

Consensus Statement

SUMMARY STATEMENT

It is the opinion of the National Association of School Nurses (NASN) that the use of electronic cigarettes (e-cigarettes) contributes to youth access to nicotine that has long-term health consequences. E-cigarettes contain nicotine derived from tobacco that is highly addictive and has harmful effects on the adolescent brain. Tobacco use in the United States is the leading cause of preventable death and disease and children who begin smoking before 18 are more likely to become addicted to nicotine (U.S. Department of Health and Human Services [USDHSS], 2014).

- Electronic nicotine delivery systems (ENDS) are battery-operated devices that deliver nicotine, flavorings and other chemicals in aerosol form that may be inhaled. It is also known as *vaping* since water vapor is introduced into the air instead of smoke (Morbidity & Mortality Weekly Report [MMWR], 2013; Substance Abuse & Mental Health Services Administration, 2014; Trumbo & Harper, 2013).
- ENDS include but are not limited to e-cigarettes, e-pipes, and e-hookahs and appear shaped as pens, or lipstick cases (Paradise, 2014).
- Insufficient research exist to support claims that e-cigarettes aid in smoking cessation, are safer for the environment, are healthier than cigarettes, and have no second-hand effect (Popova & Ling, 2013; Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act [proposed], 2014).
- There are concerns that e-cigarettes contribute to normalizing smoking as a social norm and may be a gateway to smoking tobacco (Choi, Fabian, Mottey, Corbett & Forster, 2012; Krishnan-Sarin, Morean, Camenga, Cavallo & Kong, 2014; USDHHS, 2014).
- Currently e-cigarettes that make no medical claims are not regulated and are sold in all 50 states and on the internet without age verification in many cases. The amount of nicotine and chemicals is not regulated and there are concerns about safety (Deeming Tobacco Products to Be Subject to the Federal Food, Drug, and Cosmetic Act [proposed], 2014).
- As of November 2014, forty states have introduced legislation with age restrictions for sale of e-cigarettes to minors; 27 states have bans on indoor smoking; and only three states include e-cigarettes in the ban (Marynak et al., 2014). Currently there is no national standard and many localities have introduced their own laws.
- According to Hodge, Collmer, Orenstein, Millea and Van Buren (2013) current regulations that ban tobacco advertising do not extend to e-cigarettes that depict smoking-like behaviors. They also report that profits for ENDS in 2012 were \$300 million dollars and are anticipated to grow to one billion by 2016. Some research has found that increased exposure to advertising of e-cigarettes had increased intention to smoke cigarettes among never smokers (Bunnell et al., 2015; Krishnan-Sarin et al., 2014; USDHSS, 2014). The 2009 Family Smoking and Tobacco Control Act (TCA) gave the Food and Drug Administration (FDA) the authority to regulate tobacco and in 2014, the FDA did not include advertising of ENDS in the expansion of deemed tobacco products (Deeming Tobacco Products to Be Subject to the Federal Food, Drug, and Cosmetic Act [proposed], 2014).
- E-cigarette use among adolescents has increased rapidly. Ever use of e-cigarettes in grades 6-12 increased from 3.3% to 6.8% from 2011 and 2012 (MMWR, 2013). The number of never cigarette smokers that had used e-cigarettes more than tripled from 2011 to 2013 (Bunnell et al., 2015).

- FDA oversight of tobacco products can provide important information about deemed tobacco production and manufacture and help limit youth exposure to these products. The proposed rule for deemed tobacco products would also enable FDA to explore whether different products pose different levels of risk, and would help the agency develop policies to improve public health (FDA, 2015).
- Calls to poison control centers regarding adverse effect of e-cigarettes now account for 41.7% of calls about tobacco products; 51.1% of these calls were for events involving young children. Also reported was one suicide by intravenous use of the nicotine liquid (Chatham-Stephens et al., 2014).
- It is necessary to monitor patterns of use of an increasingly wide array of tobacco products across all populations in order to develop effective interventions to prevent tobacco use among youth (Arrazola, Neff, Kennedy, Holder-Hayes & Jones, 2014; Bunnell et al., 2015; USDHHS, 2014).

RATIONALE

Healthy people 2020 goals for tobacco use are to decrease initiation of tobacco use in children, adolescents and young people; to reduce tobacco use in adolescents and adults; to increase smoking cessation by adolescents and adults and to increase counseling and screening about tobacco use in ambulatory settings (USDHSS, 2010).

- School nurses are instrumental in promoting wellness of staff and students. As part of a comprehensive school health program, school nurses should initiate the discussion about e-cigarettes and ensure that e-cigarettes are included in tobacco education curriculum and no smoking policies in schools; provide individual counseling and education to students, staff and families; and identify resources for smoking cessation.
- School nurses are advocates for national, state and local policies that improve health outcomes for children and families. On the local level, school nurses can advocate for increasing the cost of e-cigarettes and involve the community to restrict minors' access to e-cigarettes and to include e-cigarettes in state and local policies regarding tobacco use that are consistent with the Centers for Disease Control and Prevention's (2014) *Best Practices for Tobacco Control*. Nationally, school nurses can advocate for federal regulations to limit marketing and advertising in all media that is consistent with guidelines for tobacco products and ensuring safety of all components of e-cigarettes.

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