E&C and HHS COMM #1
June 20, 2019

MEMORANDUM

June 19, 2019

TO: Education and Culture Committee
Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Briefing and Discussion – Vaping in Schools and Among Adolescents and Young Adults**

Expected for this session:

Dr. Travis Gayles, County Health Officer and Chief of Public Health Services, Department of Health and Human Services (DHHS)

Dr. Jonathan T. Brice, Associate Superintendent, Office of Student and Family Support and Engagement, Montgomery County Public Schools (MCPS)

Dr. Cara D. Grant. Supervisor, Pre-K-12 Health and Physical Education, MCPS

Purpose

The Joint Committee's Chairs requested this discussion because of the dramatic rise in the number of young people who are using e-cigarettes. vaping devices, or Electronic Nicotine Delivery Systems (ENDS). Many of these newer devices are hard to detect as they may look like a computer thumb drive or some other item that students would commonly and appropriately carry. Some common brands are JUUL, blu, Logic, MarkTenXL, and Vuse.

At this session the Joint Committee will have an opportunity to:

- Receive information from Dr. Gayles on the impact of nicotine on the developing brains of adolescents and young adults; the swiftness of nicotine addiction; and the use of vape equipment to knowingly or unknowingly inhale substances other than nicotine or a

tobacco product (there can be very serious impacts from some if the substances that can be vaped.) Dr. Gayles will also discuss the workgroup that was convened in January to begin to address this issue.

- Discuss with Dr. Brice and Dr. Grant the MCPS policies on the consequences and referrals for services when students are found to be using use of nicotine, tobacco or other substances (no one may sell or use tobacco on MCPS property at any time); how smoking/vaping is included in health education and other curriculum; and how teachers and staff are being educated on how to identify vaping devices.

Background Information and Data

The advent of e-cigarettes and vaping devices, and in particular JUUL, has dramatically increased the number of students who are using nicotine. The rise has been so significant that in December 2018, the Surgeon General issued an advisory, stating, "We must take action now to protect the health of our nation's young people." (© 19-22). In April 2018, the FDA Commissioner issued a release describing efforts to increase enforcement, to request data from JUUL labs, and to examine products that are particularly attractive to children and teens. (©23-27).

Data from the 2011-2018 National Youth Tobacco Survey (a voluntary, school-based, written survey) shows this dramatic increase:

Among High School students current use increased:

from 1.5% (2011) to 20.8% (2018)
from 11.7% (2017) to 20.8% (2018)

Of High School students using, those who used 20 or more days out of the previous 30 days increased from 20% (2017) to 27.7% (2018)

Among Middle School students current use increased:

from 0.6% (2011) to 4.9% (2018)
from 3.3% (2017) to 4.9% (2018)

Of Middle School students using, those who used 20 or more days out of the previous 30 days increased from 12.9% (2017) to 16.2% (2018)

A brief from the University of Michigan's Institute for Social Research on the results of the Monitoring the Future Survey (© 3-5) says, "Increases in adolescent vaping from 2017 to 2018 were the largest ever recorded in the past 43 years for any adolescent substance use outcome in the U.S." This survey shows that among 10th grade students, use doubled from 8% to

16%. It also says that the increase in nicotine use in 12th graders (from 23.7% to 28.5%) is entirely driven by vaping. At the same time, it shows that the use of most other substances remained steady or declined.

Attached to this memo

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Press Releases

Health Officials Report Rise in Vaping Among Adolescents; Workgroup Formed to Explore Multiple Strategies to Combat Use and Abuse

For Immediate Release: Tuesday, April 16, 2019

To address an increase in the popularity and use of vaping devices in adolescents and young adults, Montgomery County health officials are recommending increased education and awareness regarding vaping to stem the increase.

Since October 2018, there have been several incidents of students losing consciousness after "smoking" unknown substances through vaping devices. In March three MCPS students were taken by ambulance to an emergency room after ingesting cannabinoids through a vaping device.

"Vaping can be extremely dangerous for adolescents and young adults due to ongoing brain development," said Dr. Travis Gayles, County health officer. "Vaping devices can contain high levels of nicotine which can impair the development of critical areas of the brain needed for high cognitive and emotional functioning."

Vaping refers to electronic devices, such as e-cigarettes, vape pens, vaporizers and Juul (a brand of e-cigarette), that work by heating a liquid such as nicotine, that produces an aerosol that is inhaled. The devices often mimic other devices, such as USB ports, and are small. Frequently, vaping devices are smokeless, and the produced aerosol is odorless, making it difficult to detect. National and local estimates suggest that vaping devices have replaced cigarettes as the most frequently used tobacco product among adolescents.

"We are concerned that other substances such as marijuana, synthetic cannabinoids and other liquids laced with more potent substances are being used," said Gayles. "These can cause more acute symptoms such as loss of consciousness and respiratory depression."

Health officials began working with a diverse group of stakeholders in February, including the Office of the County Executive, the County Council, Montgomery County Public Schools, Montgomery County Police, Department of Liquor Control and others to develop a strategic plan to decrease use. Steps under discussion include, but are not limited to enhanced surveillance, penalties for underage distribution and increasing the age eligibility for purchasing vaping and other electronic smoking devices.

For more information, visit the Centers for Disease Control and Prevention at http://bit.ly/2IlIy7I .

Release ID: 19-125

Media Contact: Mary Anderson 240-777-6534

MONITORING THE FUTURE

UNIVERSITY OF MICHIGAN

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December 17, 2018
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Findings summarized here on vaping and nicotine use appear in the *New England Journal of Medicine* at the NEJM Media Center. Additional tables that summarize project findings are now available here. All findings will be published by the end of January in a forthcoming volume that will appear on the project website.

National Adolescent Drug Trends in 2018

Vaping Surges

Largest Year-to-Year Increase in Substance Use Ever Recorded in the U.S. for 10th and 12th Grade Students

ANN ARBOR— Increases in adolescent vaping from 2017 to 2018 were the largest ever recorded in the past 43 years for any adolescent substance use outcome in the U.S. The percentage of 12th grade students who reported ***vaping nicotine*** in the past 30 days nearly doubled, rising from 11% to 21%. This ten percentage point increase is twice as large as the previous record for largest-ever increase among past 30-day outcomes in 12th grade. As a result of the increase, one in five 12th grade students vaped nicotine in the last 30 days in 2018.

For secondary students in grades 9 through 12 the increases in nicotine vaping translate into at least 1.3 million additional nicotine vapers in 2018 as compared to 2017.

These results come from the annual Monitoring the Future survey, which has tracked national substance use among U.S. adolescents every year since 1975 for 12th grade students and since 1991 for 8th and 10th grade students. The survey is conducted by a team of research professors at the University of Michigan's Institute for Social Research and is funded under a series of competitive research grants from the National Institute on Drug Abuse, which is part of the National Institutes of Health.

To put the nicotine vaping increase in context, it is the largest out of more than one thousand reported year-to-year changes since 1975 for use of substances within the 30 days prior to the survey among 12th grade students.

Among 10th grade students nicotine vaping also increased at a record rate as it doubled and rose eight percentage points, from 8% to 16%. This is the largest percentage point increase ever recorded by the survey for any past 30-day substance use outcome in this grade.

Among 8th grade students nicotine vaping in the past 30 days increased 2.6 percentage points from 3.5% to 6.1%. This is the second largest increase ever recorded for this grade.

To "vape" is to use a device such an e-cigarette to inhale an aerosol that the device creates by heating a liquid that typically contains nicotine. A "JUUL" is a vaping device that has come on the market in recent years and has rapidly spread in use among adolescents.

"The policies and procedures in place to prevent youth vaping clearly haven't worked," said Richard Miech, the lead author of the study. "We need new policies and strategies, such as the FDA's actions announced last month to curb the sales of the JUUL-branded vaping devices. Because the vaping industry is quickly evolving, new, additional, vaping-specific strategies may well be needed in the years ahead in order to keep vaping devices out of the hands of youth."

These results for vaping during the past 30 days will appear December 17 in the *New England Journal of Medicine*. Additional, results for use in the past 12 months and ever use are available on the project website.

More Students Use Nicotine in 2018 than 2017 in 12th Grade

Increase Results from Vaping

The percent of 12th grade students who reported use of nicotine in the past 30 days significantly increased to 28.5% in 2018 from 23.7% in 2017. Nicotine use is indicated by any use of cigarettes, large cigars, flavored or regular small cigars, hookah, smokeless tobacco, or a vaping device with nicotine.

This increase was driven entirely by vaping. Use of each of the other tobacco products was slightly down in 2018, although none of these decreases were statistically significant.

"Vaping is reversing hard-fought declines in the number of adolescents who use nicotine," said Richard Miech, the lead author and principal investigator of the study. "These results suggest that vaping is leading youth into nicotine use and nicotine addiction, not away from it."

Measures of overall nicotine use were not included in the 8th and 10th grade surveys.

The findings for overall nicotine prevalence appear in the *New England Journal of Medicine*, with additional results provided on the project website.

Marijuana Vaping Also Increases

Marijuana vaping also increased in 2018. To date, this mode of using marijuana has been rare but it is becoming more common. In each grade the percent vaping marijuana in the past 30 days rose by more than half from 2017 to 2018.

Specifically, in 12th grade the percentage of youth who vaped marijuana within 30 days of the survey significantly increased to 7.5% from 4.9% the previous year. Similarly, in 10th grade marijuana vaping significantly increased to 7.0% from 4.3% the previous year. In 8th grade marijuana vaping also significantly increased and in 2018 it was 2.6% as compared to 1.6% the year before.

"Vaping is making substantial inroads among adolescents, no matter the substance vaped," said Miech. "In 2018 we saw substantial increases in vaping across all substances, including nicotine, marijuana, and

adolescents who reported vaping 'just flavoring.' Factors that make vaping so attractive to youth include its novelty and the easy concealability of the latest vaping devices, which better allows youth to vape without adults knowing about it. If we want to prevent youth from using drugs, including nicotine, vaping will warrant special attention in terms of policy, education campaigns, and prevention programs in the coming years."

These results are available on the project website.

Use of Most Other Substances Remains Steady
With Some Notable Declines

Prevalence did not significantly change in 2018 for adolescent use of ***inhalants, heroin, hallucinogens, MDMA (ecstasy, Molly), cocaine, amphetamines, methamphetamine, marijuana*** (overall use by any method), ***smokeless tobacco, snus, dissolvable tobacco, hookah, small cigars, large cigars, alcohol use, extreme binge drinking*** (having 10 or 15 more drinks in a row on one or more occasions in the prior two weeks), or ***flavored alcoholic beverages***.

Cigarette smoking by teens has been declining for two decades, a decline that showed some interruption in 2018. No significant decline occurred for 8th and 10th grade students in 2018. A decline did take place for 12th grade students, consistent with a cohort effect still working its way up the age spectrum.

Use of ***prescription opioids*** and ***tranquilizers*** declined in 2018. The percentage of 12th grade students who misused a prescription opioid in the last 12 months declined to 3.4% in 2018, which is almost two-thirds lower than the peak of 9.5% recorded in 2004. Similarly, the percentage of 12th grade students who misused tranquilizers in the last 12 months declined to 3.9%, which is almost half of the peak of 7.7% recorded in 2002. These results, combined with no change in the low prevalence of heroin use, indicate that the U.S. opioid epidemic of recent years is concentrated among adults while opioid use among adolescents has been receding.

Binge drinking significantly declined in 2018 among 12th grade students. It is defined as having had five or more drinks in a row at least once in the prior two weeks, and among 12th grade students it declined by 2.8 percentage points to 14%. This behavior is now down by six-tenths since its peak in 1997.

These results are available on the project website.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Smoking & Tobacco Use

Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults

What's the Bottom Line on the Risks of E-cigarettes for Kids, Teens, and Young Adults?

- The use of e-cigarettes is unsafe for kids, teens, and young adults.
- Most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development, which continues into the early to mid-20s.[1]
- E-cigarettes can contain other harmful substances besides nicotine.
- Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.

The use of e-cigarettes is unsafe for kids, teens, and young adults.

What Are E-cigarettes?

- E-cigarettes are electronic devices that heat a liquid and produce an aerosol, or mix of small particles in the air.
- E-cigarettes come in many shapes and sizes. Most have a battery, a heating element, and a place to hold a liquid.
- Some e-cigarettes look like regular cigarettes, cigars, or pipes. Some look like USB flash drives, pens, and other everyday items. Larger devices such as tank systems, or "mods," do not look like other tobacco products.
- E-cigarettes are known by many different names. They are sometimes called "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems (ENDS)."

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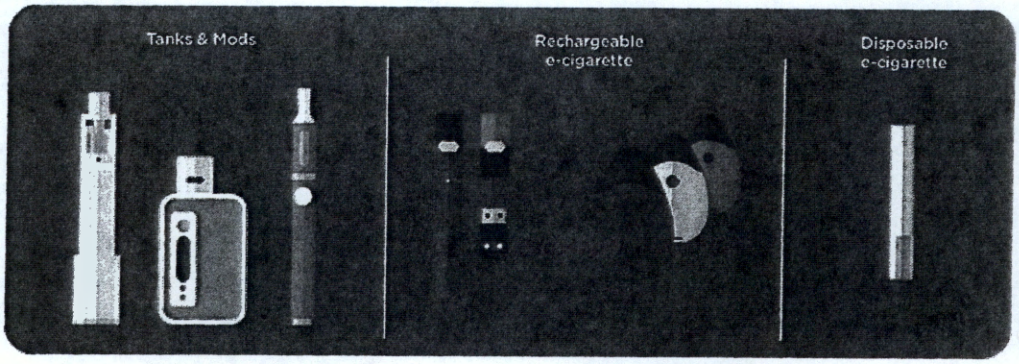
- Using an e-cigarette is sometimes called "vaping" or "JUULing."



**Some e-cigarettes look like regular cigarettes, cigars, or pipes.
Some look like USB flash drives, pens, and other everyday items.**

How Do E-cigarettes Work?

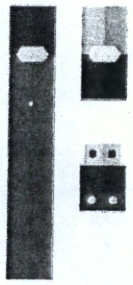
- E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine, flavorings, and other chemicals that help to make the aerosol.
- The liquid used in e-cigarettes often contains nicotine and flavorings. This liquid is sometimes called "e-juice," "e-liquid," "vape juice," or "vape liquid."
- Users inhale e-cigarette aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales it into the air.
- E-cigarette devices can be used to deliver marijuana and other drugs.

What Is JUUL?

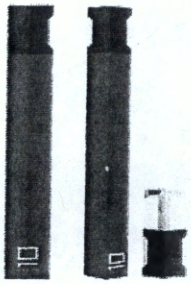
utlets and social media sites report widespread use of JUUL by students in schools, including classrooms and bathrooms.

JUUL is a brand of e-cigarette that is shaped like a USB flash drive. Like other e-cigarettes, JUUL is a battery-powered device that heats a nicotine-containing liquid to produce an aerosol that is inhaled.

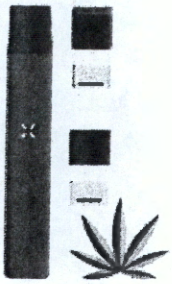
- All JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.[2]
- News outlets and social media sites report widespread use of JUUL by students in schools, including classrooms and bathrooms.
- Although JUUL is currently the top-selling e-cigarette brand in the United States, other companies sell e-cigarettes that look like USB flash drives. Examples include the MarkTen Elite, a nicotine delivery device, and the PAX Era, a marijuana delivery device that looks like JUUL.
- Additional information about USB-shaped e-cigarettes and actions that parents, educators, and health care providers can take to protect kids is available at CDC's Infographic [PDF – 1.2MB]



JUUL

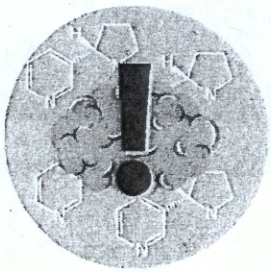


MarkTen Elite



PAX Era

Why Is Nicotine Unsafe for Kids, Teens, and Young Adults?



- Most e-cigarettes contain nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products.
- Nicotine can harm the developing adolescent brain.[1] The brain keeps developing until about age 25.
- Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.[1]
- Each time a new memory is created or a new skill is learned, stronger connections – or synapses – are built between brain cells. Young people's brains build synapses faster than adult brains. Nicotine changes the way these synapses are formed.
- Using nicotine in adolescence may also increase risk for future addiction to other drugs.[1]

What Are the Other Risks of E-cigarettes for Kids, Teens, and Young Adults?

- Scientists are still learning about the long-term health effects of e-cigarettes.
- Some of the ingredients in e-cigarette aerosol could also be harmful to the lungs in the long-term. For example, some e-cigarette flavorings may be safe to eat but not to inhale because the gut can process more substances than the lungs.[1]
- Defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries.
- Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

What Is in E-cigarette Aerosol?

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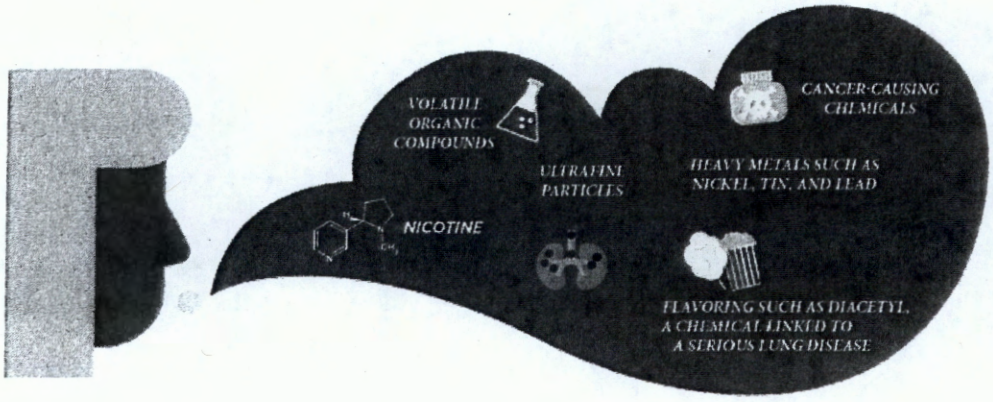
- E-cigarette aerosol is NOT harmless "water vapor."
- The e-cigarette aerosol that users breathe from the device and exhale can contain harmful and potentially harmful substances, including:
  - Nicotine
  - Ultrafine particles that can be inhaled deep into the lungs
  - Flavoring such as diacetyl, a chemical linked to a serious lung disease
  - Volatile organic compounds
  - Cancer-causing chemicals
  - Heavy metals such as nickel, tin, and lead[1]
- It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.[3]



Can Using E-cigarettes Lead to Future Cigarette Smoking Among Kids, Teens, and Young Adults?

- Many young people who use e-cigarettes also smoke cigarettes.[1] There is some evidence that young people who use e-cigarettes may be more likely to smoke cigarettes in the future.
- Specifically, a 2018 National Academy of Medicine report found that there was some evidence that e-cigarette use increases the frequency and amount of cigarette smoking in the future.[4]
- But e-cigarette use among young people is unsafe, even if they do not progress to future cigarette smoking.

Aren't E-cigarettes Safer Than Cigarettes?

- E-cigarettes expose users to fewer harmful chemicals than burned cigarettes.[1] But burned cigarettes are extraordinarily dangerous, killing half of all people who smoke long-term.
- The use of any tobacco product, including e-cigarettes, is unsafe for young people.

What Can I Do to Prevent My Child from Using E-cigarettes or to Help Them Stop?

- Set a good example by being tobacco-free. If you use tobacco, it's never

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too late to quit. For free help, visit smokefree.gov or call 1-800-QUIT-NOW.

- Talk to your child or teen about why e-cigarettes are harmful for them. It's never too late.
- Get the Talk With Your Teen About E-cigarettes [PDF – 5.2MB] tip sheet for parents. Start the conversation early with children about why e-cigarettes are harmful for them.
- Let your child know that you want them to stay away from all tobacco products, including e-cigarettes, because they are not safe for them. Seek help and get involved.
  - Set up an appointment with your child's health care provider so that they can hear from a medical professional about the health risks of tobacco products, including e-cigarettes.
  - Speak with your child's teacher and school administrator about enforcement of tobacco-free school grounds policies and tobacco prevention curriculum.
  - Encourage your child to learn the facts and get tips for quitting tobacco products at Teen.smokefree.gov.

Talk to your child or teen about why e-cigarettes are harmful for them. It's never too late.

Where Can I Learn More?

- Surgeon General's Advisory on E-cigarette Use Among Youth
  - Download [PDF–572 KB]
- E-cigarettes Shaped Like Flash Drives: Information for Parents, Educators, and Health Care Providers
- Teachers and Parents: That USB Stick Might Be an E-cigarette
- E-cigarettes.surgeongeneral.gov
  - Information from the Surgeon General on the risks of e-cigarettes for young people, and includes free tools such as a parent tip sheet for talking to teens about e-cigarettes [PDF – 5.2MB].
- Teen.smokefree.gov
  - Information for teens who use tobacco products, including tips on how to quit.
- Electronic Cigarettes
  - Basic information about e-cigarettes from CDC's Office on Smoking and Health.

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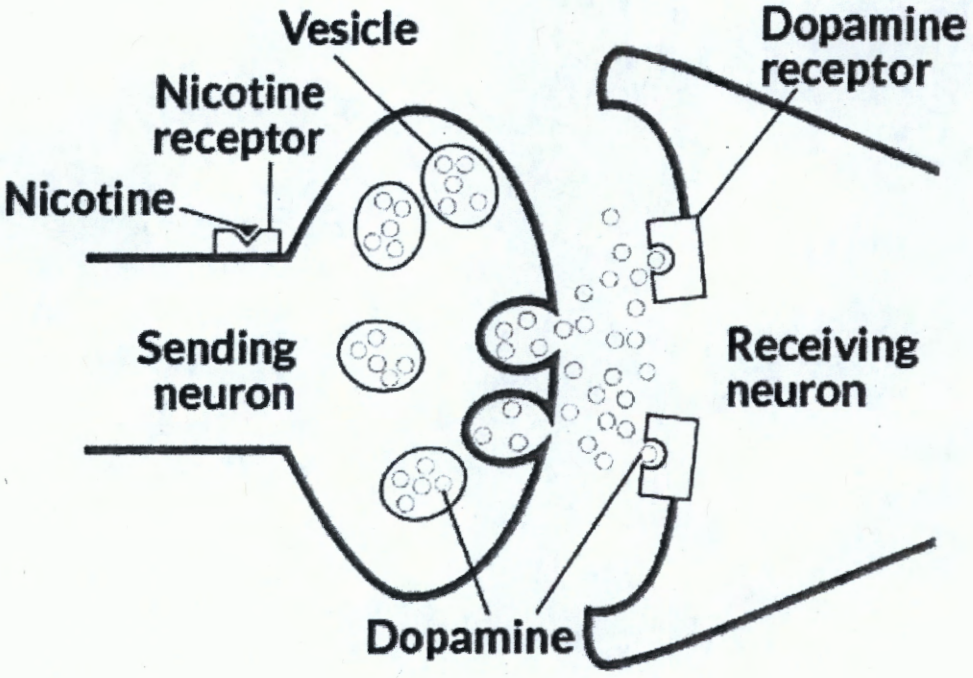
ScienceNews for Students

BODY FUNCTIONS BRAIN TOXICOLOGY

Explainer: The nico-teen brain

The adolescent brain is especially vulnerable to the addictive effects of nicotine

BY **TERESA SHIPLEY FELDHAUSEN** AUG 19, 2015 — 7:00 AM EST



Nicotine (black triangle towards center left) tricks the nerve cell (neuron) into sending a message to release mo dopamine (yellow dots). Those molecules enter the space (synapse) between one nerve cell and the next. When they get picked up by neighboring cells, this gives users a feel-good high. It also creates the risk of addiction a other health problems.

NATIONAL INSTITUTE ON DRUG ABUSE, ADAPTED BY J. HIRSHFELD

Nicotine is the addictive chemical in tobacco smoke and e-cigarette vapors. And doctors say the teenage brain is no place for it to end up. Nicotine can reach the brain within seven seconds of puffing on a cigar, hookah, cigarette or electronic cigarette.

The area of the brain responsible for emotions and controlling our wild impulses is known as the *prefrontal cortex*. It's very vulnerable to nicotine's effects, research shows. This is especially true for young people. The reason: This part of the brain doesn't finish developing until about ag 25.

Nicotine acts like a key to unlock special receptor molecules on the outside of cells in the brain, including those in the prefrontal cortex. Nicotine causes these cells to release signaling molecules

cells (called a synapse). When they reach the neighboring nerve cell, they release their "message." And it gives users get a feel-good high.

But after repeated exposure to nicotine, those brain cells can change. The effect of these changes is to reduce the body's ability to release its own, natural pleasure-giving chemicals.

Meanwhile, the brains of teens who smoke or vape may create more receptors to handle the flood of nicotine they have come to expect. As the number of receptors increases, teens will need more nicotine to get the same high. That makes nicotine users seek hit after hit. In teens, this can provoke side effects. For instance, it can make it hard for them to stay focused. It might also trigger bouts of depression or *anxiety*, research suggests.

Some of the negative effects of nicotine on the young brain will fade with time — if exposure ends. Others, however, may persist. For instance, brain scientists at VU University Amsterdam found that exposing adolescent rats to nicotine increased their impulsive behavior. It made them a bit more reckless than usual. It also made it harder for them to focus their attention — even later, as adults.

No one is sure that the same thing happens in humans, but that's the concern. Exposing the developing adolescent brain to nicotine "could lead to a high risk of lifelong addiction," says Garry Sigman. He heads adolescent medicine at the Loyola University Chicago Stritch School of Medicine in Maywood, Ill.

Power Words

(for more about Power Words, click here (https://student.societyforscience.org/power-words-aid-stem-literacy))

addiction The uncontrolled use of a habit-forming drug or uncontrolled and unhealthy habit (such as video game playing or phone texting). It results from an illness triggered by brain changes that occur after using some drugs or engaging in some extremely pleasurable activities. People with an addiction will feel a compelling need to use a drug (which can be alcohol, the nicotine in tobacco, a prescription drug or an illegal chemical such as cocaine or heroin), even when the user knows that doing so risks severe health or legal consequences. (For instance, even though 35 million Americans try to quit smoking each year, fewer than 15 out of 100 succeed. Most begin smoking again within a week, according to the National Institute on Drug Abuse.)

adolescence A transitional stage of physical and psychological development that begins at the onset of puberty, typically between the ages of 11 and 13, and ends with adulthood.

anxiety A nervous disorder causing excessive uneasiness and apprehension. People with anxiety may even develop panic attacks.

behavior The way a person or other organism acts towards others, or conducts itself.

depression A mental illness characterized by persistent sadness and apathy. Although these feelings can be triggered by events, such as the death of a loved one or the move to a new city, that isn't typically considered an "illness" — unless the symptoms are prolonged and harm an individual's ability to perform normal daily tasks (such as working, sleeping or interacting with others). People suffering from depression often feel they lack the energy needed to get anything done. They may have difficulty concentrating on things or showing an interest in normal events. Many times, these feelings seem to be triggered by nothing; they can appear out of nowhere.

dopamine A neurotransmitter, this chemical helps transmit signals in the brain.

(13)

e-cigarette (short for electronic cigarette) Battery-powered devices that disperse nicotine and other chemicals as tiny airborne particles that users can inhale. They were originally developed as a safer alternative to cigarettes that users could use as they tried to slowly break their addiction to the nicotine in tobacco products.

hookah A water pipe used to cool smoke — usually tobacco smoke — that will be inhaled. According to the U.S. Centers for Disease Control and Prevention, "hookah smoking carries many of the same health risks as cigarettes."

neuron or nerve cell Any of the impulse-conducting cells that make up the brain, spinal column and nervous system. These specialized cells transmit information to other neurons in the form of electrical signals.

neurotransmitter A chemical substance that is released at the end of a nerve fiber. It transfers an impulse to another nerve, a muscle cell or some other structure.

nicotine A colorless, oily chemical produced in tobacco and certain other plants. It creates the 'buzz' effect associated with smoking. It also is highly addictive, making it hard for smokers to give us their use of cigarettes. The chemical is also a poison, sometimes used as a pesticide to kill insects and even some invasive snakes or frogs.

nicotinic receptors A group of brain proteins that affects the signaling of dopamine. Repeated exposure to nicotine leads to more of these receptors in particular areas of the brain.

prefrontal cortex A region containing some of the brain's gray matter. Located behind the forehead, it plays a role in making decisions and other complex mental activities, in emotions and in behaviors.

tobacco A plant cultivated for its leaves. Dried tobacco leaves are burned in cigars, cigarettes, and pipes. Tobacco leaves are also sometimes chewed. The main constituent of tobacco leaves is nicotine.

vaping A new slang term for the use e-cigarettes, because these devices emit vapor, not smoke. People who do this are referred to as vapers.

withdrawal (in medicine) An almost disease-like syndrome that can develop after animals (including people) attempt to stop using a drug (including alcohol) to which they have become addicted. Shaking, sweating, trouble sleeping, anxiety, diarrhea, vomiting, abdominal cramping, muscle aches and flu-like symptoms can occur and last for days.

Readability Score:

8.4

Further Reading

Learn more about risks of vaping and e-cigarettes here from our collections **landing page (https://student.societyforscience.org/collections/vaping).**

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M. Rosen and J. Raloff. "**Teen vaping can lead to cigarette smoking, study finds (https://student.societyforscience.org/article/vaping-can-lead-cigarette-smoking-study-finds).**" *Science News for Students*. August 19, 2015.

REGULATION MONTGOMERY COUNTY PUBLIC SCHOOLS

Related Entries: COB-RA, COB-EA, COC-RA, COC-EA, COF-EA, IGN, IGO-RA
Responsible Office: Deputy Superintendent of School Support and Improvement
Chief Academic Officer
Chief Operating Officer
Related Sources: Family Smoking Prevention and Tobacco Control Act (Pub. L. 111-31); *Annotated Code of Maryland*, Criminal Law Article §5-627(a) and §10-113 through §10-121; Education Article §26-103; Health-General Article §8-101(1) and §24-305; *Code of Maryland Regulations* (COMAR) 09.12.23.01; 13A.02.04 and 13A08.01.08

Alcohol, Tobacco, and Other Drugs on Montgomery County Public Schools Property

I. PURPOSE

To establish procedures and penalties when anyone on Montgomery County Public Schools (MCPS) property, or engaged in MCPS-sponsored activities, is found to be in possession or under the influence of alcohol, tobacco, and other drugs

II. DEFINITIONS

A. *Drug* is defined in Maryland law as a controlled dangerous substance that is regulated under the *Maryland Controlled Dangerous Substances Act,* a prescription medication, or a chemical substance when used for unintended and harmful purposes.

B. MCPS *property* means any school or other facility including grounds owned or operated by MCPS, MCPS buses, and other MCPS vehicles and the facility and/or grounds of any MCPS-sponsored activity involving students.

C. *Smoking* means to use or carry any lighted cigar, cigarette, pipe, or other tobacco product of any kind. This includes devices that simulate smoking of any kind.

III. BACKGROUND

Students, staff members, and other visitors to school property are subject to Maryland

laws and Montgomery County Board of Education (Board) policies and MCPS regulations regarding alcohol, tobacco, and other drugs as follows:

A. Students may not possess, use, or sell tobacco or other smoking products and devices (e.g. e-cigarettes/vaporizers), alcohol, or other drugs, on MCPS property.

B. No person may possess, use, or sell alcohol on MCPS property, except for very limited circumstances when it may be approved by the Board.

C. No person may sell or use tobacco on MCPS property at any time.

D. No person may manufacture, distribute, dispense, or possess with intent to distribute, a controlled dangerous substance in, on, or within 1,000 feet of an MCPS property or in an MCPS vehicle.

IV. PROCEDURES

A. Students

Guidelines for student incidents related to alcohol, tobacco, and other drugs are addressed in MCPS Regulation IGO-RA, *Guidelines for Incidents of Alcohol, Tobacco, and Other Drug Abuse Involving Students,* and the MCPS *Code of Conduct.*

B. Employees

Any MCPS employee who violates the law or Board policy regarding possession and/or use of alcohol, tobacco, and other drugs is subject to disciplinary proceedings of suspension or dismissal.

C. Others

1. Persons and groups using MCPS facilities will register with and follow procedures set forth by the Interagency Coordinating Board.

2. The principal/director, or designee, will notify the police about any person observed in possession of or using drugs on school premises.

Regulation History: Formerly Regulation No. 230-16, August 13, 1976; directory information updated, January 1983; revised October 9, 1989; revised July 20, 1998; revised December 14, 2004; revised December 20, 2013; revised July 22, 2014; revised September 5, 2014.

Lowest level should be considered first, followed by progressively more intensive consequences, based on severity, age, and repetition of behavior.

(Refer to *Disciplinary Response Matrix* guidance on page 10)

Inappropriate or Disruptive Behavior (Identified by state suspension code)	LEVEL 1 **Classroom and Teacher-led Responses** (e.g., written apology, talk with school counselor, detention)	LEVEL 2 **Teacher-led/referred and Administrative Supported Responses** (e.g., community service, peer mediation, temporary removal from class)	LEVEL 3 **Administrative Supported and/or Removal Responses** (e.g., restorative practices, in-school suspension, in-school intervention)	LEVEL 4 **Administrative Supported and Short-Term Out-of-School Exclusionary Responses** (e.g., restorative practices, mentoring programs, short-term suspension)	LEVEL 5 **Long-Term Administrative Supported, Out-of-School Exclusionary, and Referral Responses** (e.g., long-term suspension, expulsion)
Drugs/Controlled Substances (203) As part of any disciplinary response, the school should refer to the Montgomery County Department of Health and Human Services, a community provider, or an MCPS program, for prevention and treatment. **See* MCPS Regulation IGO-RA, *Guidelines for Incidents of Alcohol, Tobacco, Other Drug Abuse Involving Students*		Unauthorized use, possession, or being under the influence of non-illegal drugs[6,8,9] (e.g., prescription or non-prescription medication).	Using, possessing or being under the influence of illegal drugs.[6,8,9,10] Distributing or selling non-illegal or illegal drugs.[6,7,10]		
Tobacco (204) As part of any disciplinary response, the school should refer to the Montgomery County Department of Health and Human Services, a community provider, or an MCPS program, for prevention and treatment. **See* MCPS Regulation IGO-RA, *Guidelines for Incidents of Alcohol, Tobacco, Other Drug Abuse Involving Students* and MCPS Regulation COF-RA, *Alcohol, Tobacco and Other Drugs on MCPS Property*	Using or possessing tobacco and/or e-cigarettes.[10]				
Academic Dishonesty (801) **See* MCPS Regulation IKA-RA, *Grading and Reporting*, for grading consequences.		Plagiarizing, such as by taking someone else's work or ideas (for students in Grades 3–12); forgery, such as by faking a signature of a teacher or parent/guardian; or cheating. Sharing or otherwise distributing information contained on assessments or other graded work.			
			Tampering with, or assisting another to tamper with, the MCPS computer network or exams. Repeatedly or widely distributing information contained on assessments or other graded work.		

[9]For purposes of record keeping, for students with disabilities ONLY, use code 891 for the selling of a drug or substance identified under the schedules of controlled substances in 21 U.S.C. § 812; 21 C.F.R. pt. 1308.

[10]This includes illegal drugs and/or tobacco in all forms, such as Juuls, Vapes, and Edibles.

Lowest level should be considered first, followed by progressively more intensive consequences, based on severity, age, and repetition of behavior.

(Refer to *Disciplinary Response Matrix* guidance on page 10)

Inappropriate or Disruptive Behavior (Identified by state suspension code)	LEVEL 1 **Classroom and Teacher-led Responses** (e.g., written apology, talk with school counselor, detention)	LEVEL 2 **Teacher-led/referred and Administrative Supported Responses** (e.g., community service, peer mediation, temporary removal from class)	LEVEL 3 **Administrative Supported and/or Removal Responses** (e.g., restorative practices, in-school suspension, in-school intervention)	LEVEL 4 **Administrative Supported and Short-Term Out-of-School Exclusionary Responses** (e.g., restorative practices, mentoring programs, short-term suspension)	LEVEL 5 **Long-Term Administrative Supported, Out-of-School Exclusionary, and Referral Responses** (e.g., long-term suspension, expulsion)
Dress Code (706) *MCPS Regulation JFA-RA, Student Rights and Responsibilities, defines dress code expectations.*	Violating dress code after student has been warned.				
	Persistently violating dress code after student has been warned.				
Alcohol (201) As part of any disciplinary response, the school should refer to the Montgomery County Department of Health and Human Services, a community provider, or a MCPS program, for prevention and treatment. **See* MCPS Regulation IGO-RA, *Guidelines for Incidents of Alcohol, Tobacco, Other Drug Abuse Involving Students*			Being under the influence of alcohol.[6,8]		
			Using or possessing alcohol.[6,8]		
			Distributing/selling alcohol.[7]		
Inhalants (202) As part of any disciplinary response, the school should refer to the Montgomery County Department of Health and Human Services, a community provider, or a MCPS program, for prevention and treatment. **See* MCPS Regulation IGO-RA, *Guidelines for Incidents of Alcohol, Tobacco, Other Drug Abuse Involving Students*			Being under the influence of inhalants.[6,8]		
			Using or possessing inhalants.[6,8]		
			Distributing/selling inhalants.[7]		

[6]It may be necessary to send a student home and refer student to the Montgomery County Department of Health and Human Services or a community provider, if the student is found under the influence of alcohol, drugs, or other substances, and health services are not available at the school. Before sending a student home, a school should take every precaution to ensure that the student is leaving school grounds in the care of a family member or someone who is able to provide assistance. See also MCPS Policy IGN, *Preventing Alcohol, Tobacco, and Other Drug Abuse in Montgomery County Public Schools.*

[7]For school-based disciplinary purposes, distribution requires either a sale or intent to sell alcohol, inhalants, or drugs/controlled substances.

[8]For purposes of record keeping, for students with disabilities ONLY, use code 892. ("Illegal drugs" for students with disabilities are defined as those substances that are not legally possessed, used under the supervision of a licensed health-care professional, or used under any other authority under the Controlled Substance Act or under any other provision of federal law.)

Surgeon General's Advisory on E-cigarette Use Among Youth

I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of protecting our children from a lifetime of nicotine addiction and associated health risks by immediately addressing the epidemic of youth e-cigarette use. The recent surge in e-cigarette use among youth, which has been fueled by new types of e-cigarettes that have recently entered the market, is a cause for great concern. ***We must take action now to protect the health of our nation's young people.***

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

The E-cigarette Epidemic Among Youth

Considerable progress has been made in reducing cigarette smoking among our nation's youth.[1] However, the tobacco product landscape continues to evolve to include a variety of tobacco products, including smoked, smokeless, and electronic products, such as e-cigarettes.[2] E-cigarettes are designed to deliver nicotine, flavorings, and other additives to the user via an inhaled aerosol.[2]

E-cigarettes entered the U.S. marketplace around 2007, and since 2014, they have been the most commonly used tobacco product among U.S. youth.[2] E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017.[3] However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018.[4] In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes.[4]

E-cigarette aerosol is not harmless.[2] Most e-cigarettes contain nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products.[2] Nicotine exposure during adolescence can harm the developing brain – which continues to develop until about age 25.[2] Nicotine exposure during adolescence can impact learning, memory, and attention.[1,2] Using nicotine in adolescence can also increase risk for future addiction to other drugs.[1,2] In addition to nicotine, the aerosol that users inhale and exhale from e-cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs.[2]

Many e-cigarettes also come in kid-friendly flavors. In addition to making e-cigarettes more appealing to young people,[5] some of the chemicals used to make certain flavors may also have health risks.[2] E-cigarettes can also be used to deliver other drugs, including marijuana.[2] In 2016, one-third of U.S. middle and high school students who ever used e-cigarettes had used marijuana in e-cigarettes.[6]

For adults, e-cigarettes may have the potential to reduce risk for current smokers if they completely transition from cigarettes to e-cigarettes; however, a majority of adults who use e-cigarettes also smoke cigarettes.[7] For youth, the use of multiple tobacco products puts youth at even greater risk for addiction and tobacco-related harms.[1,2] Moreover, a 2018 National Academy of Sciences, Engineering, and Medicine report concluded that there was moderate evidence that e-cigarette use increases the frequency and intensity of cigarette smoking in the future.[7] But any e-cigarette use among young people is unsafe, even if they do not progress to future cigarette smoking.[2]

E-cigarettes Come in Many Shapes and Sizes

E-cigarettes are a rapidly changing product class, and are known by many different names, including "e-cigs," "e-hookahs," "mods," and "vape pens."[2] 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.[8] Many of these new e-cigarettes look like a USB flash drive, among other shapes. One of the most commonly sold

USB flash drive shaped e-cigarettes is JUUL, which experienced a 600% surge in sales during 2016-2017, giving it the greatest market share of any e-cigarette in the U.S. by the end of 2017.[9] Other companies are now also starting to sell e-cigarettes that look like USB flash drives.

All JUUL e-cigarettes have a high level of nicotine. A typical JUUL cartridge, or "pod," contains about as much nicotine as a pack of 20 regular cigarettes.[10] These products also use nicotine salts, which allow particularly high levels of nicotine to be inhaled more easily and with less irritation than the free-base nicotine that has traditionally been used in tobacco products, including e-cigarettes. This is of particular concern for young people, because it could make it easier for them to initiate the use of nicotine through these products and also could make it easier to progress to regular e-cigarette use and nicotine dependence. However, despite these risks, approximately two-thirds of JUUL users aged 15-24 do not know that JUUL always contains nicotine.[11]

You Can Take Action

We must take aggressive steps to protect our children from these highly potent products that risk exposing a new generation of young people to nicotine.[2,7] The bad news is that e-cigarette use has become an epidemic among our nation's young people. However, the good news is that we know what works to effectively protect our kids from all forms of tobacco product use, including e-cigarettes.[1,2,12] We must now apply these strategies to e-cigarettes, including USB flash drive shaped products such as JUUL. To achieve success, we must work together, aligning and coordinating efforts across both old and new partners at the national, state, and local levels. Everyone can play an important role in protecting our nation's young people from the risks of e-cigarettes.

Information for Parents

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people at https://e-cigarettes.surgeongeneral.gov/.
- Set a good example by being tobacco-free. If you use tobacco products, it's never too late to quit. Talk to a healthcare professional about quitting all forms of tobacco product use. For free help, visit smokefree.gov or call 1-800-QUIT-NOW.
- Adopt tobacco-free rules, including e-cigarettes, in your home and vehicle.
- Talk to your child or teen about why e-cigarettes are harmful for them. It's never too late.
- Get the Surgeon General's tip sheet for parents, Talk With Your Teen About E-cigarettes, at https://e-cigarettes.surgeongeneral.gov/. Start the conversation early with children about why e-cigarettes, including JUUL, are harmful for them.
- Let your child know that you want them to stay away from all tobacco products, including e-cigarettes, because they are not safe for them. Seek help and get involved.
    - Set up an appointment with your child's health care provider so that they can hear from a medical professional about the health risks of tobacco products, including e-cigarettes.
    - Speak with your child's teacher and school administrator about enforcement of tobacco-free school policies and tobacco prevention curriculum.
    - Encourage your child to learn the facts and get tips for quitting tobacco products at Teen.smokefree.gov.

Information for Teachers

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at https://e-cigarettes.surgeongeneral.gov/.
- Develop, implement, and enforce tobacco-free school policies and prevention programs that are free from tobacco industry influence, and that address all types of tobacco products, including e-cigarettes.

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- Engage your students in discussions about the dangers of e-cigarette use. To help you, the Food and Drug Administration (FDA), and Scholastic, developed free resources for teachers. These materials can be found at www.scholastic.com/youthvapingrisks.

Information for Health Professionals

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at https://e-cigarettes.surgeongeneral.gov/.
- Ask about e-cigarettes, including small, discreet devices such as JUUL, when screening patients for the use of any tobacco products.
- Educate patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.
- Encourage patients to quit. For free help, patients can visit smokefree.gov or call 1-800-QUIT-NOW.

Information for States, Communities, Tribes, and Territories

- **You have an important role to play in addressing this public health epidemic.**
- Implement evidence-based population-level strategies to reduce e-cigarette use among young people, such as including e-cigarettes in smoke-free indoor air policies, restricting young peoples' access to e-cigarettes in retail settings, licensing retailers, implementing price policies, and developing educational initiatives targeting young people.
- Implement strategies to curb e-cigarette advertising and marketing that are appealing to young people.
- Implement strategies to reduce access to flavored tobacco products by young people.

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

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11. Truth Initiative. JUUL e-cigarettes gain popularity among youth, but awareness of nicotine presence remains low. https://truthinitiative.org/news/juul-e-cigarettes-gain-popularity-among-youth.
12. US Department of Health and Human Services. *Preventing tobacco use among youth and young adults.* Atlanta, GA: US Department of Health and Human Services, CDC;2012. https://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm.

FDA STATEMENT

Statement from FDA Commissioner Scott Gottlieb, M.D., on new enforcement actions and a Youth Tobacco Prevention Plan to stop youth use of, and access to, JUUL and other e-cigarettes

For Immediate Release: April 24, 2018

Statement From:

- **FDA cites 40 retailers for violations related to youth sales of JUUL e-cigarettes**
- **Agency announces a new blitz of retail establishments targeting youth sale violations**
- **Agency takes new action to examine youth appeal of JUUL**
- **Agency takes steps to foreclose online sales of JUUL to minors**
- **These are the first steps in a new effort aimed at stopping youth use of e-cigarettes**

Protecting our nation's youth from the dangers of tobacco products is among the most important responsibilities of the U.S. Food and Drug Administration – and it's an obligation I take personally. We recognize that if the FDA is to end the tragic cycle of successive generations of nicotine and tobacco addiction, we must take every opportunity to disrupt that process where it starts: youth access to and use of tobacco products.

That's why, as part of our comprehensive plan (/news-events/press-announcements/fda-announces-comprehensive-regulatory-plan-shift-trajectory-tobacco-related-disease-death) announced in July, we're pursuing a policy to prevent future generations from becoming addicted in the first place by rendering cigarettes minimally or non-addictive. A key part of that plan was establishing the foundational framework for regulating non-combustible tobacco products for adults, like e-cigarettes.

But as we work to keep kids from making the deadly progression from experimentation to regular cigarette use, it's imperative that we also make sure children and teenagers aren't getting hooked on more novel nicotine-delivery products.

Today, we're announcing several new actions and efforts aimed at doing just that as the first steps in a new Youth Tobacco Prevention Plan focused on stopping youth use of tobacco products, and in particular, e-cigarettes.

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The troubling reality is that electronic nicotine delivery systems (ENDS) such as e-cigarettes have become wildly popular with kids. We understand, by all accounts, many of them may be using products that closely resemble a USB flash drive, have high levels of nicotine and emissions that are hard to see. These characteristics may facilitate youth use, by making the products more attractive to children and teens.

These products are also more difficult for parents and teachers to recognize or detect. Several of these products fall under the JUUL brand, but other brands, such as myblu and KandyPens, that have similar characteristics are emerging. In some cases, our kids are trying these products and liking them without even knowing they contain nicotine. And that's a problem, because as we know the nicotine in these products can rewire an adolescent's brain, leading to years of addiction. For this reason, the FDA must – and will – move quickly to reverse these disturbing trends, and, in particular, address the surging youth uptake of JUUL and other products.

To address all of these concerns, the FDA is announcing a series of new enforcement and regulatory steps.

First, we're announcing that the FDA has been conducting a large-scale, undercover nationwide blitz to crack down on the sale of e-cigarettes – specifically JUUL products – to minors at both brick-and-mortar and online retailers. The blitz, which started April 6 and will continue to the end of the month, has already revealed numerous violations of the law.

The illegal sale of these JUUL products to minors is concerning. In fact, just since the beginning of March, FDA compliance checks have uncovered 40 violations for illegal sales of JUUL products to youth. The FDA has issued 40 warning letters (/tobacco-products/newsroom/warning-letters-and-civil-money-penalties-issued-retailers-selling-juul-and-other-e-cigarettes) for those violations, which we are also announcing today. This includes warning letters that are the result of the blitz. Others are a result of our sustained enforcement efforts to reduce tobacco product sales to minors. And we anticipate taking many more similar actions as a result of the ongoing blitz and our focus on enforcement related to youth access.

We'll hold retailers accountable for continued violations. Let me be clear to retailers. This blitz, and resulting actions, should serve as notice that we will not tolerate the sale of any tobacco products to youth.

This isn't the first time we've taken action against retailers for selling these e-cigarettes and other tobacco products to minors, and it won't be the last. In fact, the FDA has conducted 908,280 inspections of retail establishments that sell tobacco products, issued 70,350 warning letters to retailers for violating the law and initiated about 17,000 civil money penalty cases. We have also issued more than 110 No-Tobacco-Sale Order Complaints, which can result in retailers being prohibited from even selling tobacco products for specified periods of time.

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It's clear there's need for strong federal enforcement of these important youth access restrictions and we'll continue to hold retailers accountable by vigorously enforcing the law with the help of our state partners. Today's action should serve to put retailers on notice to stop selling products to minors.

Second, as part of this effort, we also recently contacted eBay to raise concerns over several listings for JUUL products on its website. We're thankful for eBay's swift action to remove the listings and voluntarily implement new measures to prevent new listings from being posted to the web retailer's site. Our overarching goal – one we hope everyone shares – is to make sure JUUL, and any other e-cigarettes or tobacco products, aren't getting into kids' hands in the first place.

Third, we're also taking additional steps to contact the manufacturers directly, and hold them accountable. We need to examine all the available information to understand why kids are finding these products so appealing – and address it.

That's why today, the FDA also sent an official request for information directly to JUUL Labs (/media/112339/download), requiring the company to submit important documents to better understand the reportedly high rates of youth use and the particular youth appeal of these products. The information we're requesting includes: documents related to product marketing; research on the health, toxicological, behavioral or physiologic effects of the products, including youth initiation and use; whether certain product design features, ingredients or specifications appeal to different age groups; and youth-related adverse events and consumer complaints associated with the products. We don't yet fully understand why these products are so popular among youth. But it's imperative that we figure it out, and fast. These documents may help us get there.

We plan to issue additional letters to other manufacturers of products that raise similar concerns about youth use. If these companies, including JUUL, don't comply with our requests, they will be in violation of the law and subject to enforcement.

Fourth, we are planning additional enforcement actions focused on companies that we think are marketing products in ways that are misleading to kids. I will have more to say on this in the coming weeks.

These actions are just the first in a series of efforts we're pursuing as part of our newly formed Youth Tobacco Prevention Plan. We will announce additional steps in the coming weeks and months. And I hope that this sends a clear message to all tobacco product manufacturers and retailers that the FDA is taking on this issue with urgency, and if kids are flocking to your product or you're illegally selling these products to kids, you're on the agency's radar.

We appreciate that JUUL Labs has already expressed recognition of this problem and has reached out to the FDA and other stakeholders to discuss these concerns. But we must all recognize that more needs to be done. As we've said before, there is no acceptable number of children using tobacco products. We share the belief that these products should never be marketed to, sold to, or used by

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kids – and we need to make every effort to prevent kids from getting hooked on nicotine. This responsibility falls not only to the FDA, but also the companies making these products, the retailers selling them, and the online venues that help to fuel the teen popularity of, and access to, these products.

Finally, as we pursue additional steps to keep kids from using tobacco products, we're also continuing to invest in our compelling, science-based campaigns to educate youth about the dangers of all tobacco products including e-cigarettes.

Last fall, the first content from our youth e-cigarette prevention campaign – an ad showing youth using a USB-like tobacco product – launched online. A full-scale e-cigarette prevention effort under "The Real Cost" brand umbrella is planned for a September launch.

We're also exploring clear and meaningful measures to make tobacco products less toxic, appealing and addictive with an intense focus on youth. Specifically, as part of our comprehensive plan, we intend to pursue product standards and other regulations for electronic nicotine delivery systems, such as e-cigarettes, to address known hazards and concerns, including exploding batteries and accidental ingestion. Ultimately, our work on tobacco and nicotine regulation is aimed at achieving the greatest public health benefit.

Make no mistake. We see the possibility for ENDS products like e-cigarettes and other novel forms of nicotine-delivery to provide a potentially less harmful alternative for currently addicted individual adult smokers who still want to get access to satisfying levels of nicotine without many of the harmful effects that come with the combustion of tobacco. But we've got to step in to protect our kids.

As the FDA considers regulating nicotine levels in cigarettes to render combustible cigarettes minimally or non-addictive, products such as e-cigarettes may offer a potentially lower risk alternative for individual adult smokers. These ENDS products will still need to be put through an appropriate series of regulatory gates by the FDA. But the viability of these products is severely undermined if those products entice youth to start using tobacco and nicotine.

The youth-focused steps we're taking are consistent with our responsibility to protect kids and significantly reduce tobacco-related disease and death, and I intend to do everything within my power to fulfill that duty.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

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888-INFO-FDA

Related Information

- Letter: Request for Documents from JUUL Labs, Inc. (/files/tobacco products/published/CTP--JUUL-904(b).pdf)
- Warning Letters Issued to Retailers for Selling JUUL to Minors (/tobacco-products/newsroom/warning-letters-and-civil-money-penalties-issued-retailers-selling-juul-and-other-e-cigarettes)
- FDA expands 'The Real Cost' public education campaign with messages focused on preventing youth use of e-cigarettes (/news-events/fda-brief/fda-brief-fda-expands-real-cost-public-education-campaign-messages-focused-preventing-youth-use-e)
- Protecting American Families: Comprehensive Approach to Nicotine and Tobacco (/news-events/speeches-fda-officials/protecting-american-families-comprehensive-approach-nicotine-and-tobacco)
- FDA announces comprehensive regulatory plan to shift trajectory of tobacco-related disease, death (/news-events/press-announcements/fda-announces-comprehensive-regulatory-plan-shift-trajectory-tobacco-related-disease-death)

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