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# <sup>1</sup> The use of E-Cigarettes among Adolescents in the United States

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7 Abstract

<sup>8</sup> Latest research has indicated that e-cigarettes are not safe for all ages, from kids to young

9 adults, and it has been estimated that 99

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11 Index terms—e-cigarettes, vaping, adolescent, teens, youth, advertisement, regulation, health effects.

### 12 **1** Introduction

cientists are still trying to determine the long-term effects of e-cigarettes, as a result of some of the ingredients 13 in the e-cigarette's aerosols considered to be possibly harmful to the lungs in the long-term. It is disturbing to 14 find that both children and adults smoking e-cigarette are actually been poisoned by swallowing, breathing, or 15 ab sorbing e-cigarette liquid through their skin or eyes. It is alarming to discover that, approximately 50% of 16 17 calls to poison c ontrol centers for e-cigarettes are for kids 5 years old or younger nationally (CDC, 2020). Since 18 2007, when e-cigarettes first entered the U.S. marketplace, it is estimated that since 2014, vaping has been the 19 most commonly used tobacco products among U.S. youth. Among the middle and high school students, the rate of usage increased approximately 900% between 2011-2015, before declining slightly for the first time during the 20 2015-2017 (Office of the Surgeon General, 2016; & ??ang, et al., 2017). As of 2018, current e-cigarette usage 21 increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018 and more 22 than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently 23 use ecigarettes (Cullen, et al., 2018). 24 The increase of this new trend is attributed to advertisement and the promise of a healthier alternative. Even 25 though these advertisements were intended to influence smokers in the adult demographic, the youth have actually 26 27 been affected the most due to the popularity and peer influences. The regulatory body of the FDA to cover e-28 cigarettes was created at the Federal level in 2016. The newly created Family Smoking Prevention and Tobacco Control Act (FSPTCA) with FDA has the authority to develop regulations that address the manufacturing, 29 marketing and sale of e-cigarettes. However, the FSPTCA does not prevent states and communities from adopting 30 many strategies related to e-cigarettes. Additionally, there are all so many strategies that FDA does not have the 31 authority to implement and that states can implement, including the usage of ecigarettes in smoke-free policies, 32

pricing strategies, and increasing the age of sale for tobacco products to 21 (CDC, 2020). In 2017, approximately 2.1 million teens were using electronic cigarettes and in 2018, more than 3.6 million U.S. middle school students (4.9%) and high school students (20.8%) had used e-cigarettes in the past 30 days, when asked if they have used it recently (CDC, n.d.). However, the penalties of selling to minorities vary from state to state with no federal law governing retailer practices in this area. In the state of California, the local law enforcement agencies have the authority under California Penal Code Section 830.1. to enforce this law and violators are subject to a fine

<sup>39</sup> up to \$200 for the first violation and; \$500 for 2 nd violation; and \$1000 for 3 rd or sub sequent violation.

Ever since electronic cigarettes appeared in the market, people believed that this was a healthier alternative to smoking a cigarette because it did not have all that harmful chemicals that a cigarette contains. There was limited data or research back to support that claim and the public believed it because they were told by friends and others that smoking electronic cigarettes was a healthier option. A research study conducted by the FDA (2019) in 2019 indicated a sharp increase of usage due to the high nicotine content; appealing flavors; and the ability to be easily concealed and used discreetly. Due to the p opularity of this product, teenagers began to use e-cigarettes because of the different flavors and the overall acceptability of the product. This then led to a growing population of children smoking electronic cigarettes. Due to this S increase, people started to become concerned for individuals who are smoking electronic cigarettes, such as their friend s, relatives, and even their

48 concerne49 children.

#### 50 **2** II.

## 51 3 Statement of Problem

Recently, e-cigarette usage has been the social trend with young Americans. Because of the increase in exposure and media, cigarette companies appear to be targeting their advertising to include young Americans. According to the Center for Disease Control and Prevention (2017), about 69% of middle and high school students were exposed to e-cigarette advertisements. These c orporate promotions appeal to the masses of the young, they are encouraging a misleading impression that smoking is "cool," leading teenagers to believe that smoking is "fun" or "safe." This can lead to a widespread occurrence of peer-pressure between young Americans at a time when popularity and acceptance are thought to be of with great importance (CDC, 2017).

With the increasing epidemic of e-cigarette usage in young Americans and with lack of legal regulations, many American children are unknowingly causing permanent and significant harm to themselves. As of November 13, 2019, there have been 2,172 cases of hospitalization caused by e-cigarette and vaping products with 14% of patients under the age of 18 (CDC, 2019a). Due t o the promotion of fal se and misleading information of e-cigarettes companies, adolescent health has been decreasing and leading to life threatening situations.

### <sup>64</sup> **4 III.**

## 65 5 Purpose of the Study

The use of e-cigarettes among teens has increased rapidly and has been gaining popularity over the years due to 66 67 the belief that it is a healthier alternative to regular traditional cigarettes; the fact remains however, that there 68 is nicotine contained in these products, which are highly addictive and can affect the human body. Teens are highly influenced through peers and the widespread advertising of the products, via media, for which advertising 69 for conventional tobacco products is prohibited. Advertising, such as on TV, and the low cost as compared to 70 conventional cigarettes has contributed to the increase in e-cigarette usage among youth (CDC, 2020). Youth 71 nicotine exposure i s at a high level, causing some serious side effects. One of these side effects is addiction 72 73 to nicotine. This type of exposure at a young age causes serious health problems for a teenager. Nicotine 74 consumption has developmental effects on the brain's prefrontal cortex, such as cognition, attention, and mood (CDC, 2016). As teenagers, being exposed to nicotine in vaping, might cause them to smoke traditional cigarettes 75 76 later on or even consume other forms of drugs that are harmful to the body. Therefore, the purpose of this study 77 was to investigate the health risk factors and popularity of e-cigarette usage in teens in the California. It is a 78 known fact that e-cigarettes are unsafe among young people, as many also rep orted that using e-cigarettes i s due to curiousness of the new products and the belief that the products are less harmful than conventional 79 cigarettes. 80

81 IV.

#### <sup>82</sup> 6 Significance of the Study

The use of tobacco is prevalent and a common addiction, mostly recognized in the United States. As technology 83 has grown over the years, e-cigarettes have taken over traditional cigarette usage and infiltrated the minds of 84 young adults. The effects of advertisements amongst adolescents suggests that the effect of warning statements 85 and ri sk factors are not effective in the decrease of the urge to smoke. Some of these advertisements contain 86 celebrity endorsement s, sponsorships from sporting events, and cartoon characters that actually give it positive 87 light and a sign of approval. These entertaining commercials increase the urge for young adults to consume and 88 buy e-cigarette products (Sanders, Schleicher, Fortmann, & Henriksen, 2019). New research shows that mint and 89 menthol ecigarette use among high school users rose from 16% in 2016 to 57.3% in 2019 (Truth Initiative, 2019). 90 Although traditional cigarette advertisements have been banned from the United States television, this does 91 not include the promotion of electronic cigarettes. These advertisements are reaching approximately 24 million 92 youths today, not including social media's involvement. These weak regulations of promotion have deemed using 93 e-cigarettes as a positive and socially acceptable norm ?? Reinhold, Kenne & Fisehbein, 2018). Other studies also 94 indicated that exposure to Electronic Nicotine Delivery Systems (ENDS) visual imagery has not only increased 95 the intent to smoke, but positive feelings about the product (King, Smith, Fridberg, Matthews, McNamara, 96 Dingcai, & Cao, 2016). It is of vital importance that advertisements openly report risk factors, as well as provide 97 all side effects that result from these nicotine-based vap or products. 98 V. 99

## 100 7 Methodology

In this study, data was retrieved from the 2017 California Health Interview Survey (CHIS). The data investigate the health risk factors and the popularity of electronic cigarettes use in teens in the United States. Observing

- how teens use electronic cigarettes relates to the family type of the teen, safety in the neighborhood, and parent's
  involvement in the teen's social and school life. The sample population of teens provided by the 2017 CHIS
  teen data totaled approximately 448 participants in the study. This secondary data analysis from the California
  Health Interview Survey (CHIS, 2017) and from additional reliable resources was used for this Volume XX Issue
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research investigating current teen smoking habits. This study is descriptive in nature and quantitative because the variables were selected from the categorical variables of a secondary data source. The results that are gathered from this study were used further to determining the effect s on health from electronic cigarettes in California. Using SPSS (2017), a sample size of 448 applicants that completed the survey, were analyzed and the results showed that 8.9% of adolescents smoked electronic cigarettes.

First, cases were filtered out on the relationship between age and smoking electronic cigarettes, which is represented in Table 1 below. About 40 participants (8.93%) indicated that they have smoked electronic cigarettes, as opposed to a total of 408 (91.07%) who stated no. The age category that has the highest number of electronic smokers is 17-year-olds with 13 participants (20%) who stated that they have smoked electronic cigarettes and the other 52 (80%) who said no. The age category with the lowest percentage who did not smoke electronic cigarettes was the 12-yearolds, and out of 75 participants (100%) said that they did not smoke electronic cigarettes.

## <sup>120</sup> 8 a) Survey Design

This study investigated data provided by the California Health Interview Survey (CHIS) and used the Statistical Package for Social Science (SPSS) in its data collection. In addition, reviewed articles and statistics published from government agencies, such as the Center for Disease Control and Preventions (CDC) and the National Institute of Health (NIH) were also used.

## <sup>125</sup> 9 b) Data Collection

For this report, teen data from the CHIS 2017 survey was analyzed by using SPSS, a statistical software package used for several types of research in an array of different fields. SPSS frequencies were used to determine if the sample size conveyed association with the literature review findings. CHIS is the largest depository of health surveys of all areas of health including health issues, health behaviors, health patterns, and among other health and non-health related services.

## <sup>131</sup> 10 c) Independent Variables

132 Teens who had smoked an electronic cigarette.

# <sup>133</sup> 11 d) Dependent Variables

Dependent categories included the following variables: highlighted parent-involvement, household size, family 134 type (4-levels), and if the adolescent felt safe in their respective neighborhood. The main goal was to determine 135 if there was any correlation or patterns contributing to juvenile e-cigarette usage. The Chi-squared value for 136 the relationship between age and if the participant smoked electronic cigarettes is ? 2 = 30.29 and the P-value 137 = 0.00. The pvalue is less than 0.05 indicating that there is a relationship between age and smoking electronic 138 cigarettes. Table 1 explains that as teenagers reach17 years-old, they tend to smoke electronic cigarettes according 139 to the 2017 CHIS teen data set. As this is significant in California in the year 2017, CDC rep orted that 11.7% of 140 the t otal population of teenagers in the United States in 2017 showed that 1 in 4 high school and middle school 141 students smoke or vape electronic cigarettes (LaVito, 2019). As the years progress, age and smoking electronic 142 cigarettes will be greatly affected. In 2017, teenagers in California who used electronic cigarettes was only 9% 143 and in 2018 that percentage increased significantly to 13%. 144

145 Another case that was filtered out was the parent's involvement in the teens social and school life.

Data collected from the 2017 CHIS data set stated that 39 teens (8.88%) who received notices about absenteeism from the school s, smoked electronic cigarettes. The other 91.12% said that they were noticed, but did not smoke electronic cigarettes. For adults being active in the teenager's life, 9.07% of the teens said that they smoked electronic cigarettes. The other 90.93% said that it was true, but did not smoke a cigarette. Lastly, for the adults believing that the teenager will be a success 8.88% of teens said that they smoked electronic cigarettes. The other 91.12% said that they smoked electronic cigarettes. The other 91.12% said that they did not smoke a cigarette.

The Chi-square value for the relationship between adults believing that the teenager will be a success and if 152 153 the participant smoked electronic cigarettes is ? 2 = 12.38 and the P-value = 0.015. The p-value is less than 154 0.05 indicating that there is a relationship between adults believing that the teenager will be a success and if the participant smoked electronic cigarettes. It appears that when the parents or adults exert pressure on a 155 teenager, then the teenager will most likely smoke electronic cigarettes due to the stress. Although there was no 156 significant relationship between adults noticing teens absent from school and smoking electronic cigarettes and 157 between adults caring about the teen in school and smoking, more research needs to be conducted, but in 2018 158 and 2019, there is some significance as there is more evidence. 159

#### <sup>160</sup> 12 e) Hypotheses Testing

A Chi-square test was performed the using CHIS 2017 teen data to determine if there was a correlation between teens smoking an e-cigarette and whether parental, legal and social factors were contributed. From the p-values given, the level of significance proved that there was a strong correlation to these variables.

The hypothesis s predicted that the lack of information about health effects, regulation, and parental guidance are contributing factors to the increase of adolescent smoking in the United States. Based off this collection and literature review, the study concluded to accept the hypothesis as true. Additionally, CDC and literature review findings also supported the hypothesis s claim.

## 168 13 VI. Comparative Analysis CHIS & CDC

Center for Disease Control and Prevention (2019) statistics details that the number of teenage ecigarettes users has grown from 11.7% in 2017 to 20.8% in 2018, while no other change was found in other tobacco products. CDC further notes that the number of users in the e-cigarette population in youth increased 1.5 million from 2017 to 2018. Compared to the sample size given using 2017 CHIS data, this study can deduce that there is a growing epidemic of e-cigarette users within the United States. The CDC stated that since the introduction and availability of electronic cigarettes to the general public, there has been an ongoing outbreak to lung and cardiovascular injuries associated with electronic cigarettes (Raven, 2019).

This new lung disease identified as EVALI (e-cigarettes or vaping associated lung disease) has caused multiple 176 injury cases and dozens of deaths. An example of one of these cases was popcorn lungs. Popcorn lungs were 177 first introduced to employees that worked in popcorn manufacturers because of the chemical called diacetyl that 178 was within the ingredients to make popcorn. That issue was solved by the FDA, but came back when electronic 179 cigarettes entered the market. The effects of popcorn lungs are caused by the diacetyl chemical, which inflames 180 the bronchioles and alveoli in the lungs. Those who have been injured by vaping for over a period of months or 181 years could experience a deterioration of their health and difficulty of breathing. This particular type of lung 182 disease is severe and is irreversible. Recently, there was a case in the United States where a 17-year-old boy that 183 had vaped for a couple months was hospitalized in intensive care for 47 days due to lung damage. Doctors even 184 considered the possibility that they might need to do a double lung transplant (BBC, 2019). More cases are 185

being studied by the CDC, including the possibility that can affect teenagers mentally, as well as physically.

#### <sup>187</sup> 14 VII. Conclusion and Recommendations

The use of e-cigarettes among teens has skyrocketed in recent years and e-cigarettes are now the most common 188 189 use tobacco products, especially among teens. Many young teens have started smoking ecigarettes between the ages of 15 to 17 years old (CDC, 2018). E-cigarettes are considered to be a healthier alternative to regular 190 191 traditional cigarettes, but there are still a lot of health risks associated with them. Usage of teens who start smoking e-cigarettes at a young age can lead to issues with brain devel opment creating negative impacts on 192 193 overall health. When young teens are exposed to nicotine during young adulthood, it can change how the brain works, leading to a lifetime of addiction and in some cases, causing long-lasting mood disorders (CDC, 2018). 194 From 2017 to 2018, the number of middle and high school students who said they had used a tobacco product 195 within the previous 30 days rose by 38.3%, according to the Centers for Disease Control and Prevention (CDC, 196 2018). This is a cause for concern because tobacco usage is the leading cause of preventable disease and death 197 in the United States and because nearly all tobacco products contain nicotine, which is why teens are now at ri 198 sk (CDC, 2018) 199

Many parents from e-cigarette using homes were not fully aware of the health and safety ri sks of e-cigarettes to user and the individuals around them.

Parents viewed e-cigarettes as safer than regular smoking cigarettes ??Garbutt et al., 2016). Parental e-202 cigarette usage increases their children's health risk of nicotine addiction at an early age, through role modeling 203 and normalization. A child who is exposed to cigarette usage by the parent, especially before young adulthood, 204 is more likely t o smoke cigarettes ??Garbutt et al., 2016). Some parents have reported that they use electronic 205 cigarettes as an alternative to quit smoking regular cigarettes and wanting to reduce the exposure of second-hand 206 smoke to their children. However, the majority of children in e-cigarette using households were also exposed 207 to cigarettes, which is raising concern about the widespread use of e-cigarettes among parents about the safety 208 hazards of children in their home ??Garbutt et al., 2016). E-cigarettes may provide some benefits by helping to 209 210 reduce parental use of regular cigarettes, but exposure to these products can lead to negative outcomes and p 211 ossible addiction at an Volume XX Issue VII Version I 4 ( A )

early age. Parents should not be using e-cigarettes in the house and in front of their children, because that is how many young teens get hooked ??Garbutt et al., 2016).

The study did not look into all aspects of the environment around the adolescents' life that may influence their usage of e-cigarettes. The SPSS data also limited data collection because the surveyed population did not report usage of e-cigarettes as highly as our outside sources. Data shows that in today's world, e-cigarettes have substantially sub stituted for the use of traditional cigarettes. M ore variables may include socioeconomic status, race, and gender of the population, not discussed within our research. To reduce usage of e-cigarettes in the future, studies should not be limited to certain lifestyles, so the targeted population may be assisted in reducing their consumption.

This research tends to influence the targeted community with information about the negative health effects 221 brought upon adolescents from using ecigarettes. It is vital that all the factors the youth be brought to the 222 attention of the population and that act in order to prevent the growth of e-cigarette sales. The more research 223 done on the harmful effects of e-cigarettes, the more likely the resulting information will further inform teenagers 224 about the grave dangers they are exposed to from the unlawful chemicals used within those products. It is 225 imperative that more attention be shined on the topic because as of today, advertisement of these products is 226 not illegal like it is for traditional cigarettes. Because there has not been much information or research done on 227 228 the long-term effects of e-cigarettes, it is important that research continues, as new information comes to light over the years. It has only been since 2019 that horror stories of mortalities and irreversible damages to the body 229 have been broadcast across the globe. 230

### <sup>231</sup> 15 VIII.

#### 232 16 Future Directions

Although there has been a recent decline in the sales of e-cigarettes and electronic tobacco usage due to recent 233 negative headlines, the future of e-cigarettes is still on the rise (Wu, 2019). Many states are now trying to ban 234 flavoring e-cigarettes, as well as regulating them further. With recent long-term health effects coming to light 235 in 2019, regulations among the 50 states have been updated to protect the public. Some huge retail stores have 236 al so removed e-cigarettes, such as the popular brand Juul from their shelves. However, although the negative 237 effects of e-cigarettes and flavored vapes are being slowly unraveled, the projected growth of the industry is still 238 quickly rising. In the future, flavoring may be removed altogether to have less appeal for the younger crowd in 239 hopes of decreasing the popularity among adolescents. Advertisement may also take a quick turn and be banned 240 altogether, like the advertising ban on traditional cigarettes. The lack of positive advertisement may diminish 241 the heavy influence placed upon the e-cigarettes by impressionable teenagers, leading to a steady decline in sales 242 243 amongst them.

#### <sup>244</sup> 17 IX.

#### 245 18 Recommendations

The increase in e-cigarette smoking in teens has become a serious issue and lately, it has been gaining a lot of 246 popularity over social media, which is influencing many teens to become addicted on a daily basis. They need 247 to be aware that the chemicals in electronic cigarettes have the same risks as smoking traditional cigarettes. To 248 prevent teens from continuing to use e-cigarettes, there needs to be plans in place to educate them about the 249 dangers of e-cigarettes, so that they will not continue to use the products and stricter tobacco policies must be 250 251 adopted. Schools should be a tobacco free campus, so that they are not easily influenced by their peers. The household occupants need to be aware of the danger and prohibit tobacco use, especially for the teens in the 252 253 home. Although, we continue to learn more about e-cigarettes each day, we need to increase awareness of the harmful effects of ecigarettes among adolescents, so e-cigarette usage does not continue to escalate in the future.

1

Age	Yes	No	Total
12	0%	100%	75
13	1.43%	98.57%	70
14	5.26%	94.74%	76
15	17.28%	82.72%	81
16	9.88%	90.12%	81
17	20%	80%	65
Total Percentages (N	8.93%	91.07%	448
= 448)			

#### Figure 1: Table 1 :

254 255 <sup>1</sup> <sup>2</sup>

<sup>&</sup>lt;sup>1</sup>Year 2020 © 2020 Global JournalsThe u se of E-Cigarettes among Adolescents in the United States  $^{2}$ © 2020 Global JournalsThe u se of E-Cigarettes among Adolescents in the United States

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