

Assessment of E-cigarette Use and Vaping in Clatsop County Schools:

Comprehensive School Report



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E-cigarette/Vaping Assessment Overview & Background

The current spike in youth e-cigarette use is an alarming trend with potentially serious health and other consequences from nicotine addiction. School and public health officials share a common concern for young peoples' well-being. Health and Human Services Secretary Alex Azar recently stated "We have never seen use of any substance by America's young people rise this rapidly - this is an unprecedented challenge."¹ An assessment of the issue will provide an opportunity to coordinate an urgent and strategic response in Clatsop County Schools.

Public Health can provide prevention solutions through reducing youth access to tobacco and tobacco products in the retail setting as well as technical assistance to schools in developing their response to this epidemic.

Definitions

E-cigarette: Inhalant delivery system that allows user to mimic the act of smoking conventional cigarettes. They contain the same addictive ingredient, nicotine, as conventional cigarettes. But instead of smoke from burning tobacco, users inhale aerosol consisting of nicotine, flavor additives and other chemicals. Marijuana and other substances can also be used in e-cigarettes.²

Inhalant Delivery System: A device that can be used to deliver nicotine or cannabinoids in the form of vapor or aerosol to a person inhaling from the device; or a component of a device or substance in any form sold for the purpose of being vaporized or aerosolized by a device, regardless of whether or not the component or substance is sold separately.³

Tobacco Product: Cigarettes, cigars, pipes and other smoking products, dip, chew, snuff, snus and any other smokeless tobacco product, and nicotine delivery devices such as electronic cigarettes, excluding FDA-approved nicotine replacement therapy products for the purpose of tobacco cessation.⁴

Vaping: The act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.⁵

¹ www.HHS.gov

² www.oregon.gov

³ ORS 431A.175

⁴ Clatsop County Ord. 2013-02

⁵ www.centeronaddiction.org

Methodology

In March and April 2019, Clatsop County Public Health interviewed 12 school leaders from five school districts regarding their knowledge, school policies, concerns, curricula, and response to student e-cigarette and vaping use on campus. Eight principals/vice principals, two nurses and two counselors were included in the assessment. Participating schools included:

- Astoria High School
- Broadway Middle School
- Jewell School
- Knappa High School
- Seaside High School
- Warrenton Grade School
- Warrenton High School

School leaders responded to a standardized assessment interview tool conducted by two health promotion specialists. Audio recordings were transcribed by a professional transcriptionist. The assessment consisted of 18 questions which were formatted in a combination of Likert scaling, open ended, and multiple-choice.

Results

Perceived familiarity: Overall, school leaders reported being, “moderately to extremely familiar” with the prevalence and health implications of e-cigarettes and vaping, but they were less confident in their familiarity with the nicotine and cannabinoid containing potential of these products.

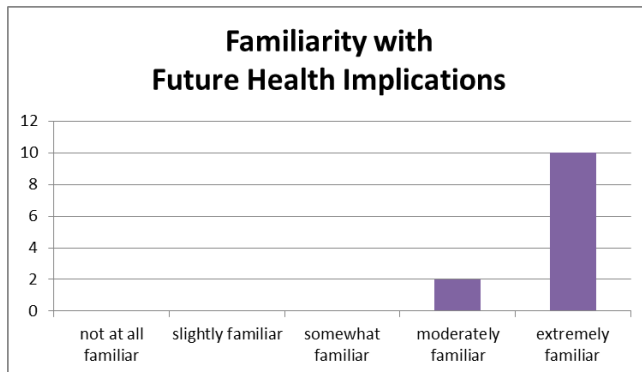


Figure 1

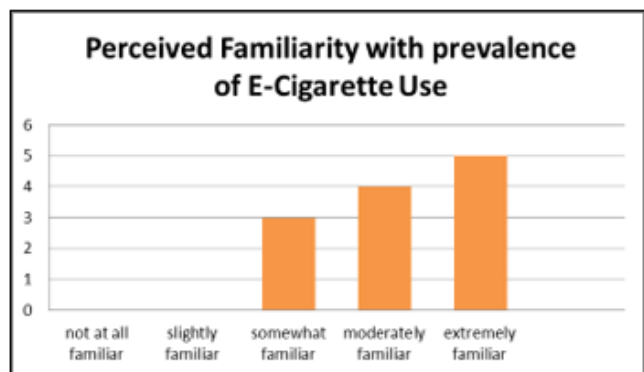


Figure 2

Perceived familiarity (cont): School leaders were even less familiar with vaping products and their cannabinoid or nicotine containing potential.

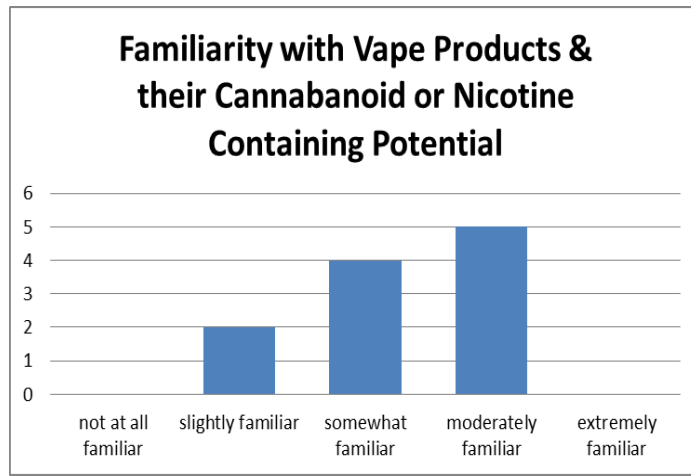


Figure 3

Concerns: School leaders were very concerned regarding student’s use of e-cigarettes and vapes. Of most concern was students’ perception that e-cigarettes and vaping posed little harm or risk to their health. Other top concerns were ease of use in school as vaping is easy to hide, accessibility to nicotine products and long-term health impacts.

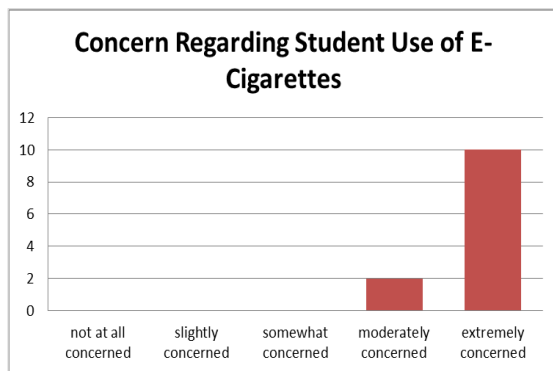


Figure 4

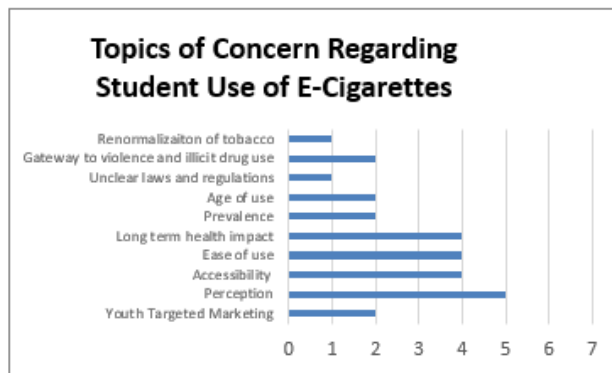


Figure 5

Discipline & School Response: All schools had policy regarding substance use on school grounds. However, the policy language is inconsistent across the county and disciplinary actions for breaking school policy differ within each district. Not all districts include the terms vaping, e-cigarette use, or inhalant delivery system in their policy. All schools participating in the report were emailed an additional question that was not on the interview tool asking how many discipline referrals/infractions they had during the current school year for student use of tobacco/vaping products. Of the three that responded to the email, the range of referrals was 5-25.

Prioritized Resources: School leaders were asked to rank and prioritize a series of resources that could be made available to the schools. Due to inconsistencies in data collection, these responses could not be quantified. However, it was clear that overall, school leaders requested an increase in information on e-cigarettes and vaping. In particular, education/training for staff, parents and students were highlighted as the most useful resources.

Youth Tobacco Possession Laws

Under the Oregon Tobacco 21 Law:

Sales of tobacco and smokeless tobacco products to minors under the age of 21 are prohibited:

- Persons who violate this are subject to a structured fine scale ranging from \$50.00-\$1000.00 dollars depending on the offense
- The clerk who made the sale, as well as the management will receive a fine
- Enforcement is done through a partnership of federal, state, county, and city law enforcement authorities

Possession of tobacco products or inhalant delivery systems by minors under the age of 18 is prohibited:

- Persons who violate this commit a Class D violation
- Enforcement: City, County and state law enforcement authorities
- Class D Violation: Enforced at the discretion of law enforcement, but carries a presumptive fine of \$110.00

Various law enforcement officials in the area have expressed that their main objective in responding to these incidents is becoming a point of contact for youth and providing education around the health risks of these behaviors through open dialogue.

**It is not a violation for people ages 18-20
to possess tobacco products or inhalant delivery systems**

Conclusion

As a result of the assessment, the following strategies are suggested:

Review school policy:

1. Research model policy language and upgrade as needed
2. Communicate school policy consistently to staff, students, parents and community
3. Provide opportunities for learning through discipline such as online educational programs like *3rd Millennium Classrooms*
4. Ensure students with nicotine dependence are provided cessation resources such as *This is Quitting*, an evidence-based, digital quit-smoking program

Curricula:

1. Consider implementing evidence-based prevention education that meets Oregon Department of Education's health standards
2. Include media literacy and adolescent brain development components

3. Provide access to *Blueprints for Healthy Youth Development* for a registry of evidence-based prevention education programs

Staff training:

1. Provide all staff training on vaping and e-cigarette use. Training should include health implications, youth brain development and addiction, and vaping culture and trends. Include school policy and response.

Parent training:

1. Provide a myriad of parenting information to meet the individual and cultural needs of the student population. Schools can provide informational workshops or resource tables at open houses and conferences. In addition, schools can provide education through social media and newsletters.

Positive youth development:

1. Involve youth as leaders in all efforts to prevent and respond to e-cigarette and vaping.
2. Consider using the *Positive Culture Framework* to address perceptions and misperceptions regarding youth use.
3. Conduct assessment with youth to better inform policy, response and curricula decisions. Student Cafes, focus groups, and surveys such as Oregon Healthy Teens are effective assessment strategies.

Public Health is available to provide assistance with any of these strategies.

Limitations & Recommendations for Further Assessment

This *E-cigarette and Vaping Public Health Assessment* of Clatsop County School Districts was a response to the urgent requests made by local schools regarding student vaping. Due to Public Health restrictions of staff time and financial resources, a rapid assessment approach was utilized. No more than three school personnel were interviewed for each school and interviews were limited to administration, counselors and/or nurses.

A more thorough evaluation should include assessment of parents, students, and other school employees. School leaders identified teachers (specifically health teachers), athletic directors, and transportation administrators as important stakeholders to include in further assessment. In addition, schools were encouraging and supportive of involving youth as leaders in health promotion work around this topic. A more comprehensive assessment could include findings from the Oregon Healthy Teens Survey and Student Wellness Survey regarding student use and perceptions and data regarding how youth acquire e-cigarette and vaping products.

Contact Information

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