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Vaping and Electronic Cigarette Use: A Threat to American Health **A Call to Action from the National Black Nurses Association** **Ad Hoc Committee on Substance Use Disorders**

Electronic Cigarettes (E-cigarettes) are battery-operated devices that deliver an aerosol to the user by heating a liquid that usually contains substances such as nicotine, flavorings, marijuana, and other chemicals. These devices can look like a real cigarette or pen. Simply stated, vaping is the act of inhaling vapor from an e-cigarette, but it not your grandmother's inhalant. In 2019, the Centers for Disease Control and Prevention (CDC) reported that over twenty-seven percent (27.5%) of high school students used an e-cigarette within the previous month, compared to 20.8% in 2018 and 11.7% in 2017. Among middle school students, there was a 48% increase in use e-cigarettes, from 3.3 million to 4.9 million students (Moritz, 2019).

Over the past few weeks, pulmonary illnesses related to e-cigarette use and deaths have been reported as an emerging national health crisis. According to the CDC, there are over 450 possible cases of lung illness associated with the use of vaping in 33 states. In addition, six deaths have been confirmed in California, Illinois, Indiana, Kansas, Minnesota, and Oregon. In a recent study, Henry, Kanne & Kligerman (2019) reported that e-cigarette vapor boosts the production of inflammatory responses. The vapor impairs the activity of alveolar macrophages, which engulf and remove dust particles, bacteria, and allergens from the lungs, thereby, making the respiratory tract susceptible to diseases. Henry et al. (2019) further reported 34 cases of vaping-associated lung injury, which included "abnormalities on chest imaging". Four imaging patterns correlated with pathological findings attributable to vaping have been identified, including acute eosinophilic pneumonia, diffuse alveolar damage, organizing pneumonia and lipoid pneumonia.

In the U.S. current vaping crisis, patients reported severe symptoms of pulmonary disease such as chronic cough, shortness of breath, chest pain, nausea, vomiting, diarrhea, fatigue, fever and weight loss. For some patients, these symptoms developed in a few days, while others reported symptoms following weeks or longer use of the e-cigarette.

Call to Action

It is imperative that members of the National Black Nurses Association remain vigilant and act to prevent this crisis from becoming an epidemic. We are calling on all chapters and members to include in their community engagement activities education regarding the health risk and danger of vaping. Members should immediately reach to our schools, policymakers, faith-based leaders and family. With grassroots efforts, we can provide education to local schools, churches, community centers, public places where teens, adolescents and young adults socialize, homes and in parks and other social venues. The CDC published, “E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.”

The CDC provides [Electronic Cigarettes Real Facts](#) as a guide to lead conversations. In addition to be the most trusted health professionals, black nurses are educated, motivated, and ready to address the vaping epidemic utilizing the 5As model to:

1. **ASK** - about e-cigarettes, including devices shaped like USB flash drives.
2. **ADVISE** - about the danger and warn patients about the risks of all forms of tobacco product use, including e-cigarettes.
3. **ASSESS** - those who currently vape for their readiness to quit and seek help. During your assessment, if a patient is vaping and reports sign and symptoms of severe respiratory problems (e.g., cough, fatigue, shortness of breath, chest pain, difficulty breathing, and unexplained weight loss), advise and assist the patient to immediately see their primary care provider or seek emergency care at a local hospital.
4. **ASSIST** – those who are willing to make a quit attempt by helping them to find a counselor or refer to a [quit center](#) for counseling.
5. **ARRANGE** – appointments for those in need to get to a quit center and ensure follow up contacts with the counselor, preferably within the first week after the quit date.

Together we can make a significant difference. The NBNA Ad Hoc Committee on Substance Misuse Committee, the NBNA Board of Directors are asking that we make a difference in our population health. The simple message is “If you’ve never smoked or used other tobacco products or e-cigarettes, don’t start, (CDC). All forms of smoking are bad for your health.

If you smoke, STOP.

References

Center for Disease Control & Prevention (2019). Get the facts about electronic cigarettes, health effects and the risks of using e-cigarettes.

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Moritz, T. (2019). Vaping: It's All Smoke and Mirrors. Retrieved from

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Henry, T. S., Kanne, J. P., & Kligerman, S. J. (2019). Imaging of Vaping-Associated Lung Disease. *New England Journal of Medicine* DOI: 10.1056/NEJMc1911995.

Available at <https://www.nejm.org/doi/full/10.1056/NEJMc1911995>

NBNA Resolution: Nicotine Dependence & Tobacco Use; Creating and Supporting Tobacco Free Environments (2019)

Available at <https://www.nbna.org/files/1%20Resolution%20-%20Tobacco%20Cessation.pdf>