needed to determine if e-cigarettes are an effective smoking cessation aid compared to FDA-approved smoking cessation aids or compared to quitting with no treatment.²

**Harm Reduction:**
- While e-cigarettes are less harmful than combustible cigarettes, this does not mean that these devices are safe.¹ E-cigarette vapor or aerosol contains substances that either might be harmful or have been found to be harmful, such as flavorings, ultra-fine particles, cancer-causing agents, volatile organic compounds, heavy metals (i.e., lead, tin, and nickel), and nicotine.¹

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3. National Institute on Drug Abuse (NIDA)