

TOBACCO USE AMONG LOUISIANA YOUTH

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**FINDINGS FROM THE LOUISIANA YOUTH
TOBACCO SURVEY (LYTS)**

2023

Tobacco Use Among Louisiana Youth

TABLE OF CONTENTS

Acknowledgements.....	3
Executive Summary: Youth Tobacco Use Highlights.....	4
Terms and Definitions.....	5
Introduction.....	6
Background.....	6
Methodology.....	7
Demographics.....	9
Results.....	10
Product Trends.....	10
Tobacco Use.....	14
Prevention and Cessation.....	19
Initiation and Peer Influence.....	23
Access.....	26
Perception.....	29
Secondhand Smoke (SHS) and Secondhand Aerosol (SHA).....	33
COVID-19 Pandemic Implications.....	35
Discussion.....	37
Health Impacts from Tobacco Use.....	37
Health Inequities in Tobacco Use.....	37
Recommendations for Tobacco Prevention and Cessation.....	38

Tobacco Use Among Louisiana Youth

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Authors

Adam Trahan, MPH
Anna Platt, MPH
Charles Lehigh, MPH

Reviewers

Dayaamayi Kurimella, MPH
Erica Turner, DrPH, MPH, CHES
Brian Giandelone, MBA
Taylor Reine, MPH
Tiffany Treadway, MHA
Valerie Huntley

Prepared by

Daijah Adams

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Youth Tobacco Resources

It is important to equip youth with resources that educate them on tobacco use and connect them to available quit support services. Unfiltered Facts, unfilteredfacts.com, is a website for teens to learn facts about vaping and tobacco products. The information empowers youth to make informed decisions around tobacco use and provides access to tailored quit services for those ready to quit. Next Era, wearenextera.org, is a statewide youth movement to promote healthier, tobacco-free, and nicotine-free lifestyles. Schools and organizations throughout the state host Next Era members. Next Era recruits and trains students to work on campaigns promoting a tobacco-free Louisiana.

For more information, please contact:

Well-Ahead Louisiana
WellAhead@la.gov

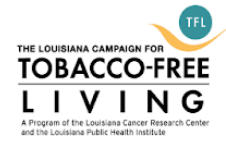
The Louisiana Campaign for Tobacco-Free Living
tobaccofreeliving@lphi.org

Tobacco Use Among Louisiana Youth

EXECUTIVE SUMMARY

2023 LOUISIANA YOUTH TOBACCO SURVEY

Tobacco Use Among Louisiana Youth



Well-Ahead Louisiana and The Louisiana Campaign for Tobacco-Free Living work together to improve the health of LA residents by preventing youth from initiating tobacco and helping them stay tobacco-free.

Resources are available for youth at unfilteredfacts.com. To quit vaping, youth can text **VAPEFREE** to **873373**. For educators and health professionals, visit wellaheadla.com/tobacco for ways to reduce tobacco use in your community. For advocates, visit WeAreNextEra.org to raise your voice for a tobacco-free Louisiana.

HALF
of youth
initiate
tobacco use
by vaping



Tobacco use
among
high schoolers
is almost
DOUBLE
that of
middle schoolers

Most youth first
try tobacco at
13 or 14
years of age



Health
professionals
asked only
1 in 4
youth about
tobacco use

VAPES
are the most popular
tobacco product among
youth and surpass the
use of all other tobacco
products
COMBINED

3 in 5
youth **do not** consider vapes
to be a tobacco product



3 in 4
youth who vape prefer
flavored vapes, typically
containing higher levels
of nicotine¹



Dual use of vapes
and other tobacco
products among
high schoolers is
DOUBLE
that of
middle schoolers



4 in 5
youth report they
were able to
purchase vapes
from stores

Tobacco Use Among Louisiana Youth

TERMS AND DEFINITIONS

Big Tobacco	Large tobacco companies that are seen as powerful with undue influence ¹
CDC	Centers for Disease Control and Prevention
Chew/Dip/Snuff	Smokeless or dissolvable tobacco in a variety of flavors that is not inhaled, but rather absorbed in the mouth
Cigarette	A thin cylinder of dried tobacco that is wrapped in paper, lit, and smoked
Cigars/Cigarillo	A tube of dried tobacco that is wrapped in tobacco leaf, lit, and smoked
Current Use	One or more times of tobacco use in the past 30 days
Ever Use	At least one time of tobacco use over the course of one's lifetime
Health Inequities	Unjust and avoidable differences in health outcomes that are caused by unfair social conditions and discriminatory practices
High Schoolers	High school (HS) students in grades 9-12 at the time of the survey
Hookah	A water pipe that is used to smoke wet tobacco in different flavors
LYTS	Louisiana Youth Tobacco Survey
Middle Schoolers	Middle school (MS) students in grades 6-8 at the time of the survey
NRT	Nicotine Replacement Therapy in the form of gum, lozenge, or patch
Pipe	A non-water pipe that is used to smoke tobacco
Prevalence	The total number of individuals in a population who have a particular characteristic at a specific period of time, usually expressed as a percentage of the population. (NOTE: incidence refers to the number of new cases that develop in a given period.)
SHA	Secondhand aerosol (vapor) exposure from vapes
SHS	Secondhand smoke exposure from combustible tobacco products
TFL	The Louisiana Campaign for Tobacco-Free Living
Vape	A battery-powered cartridge containing a liquid solution of nicotine, flavors, and other chemicals that produce aerosol. Vapes are known by many different names such as "disposables", "e-cigs", "electronic nicotine delivery systems (ENDS)", "mods", "pens", "pods", "tank systems", and "vaporizers".
Well-Ahead	Well-Ahead Louisiana
Youth	Middle and high schoolers at the time of the survey

¹ Cambridge Dictionary, 2023. <https://dictionary.cambridge.org/us/dictionary/english/big-tobacco>

Tobacco Use Among Louisiana Youth

INTRODUCTION

Tobacco prevention and cessation remain the most significant priorities shared by TFL and Well-Ahead. Cigarette smoking is the leading cause of preventable death in the United States.² Each year in Louisiana, there are 580 new youth smokers, and approximately 7,200 adults die from smoking.^{3,4,5} Tobacco use is initiated and established primarily during adolescence.³ Symptoms of serious nicotine addiction can occur just days after youth try smoking, and exposure to nicotine can have lasting, adverse consequences on brain development. Tobacco use can lead to detrimental lifelong health effects, and these risks are exacerbated due to youth not typically engaging in cessation programs until they reach adulthood.⁶

The tobacco product landscape continues to evolve and includes a variety of tobacco products, such as cigarettes, cigars/cigarillos, hookah, pipes, chew/dip/snuff, and vapes.⁷ Although significant progress has been made over the last decade in reducing the prevalence of cigarette smoking among youth, the popularity of vapes has produced new obstacles to tobacco prevention and cessation.⁸

Background

The CDC developed the Youth Tobacco Survey (YTS) to provide states with the data necessary to design, implement, and evaluate comprehensive tobacco control programs, which work to prevent youth from initiating addictive tobacco products and help those who have already started using to quit.⁹ The LYTS informs the statewide tobacco cessation and prevention initiatives of Well-Ahead and TFL, such as Unfiltered Facts and Next Era. LYTS questions are reviewed and updated periodically by Well-Ahead and TFL to ensure accurate and reliable data. The LYTS is administered to gather the quantity and frequency of tobacco product usage, as well as knowledge, perceptions, and attitudes associated with tobacco consumption. The LYTS was conducted in 2008, 2009, and every two years thereafter until the current 2023 report.

² Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking, 2021.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

³ U.S. Department of Health and Human Services. 2014 Surgeon General's Report: The Health Consequences of Smoking: 50 Years of Progress, 2014. <https://www.ncbi.nlm.nih.gov/books/NBK179276/>

⁴ Substance Abuse and Mental Health Services Administrations. 2018 National Survey of Drug Use and Health (NSDUH): Detailed Tables, 2022. <https://www.samsha.gov/data/report/2019-nsduh-detailed-tables>

⁵ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs, 2014. http://www.cdc.gov/tobacco/stateandcommunity/best_practices/

⁶ Centers for Disease Control and Prevention. Youth and Tobacco Use, 2022.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

⁷ Centers for Disease Control and Prevention. Youth and Tobacco Use, 2023.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

⁸ U.S. Department of Health and Human Services, Office of Surgeon General. Surgeon General's Advisory on e-Cigarette Use Among Youth, 2018.

<https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

⁹ Centers for Disease Control and Prevention. National Youth Tobacco Survey (NYTS), 2022.

https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm

Methodology

The LYTS collects responses to tobacco-related questions from middle and high schoolers. Across the 64 Louisiana parishes, 40 public middle schools and 43 public high schools are randomly sampled. This cross-sectional, two-stage cluster sample design ensures a representative sample of students. The first stage consists of randomly selecting schools within the specified grade range using probabilities proportional to size (PPS). Thus, larger schools are sampled with greater probabilities of selection than smaller schools to ensure every student in the state has the same probability of selection. The second stage consists of randomly selecting classrooms within the selected schools, and all youth in these selected classes are eligible to participate. The self-administered questionnaire is anonymous.

Among the sampled schools, a total of 21 middle schools and 13 high schools chose to participate in the 2023 LYTS. School response rates for the 2023 LYTS were lower than anticipated due to a number of reasons. Recruitment usually starts in January, but did not begin until February. Recruiters also had difficulty getting in contact with district personnel by either phone, e-mail, or in-person. In general, there appeared to be an increase in schools refusing to take the survey post-COVID-19 pandemic. Although the school response rate and overall response rate were lower than in previous years, there did not appear to be an effect on the percentage of youth willing to participate from the selected schools.

LYTS data are weighted to adjust for limitations such as unequal probabilities of selection, nonresponse bias, and disproportionate selection of demographic groups. A nonresponse bias analysis was conducted, and survey weights were adjusted to account for the lower response rates among certain groups. Nineteen potential predictors of nonresponse were analyzed: (1) school location, (2) school majority White, (3) school % Black, (4) school % Hispanic, (5) school % Asian, (6) college-bound, (7) English language learners, (8) library/media center, (9) lunch program, (10) poverty level code, (11) AIM per pupil code, (12) affluence, (13) AP classes, (14) before/after school programs, (15) tech-ed courses, (16) per-student curricular materials expenditures, (17) proportion of students in special education, (18) student-teacher ratio, and (19) proportion of students receiving free/reduced lunch with Title 1 eligibility. Among these nineteen variables, five were statistically significant: (1) school location designated as urban or rural ($p=0.018$), (2) % Hispanic ($p=0.05$), (3) affluence (schools' socioeconomic status rank) ($p=0.033$), (4) proportion of students in special education ($p=0.05$), and (5) student-teacher ratio ($p=0.039$). Upon further examination of these statistically significant variables using a best-fit model, two variables were used to create nonresponse adjustment cells in the weighting process: (1) school location and (2) % Hispanic. Schools located in cities (urban) responded at a lower rate compared to schools located in suburbs and towns (rural), and schools with a higher percentage of Hispanic students responded at a lower rate compared to schools with a lower percentage of Hispanic students. These weights were further adjusted to marginal population totals (dimensions) using an iterative raking procedure. To account for missing responses from participants, hot-deck imputation was applied during the weighting process. These aforementioned methods address reporting bias by reducing the potential for systematic under-representation of survey estimates.

For analysis and reporting purposes, the categorization of race and ethnicity was designed to account for the intersectionality of populations while also considering small sample sizes. Race and ethnicity were combined into four groups: (1) Hispanic, (2) non-Hispanic Black, (3) non-Hispanic White, and (4) additional non-Hispanic groups. The Hispanic ethnicity represents those who responded "yes" to Hispanic regardless of race. Additional non-Hispanic groups are composed of the following five races with a sample size each <50: (1) American Indian or Alaskan Native; (2) Asian; (3) Native Hawaiian or

other Pacific Islander; (4) Multiracial; and (5) non-Hispanic with a missing response for race. In addition to addressing limitations through weight adjustments and demographic grouping, the LYTS data analysis utilized tests of significance to determine the reliability of data. The following four parameters were set to indicate statistical significance: (1) sample size $n \geq 50$; (2) confidence intervals (CIs) did not overlap; (3) relative standard error (RSE) $< 30\%$; and (4) p-value ≤ 0.05 . Analysis containing a p-value > 0.09 was excluded from this report. Only statistically significant or moderately significant (reliable) data is included in this report. If any of these parameters were not met, the limitation of moderate significance is notated in the result section, such as a sample size < 50 , an overlapping CI, RSE $> 30\%$, or a p-value of 0.051 to 0.09.

Tobacco Use Among Louisiana Youth

DEMOGRAPHICS

2023 LYTS Student Demographics				
	Middle School		High School	
	Unweighted Frequency	Weighted %	Unweighted Frequency	Weighted %
Sample Total	1,103	100%	599	100%
Grade				
6	293	32.5%	--	--
7	507	33.0%	--	--
8	296	34.0%	--	--
9	--	--	203	27.9%
10	--	--	195	25.9%
11	--	--	109	22.3%
12	--	--	72	20.5%
Other	10	0.5%	23	3.4%
<i>No Response</i>	5	--	2	--
Gender				
Female	586	51.7%	348	50.6%
Male	517	48.3%	251	49.4%
<i>No Response</i>	8	--	5	--
Race and Ethnicity				
Non-Hispanic Black	437	40.5%	212	42.5%
Hispanic	192	10.1%	85	8.4%
Non-Hispanic White	352	41.1%	259	43.3%
<i>American Indian/Alaskan Native</i>	34	2.1%	8	1.0%
<i>Asian</i>	7	0.3%	6	0.8%
<i>Native Hawaiian/Pacific Islander</i>	4	0.4%	2	0.1%
<i>Multiracial</i>	48	2.5%	22	3.0%
<i>Non-Hispanic Only</i>	29	3.0%	5	0.9%
-----	-----	-----	-----	-----
Additional non-Hispanic groups	122	8.2%	43	5.8%
<i>No Response</i>	8	--	5	--

Note: Grade, Gender, Race and Ethnicity each add up to the sample total (excluding italicized data).

Tobacco Use Among Louisiana Youth

RESULTS

Product Trends

Public health efforts such as education, advocacy, and media campaigns are associated with a decrease in tobacco use among Louisiana youth. Despite declines in traditional tobacco use, Big Tobacco persists in targeting youth through vaping.¹⁰ Current use of vaping is more than double the use of all other tobacco products among middle schoolers and high schoolers, as indicated by the 2019, 2021, and 2023 LYTS.

Figure 1. **Almost 1 in 5 middle schoolers currently vape.**

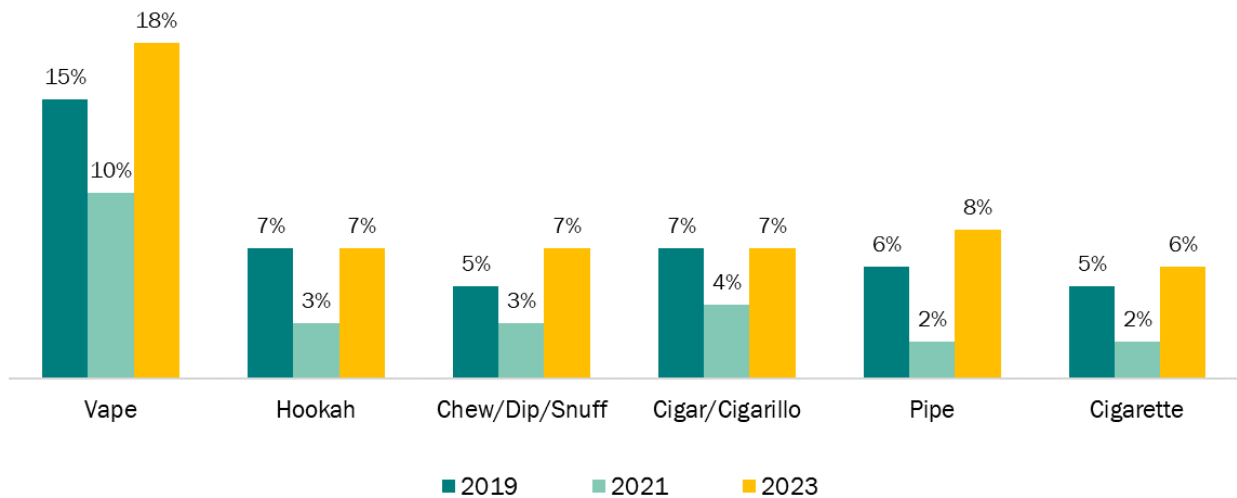
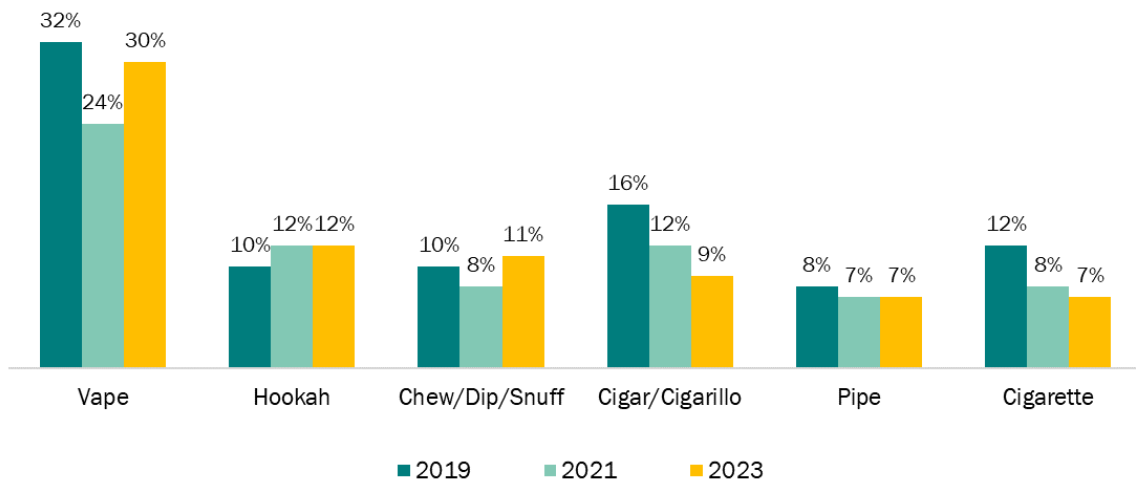


Figure 2. **Almost 1 in 3 high schoolers currently vape.**



¹⁰ Centers for Disease Control and Prevention. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults, 2023. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

Figure 3.

Vaping continues to surpass the use of all other tobacco products COMBINED for middle schoolers.*

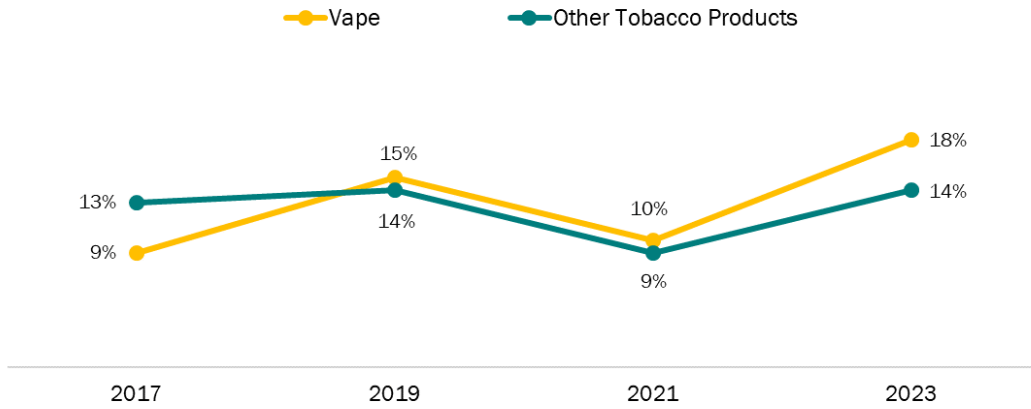
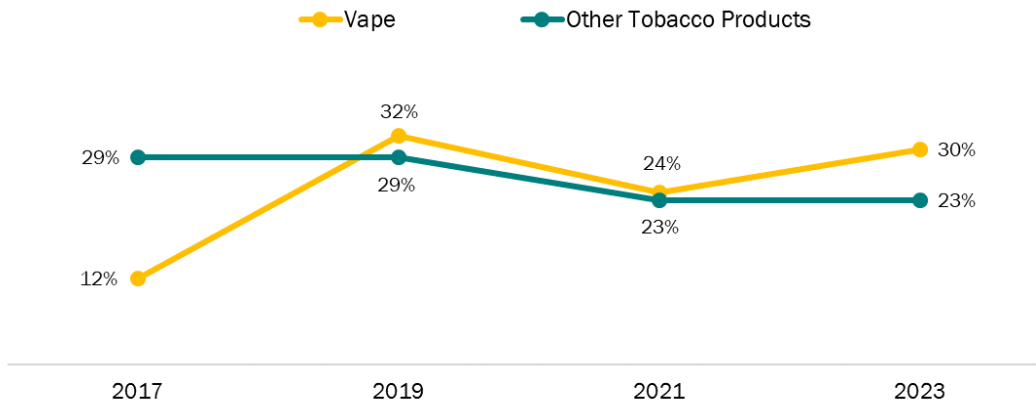


Figure 4.

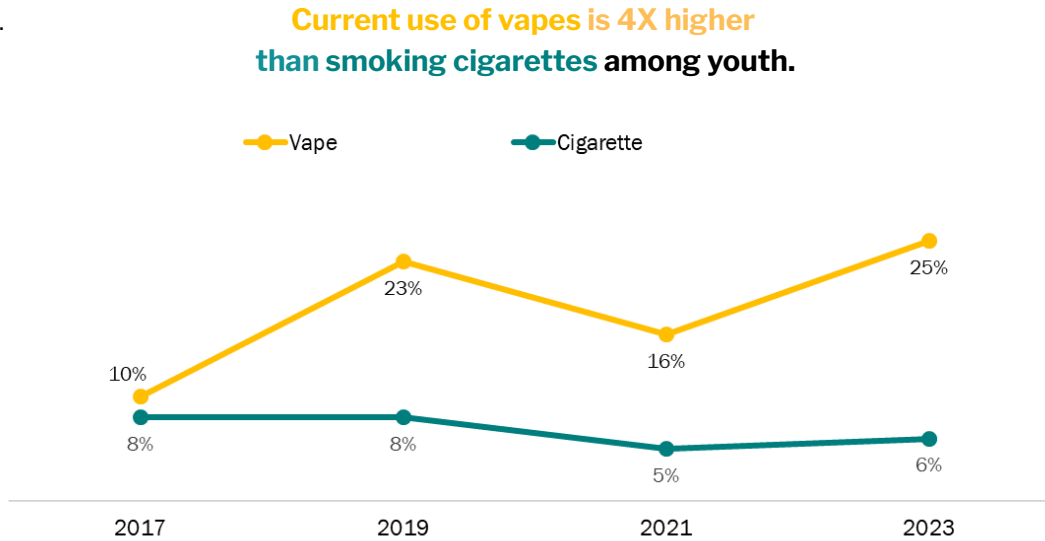
Vaping continues to surpass the use of all other tobacco products COMBINED for high schoolers.**



*Figure 3. Lower reliability due to overlapping CIs for 2023 Vape [14, 22.6] and 2023 Other Tobacco Products [8.8, 20.2].

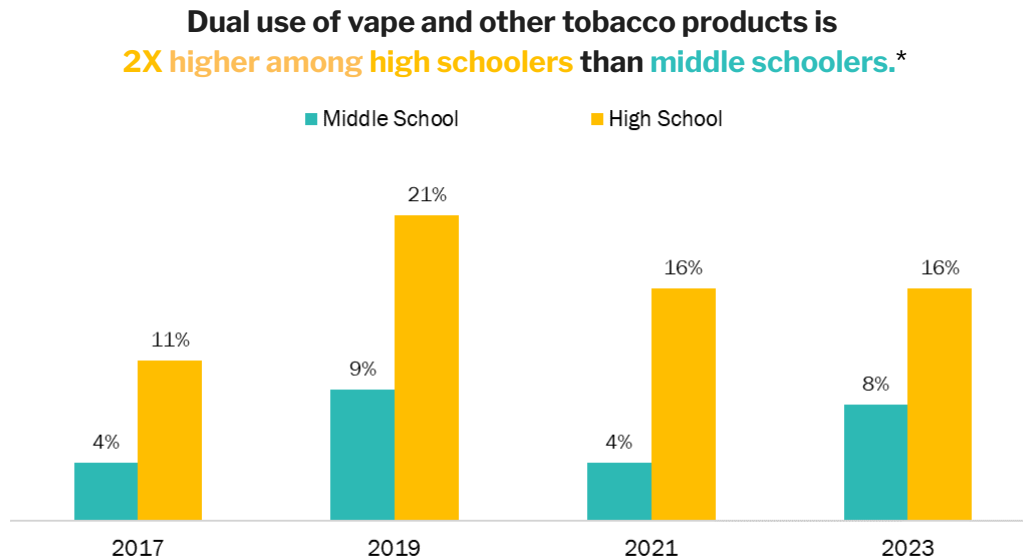
**Figure 4. Lower reliability due to overlapping CIs for 2023 Vape [21.5, 38.2] and 2023 Other Tobacco Products [10.4, 34.9].

Figure 5.



The introduction of vaping by Big Tobacco has led to an emerging trend of vaping and using other tobacco products. Vapes act as a gateway for youth to try other tobacco products and can easily lead to dual use, as indicated by the 2017, 2019, 2021, and 2023 LYTS.¹¹

Figure 6.

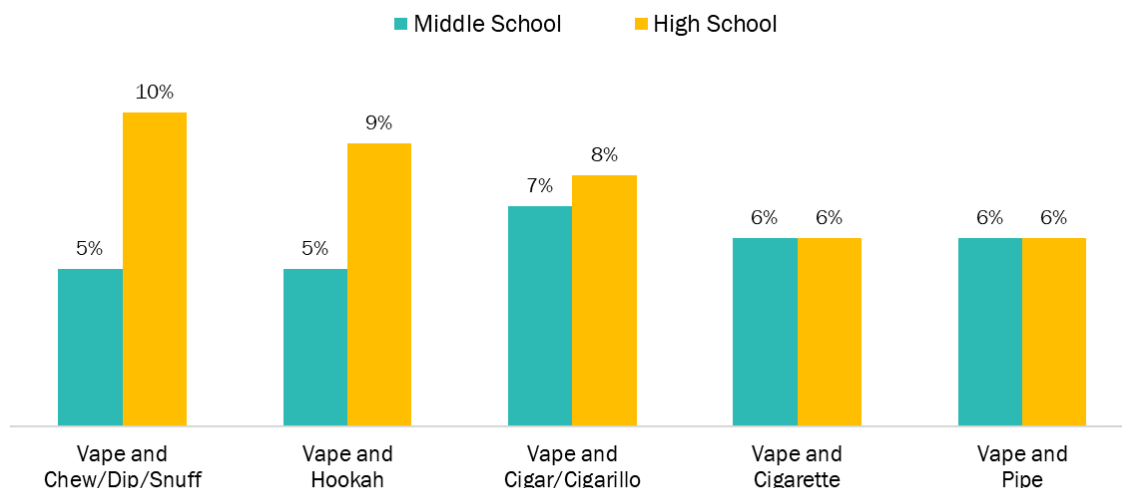


*Figure 6. Lower reliability due to overlapping CIs for 2023 MS [3.9, 13] and 2023 HS [9.66, 22].

¹¹ Centers for Disease Control and Prevention. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults, 2022. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

Recent studies indicate that dual use of vaping and smoking cigarettes may lead to an increased risk of heart disease.¹² Dual use of vapes and other tobacco products can have the same detrimental health effects as using any tobacco, even when cigarettes are exclusively used in social situations. Persons who engage in this “social smoking” behavior typically have similar blood pressure and cholesterol levels to those who smoke regularly.¹³ The current use of vaping and other tobacco products was analyzed to determine dual use among middle and high schoolers.

Figure 7. **High schoolers are more likely to engage in dual use of vapes and other tobacco products than middle schoolers.***



*Figure 7. Lower reliability due to overlapping CIs and slightly high RSEs: Vape and Chew/Dip/Snuff for MS [2.5, 8.5] compared to HS [7.0, 13.9]; Vape and Hookah for MS [3.2, 7.8] compared to HS [4.8, 12.5]; Vape and Cigar/Cigarillo for MS [1.8, 11.4] with RSE (35%) compared to HS [5.0, 10.9]; Vape and Cigarette for MS [2.0, 9.1] with RSE (31%) compared to HS [1.4, 10.3] with RSE (35%); and Vape and Pipe for MS [2.5, 10.1] compared to HS [2.8, 8.8].

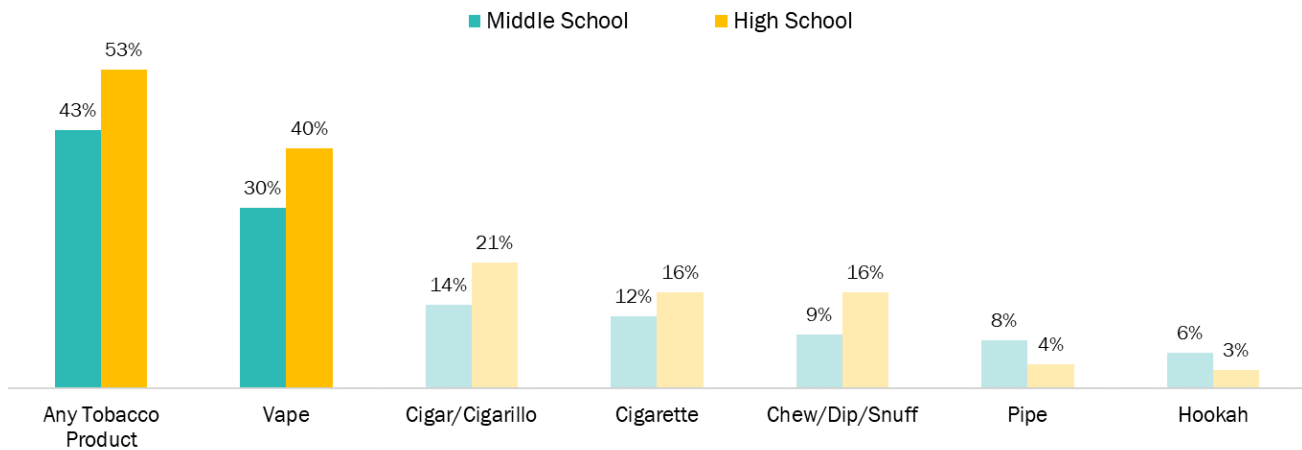
¹² T. Alzahrani, I. Pena, N. Temesgen, et al. Association Between Electronic Cigarette Use and Myocardial Infarction. *Am. J. Prev. Med.*, 55 (4) (2018), pp. 455-461

¹³ Centers for Disease Control and Prevention. Dual Use of Tobacco Products, 2022. <https://www.cdc.gov/tobacco/campaign/tips/diseases/dual-tobacco-use.html>

Tobacco Use

Nearly 7,000 chemicals are found in tobacco smoke. Among these chemicals, 250 are known to be harmful, and at least 69 can cause cancer.^{14,15,16} Nicotine is mainly responsible for the addictive nature of tobacco products, and tobacco smoke exposure over time can lead to illness and death.¹⁴ Nicotine exposure in youth can disrupt adolescent brain development by causing cognitive deficits, memory impairment, and restricted executive function.¹⁷ Current use and ever use of tobacco products among youth were analyzed for 2023.

Figure 8. **Nearly half of middle schoolers and over half of high schoolers have tried a tobacco product at least once. The majority of these students are trying vapes.**



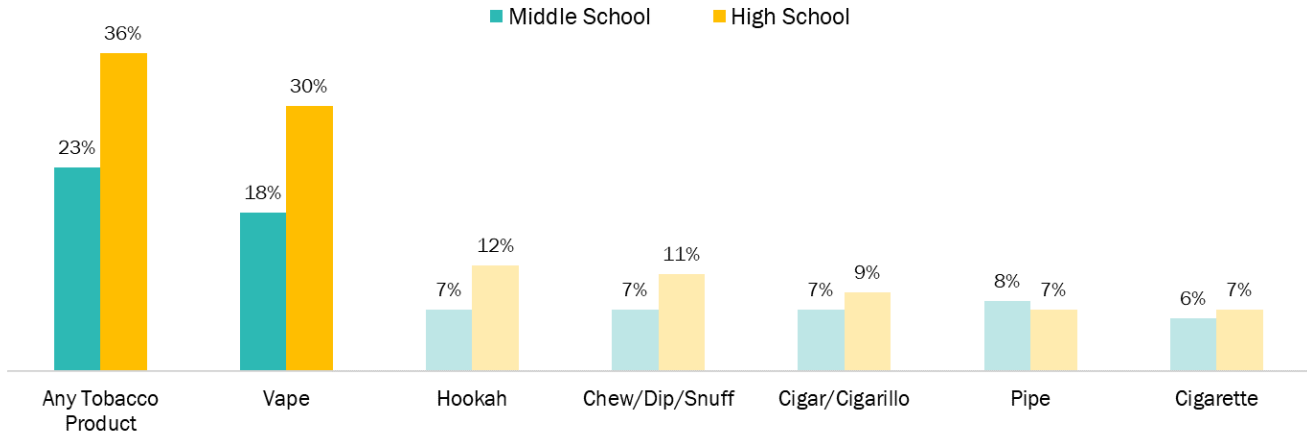
¹⁴ U.S. Department of Health and Human Services. 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress, 2014. <https://www.ncbi.nlm.nih.gov/books/NBK179276/>

¹⁵ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

¹⁶ National Toxicology Program. Tobacco-Related Exposures. In: Report on Carcinogens. Fourteenth Edition. U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, 2016.

¹⁷ U.S. Department of Health and Human Services. 2012 Surgeon General's Report: Preventing Tobacco Use Among Youth and Young Adults, 2012 <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/tobacco/sgr/2012/index.htm>

Figure 9. **Almost 1 in 4 middle schoolers and over 1 in 3 high schoolers currently use a tobacco product. The majority of these students are vaping.***

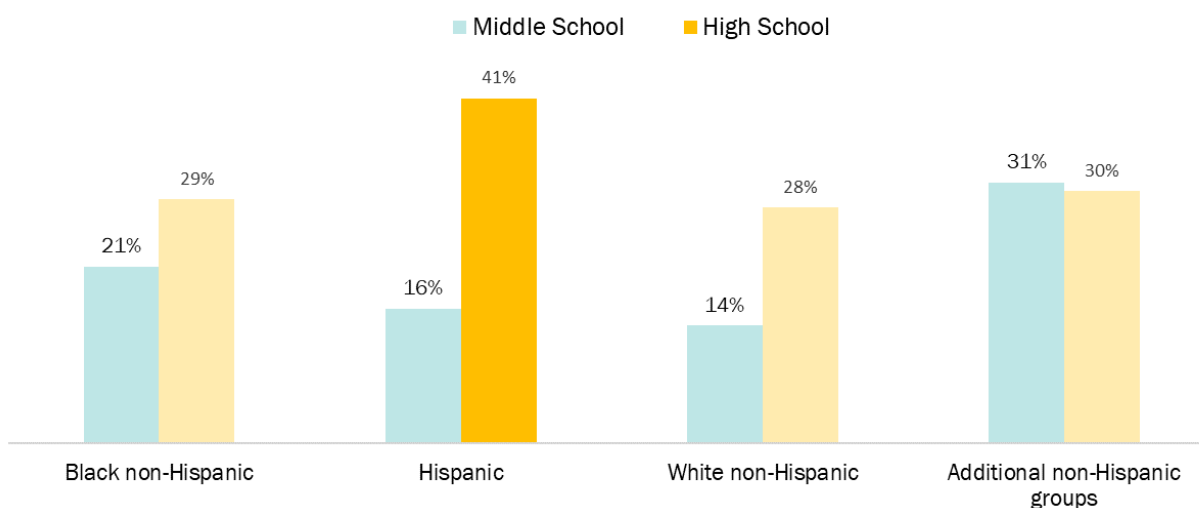


*Figure 9. Lower reliability due to overlapping CIs: Vape and Chew/Dip/Snuff for MS [2.5, 8.5] compared to HS [7.0, 13.9]; Vape and Hookah MS [3.2, 7.8] compared to HS [4.8, 12.5]; Vape and Cigar/Cigarillo for MS [1.8, 11.4] compared to HS [5, 10.9]; Vape and Cigarette for MS [2.0, 9.1] compared to HS [1.4, 10.3]; Vape and Pipe for MS [2.5, 10.1] compared to HS [2.8, 8.8]. Lower reliability due to slightly high RSEs: Vape and Cigarette for MS (31%) and HS (35%); Vape and Cigar/Cigarillo for MS (35%)

Big Tobacco has strategically targeted communities of color for decades with marketing and advertising. Institutionalized racism and local zoning policies result in higher densities of tobacco retailers in communities of color compared to higher-income and higher-educated White communities.¹⁸ Additionally, Big Tobacco advertises more heavily in stores whose customers are Black.¹⁹ Big Tobacco has also made significant attempts to infiltrate Hispanic populations, such as sponsoring Hispanic/Latino cultural events and making financial contributions to Hispanic/Latino political action committees.²⁰ The psychological and physiological consequences of institutionalized racism, limited financial resources, and barriers to healthcare access/higher education continue the vicious cycle of nicotine dependence among communities of color.^{20, 21, 22} The current use of tobacco products was analyzed by race and ethnicity.

Figure 10.

Hispanic high schoolers are more likely to use vapes than other races and ethnicities.*



*Figure 10. Lower reliability due to overlapping CIs: Hispanic for MS [8, 23] compared to HS [14, 66.9]. Lower reliability due to slightly high RSE for Hispanic MS (30%).

¹⁸ Read UM, Karamanos A, João Silva M, et al. The Influence of Racism on Cigarette Smoking: Longitudinal Study of Young People in a British Multiethnic Cohort, 2018. doi:10.1371/journal.pone.0190496

¹⁹ Counter Tobacco. Disparities in Point of Sale Advertising and Retailer Density, 2022. <https://countertobacco.org/resources-tools/evidence-summaries/disparities-in-point-of-sale-advertising-and-retailer-density/#:~:text=Findings%20indicate%20higher%20density%20of,without%20a%20high%20school%20diploma>

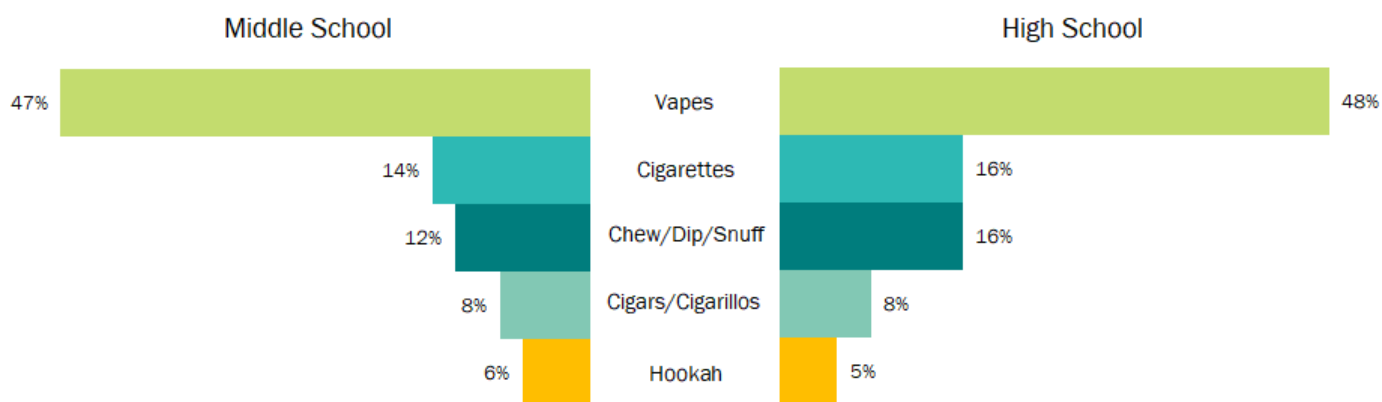
²⁰ Truth Initiative. Tobacco Use in the Hispanic/Latino American Community, 2020. <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-hispaniclatino-american-community>

²¹ Centers for Disease Control and Prevention. Unfair and Unjust Practices and Conditions Harm Hispanic and Latino People and Drive Health Disparities, 2022. <https://www.cdc.gov/tobacco/health-equity/hispanic-latino/unfair-and-unjust.htm>

²² Public Health Law Center, The Tobacco Industry & the Black Community, 2021. <https://www.publichealthlawcenter.org/sites/default/files/resources/Tobacco-Industry-Targeting.pdf>

Youth are more willing to try flavored tobacco products and perceive them as more appealing and less harmful than non-flavored tobacco products.^{23,24} While federal law bans flavored cigarettes and flavored cartridge-based vapes (excluding menthol), there is a lack of flavor bans on open-system vapes, disposable vapes, smokeless tobacco, cigars, and hookahs.²³ Foremost, the menthol chemical can synergistically increase the effects of nicotine to make tobacco products more addictive for youth.²⁵ The current use of vaping with flavors was analyzed for middle and high schoolers, and the results were stratified by race, ethnicity, and gender.

Figure 11. **Vapes are the most popular flavored tobacco product among middle and high schoolers.**



²³ Truth Initiative. Flavored tobacco use among youth and young adults, 2021. <https://truthinitiative.org/research-resources/emerging-tobacco-products/flavored-tobacco-use-among-youth-and-young-adults>
²⁴ Pepper JK, Ribisl KM, Brewer NT. Adolescents' interest in trying flavored e-cigarettes, 2016. doi:10.1136/tobaccocontrol-2016-053174
²⁵ Centers for Disease Control and Prevention. Menthol Tobacco Products, 2023. https://www.cdc.gov/tobacco/basic_information/menthol/index.html

Figure 12.

Female youth are more likely than male youth to use flavored vapes.



Figure 13.*



Figure 14.

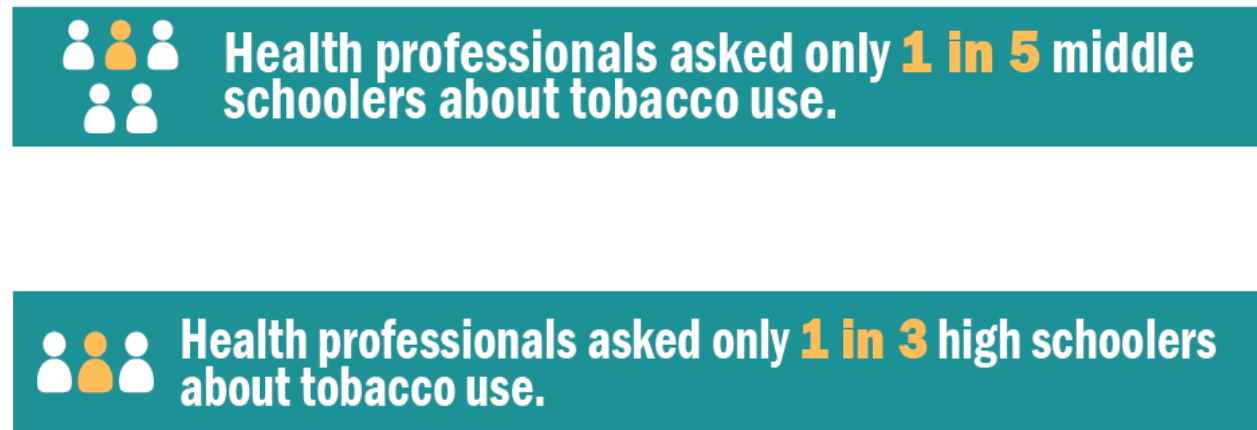


*Figure 13. Lower reliability due to overlapping CIs: White non-Hispanic female [86.7, 97.5] compared to White non-Hispanic male [60.4, 97.2], Hispanic female [68.3, 94.7], Hispanic male [65.6, 99.7], Black non-Hispanic female [64, 87.3], Black non-Hispanic male [65.6, 99.7], additional non-Hispanic groups female [55.5, 91.1], additional non-Hispanic groups male [49.8, 92.4]. Lower reliability due to small sample sizes for Hispanic male ($n=35$), additional Hispanic groups female ($n=39$), and male ($n=23$).

Prevention and Cessation

Healthcare provider engagement is associated with healthier attitudes about tobacco use among youth.²⁶ However, very few Louisiana youth who visited a health professional in the past 12 months were asked about their tobacco use or advised against using tobacco products. Not inquiring about tobacco use by health professionals may stigmatize the topic and result in a missed opportunity for education. These effects are only exacerbated for youth who rarely seek out care. The CDC states that “Healthcare itself can be a source of discrimination.” Black and/or Hispanic youth may experience racial discrimination at the doctor’s office and thus may avoid seeking medical care altogether.²⁷ Middle and high schoolers were asked if health professionals asked about their tobacco use, and the results were analyzed.

Figure 15.



²⁶ Hum AM, Robinson LA, Jackson AA, et al. Physician Communication Regarding Smoking and Adolescent Tobacco Use, 2011. doi:10.1542/peds.2010-1195

²⁷ Centers for Disease Control and Prevention. Unfair and Unjust Practices and Conditions Harm African American People and Drive Health Disparities, 2022. <https://www.cdc.gov/tobacco/health-equity/african-american/unfair-and-unjust.html>

Youth were asked about their plans to quit tobacco use. Those who recently quit were also asked what method(s) they tried. Although most youth did not try to quit using tobacco, the youth who did try to quit were most likely to use NRT. Despite the proven safety and effectiveness of NRT in aiding tobacco cessation among adults, the US Food and Drug Administration (FDA) has not sanctioned NRT for individuals under 18, citing a lack of research.²⁸ Therefore, all tobacco cessation medications require a prescription for youth. However, there is also no evidence of serious harm to youth who use NRT. Nonetheless, more research needs to be conducted. Middle and high schoolers were asked if they wanted to quit, how they quit, if they did quit, and the results were analyzed.

Figure 16. **2 in 3 middle and high schoolers want to quit using tobacco, and over 1 in 3 want to quit within the next 30 days.***



*Figure 16. Lower reliability due to slightly high RSE: In over 6 months HS (31%).

²⁸ American Academy of Pediatrics. Nicotine Replacement Therapy and Adolescent Patients, 2023. [https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/nicotine-replacement-therapy-and-adolescent-patients/#:~:text=Nicotine%20Replacement%20Therapy%20\(NRT\)%20can,are%20under%2018%20years%20old](https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/nicotine-replacement-therapy-and-adolescent-patients/#:~:text=Nicotine%20Replacement%20Therapy%20(NRT)%20can,are%20under%2018%20years%20old)

Figure 17.

3 in 4 middle schoolers and 2 in 3 high schoolers who vape made a quit attempt for one day or longer.

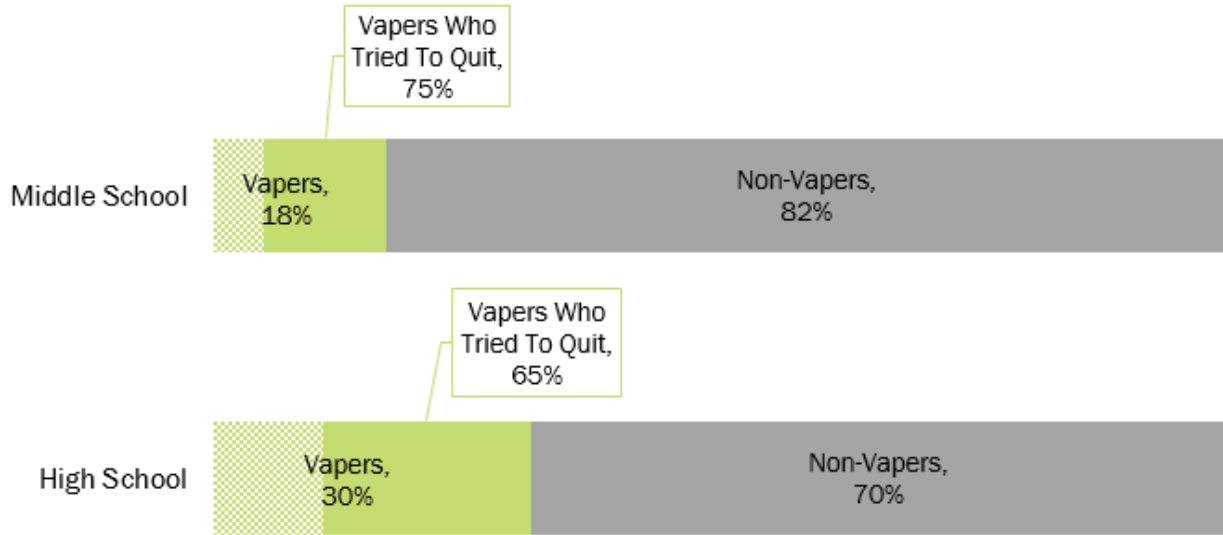
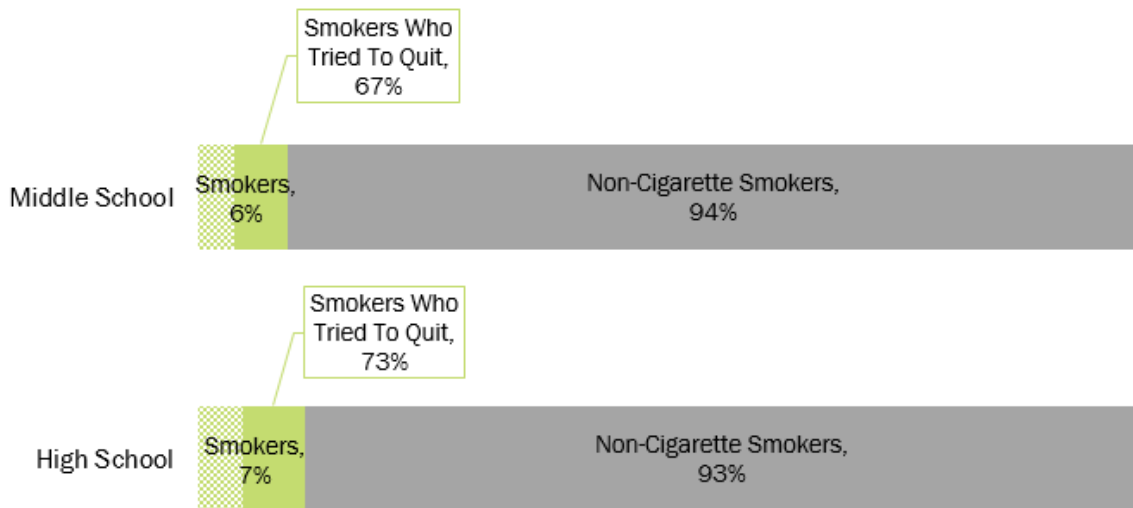


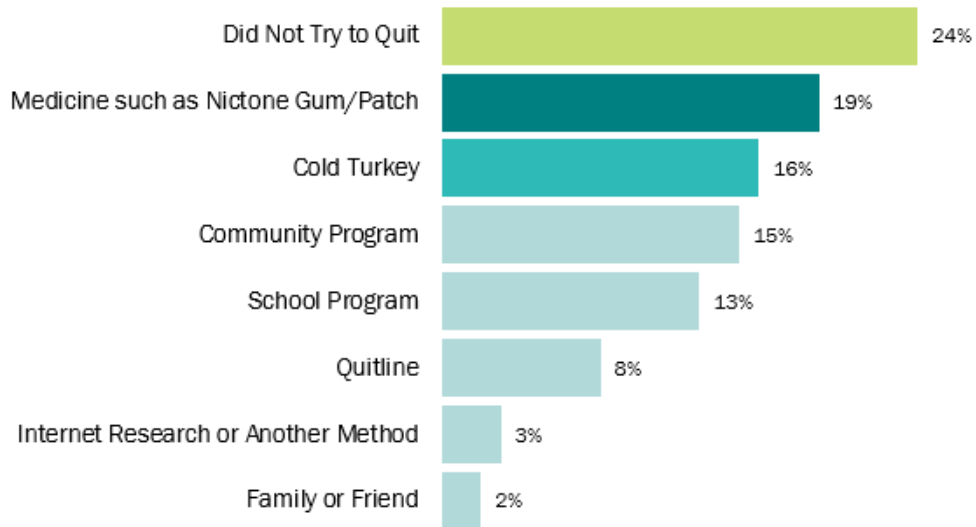
Figure 18.

2 in 3 middle schoolers and 3 in 4 high schoolers who smoke cigarettes made a quit attempt for one day or longer.



Youth are more willing to quit with the support of family and trusted healthcare providers. Teens who are screened/advised by physicians on the dangers of tobacco demonstrate increased readiness to quit and report more quit attempts than those who were not screened/advised.²⁹ Additionally, middle schoolers are more likely to attempt to quit vaping than high schoolers, stressing the significance of early conversations with youth about the hazards of tobacco use. Whether or not youth tried to quit and which methods they used to quit tobacco were analyzed.

Figure 19. **Although most youth who use tobacco did not try to quit, medicine such as nicotine gum/patch or cold turkey were the most common methods.***



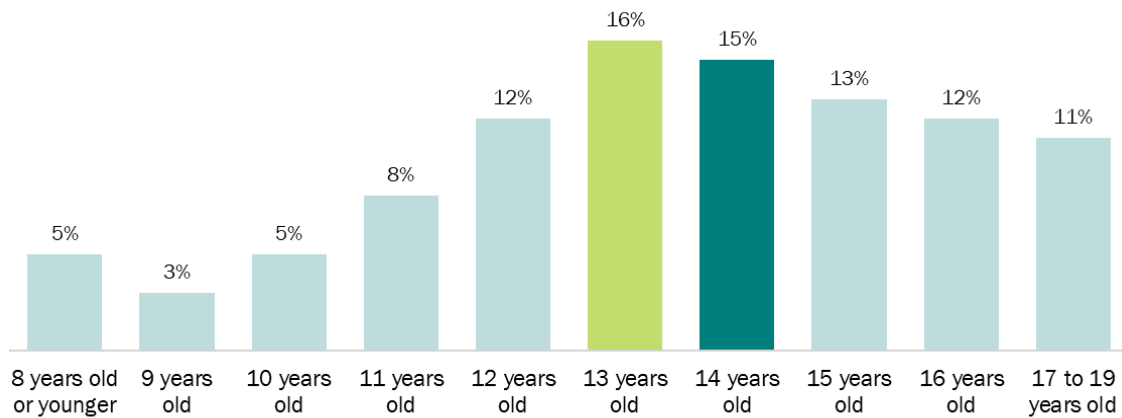
*Figure 19. Lower reliability due to high RSEs for Quitline (35%), Internet Research or Another Method (40%), and Family or Friend (41%).

²⁹ Hum AM, Robinson LA, Jackson AA, et al. Physician Communication Regarding Smoking and Adolescent Tobacco Use, 2011. doi:10.1542/peds.2010-1195

Initiation & Peer Influence

Nearly 9 out of 10 daily adult smokers started smoking before the age of 18.³⁰ Initiation of tobacco use in adolescence increases the risk of respiratory illnesses, decreased physical fitness, adverse effects on lung growth, and a more severe nicotine addiction.³¹ These health risks demonstrate the importance of speaking with youth about the dangers of tobacco products starting at a young age. Youth were asked at what age they first tried tobacco products and what products they tried first. Youth were also asked to report their reasons for trying vapes.

Figure 20. **Youth are most likely to first try tobacco at the age of 13 or 14.***



*Figure 20. Lower reliability due to high RSE for 9 years old (41%).

³⁰ Centers for Disease Control and Prevention. Youth and Tobacco Use. 2023. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

³¹ American Lung Association. Tobacco Use Among Children and Teens, 2022. <https://www.lung.org/quit-smoking/smoking-facts/tobaccouse-among-children>

Figure 21.

Vapes and cigarettes are most likely to be the first tobacco products tried by youth.

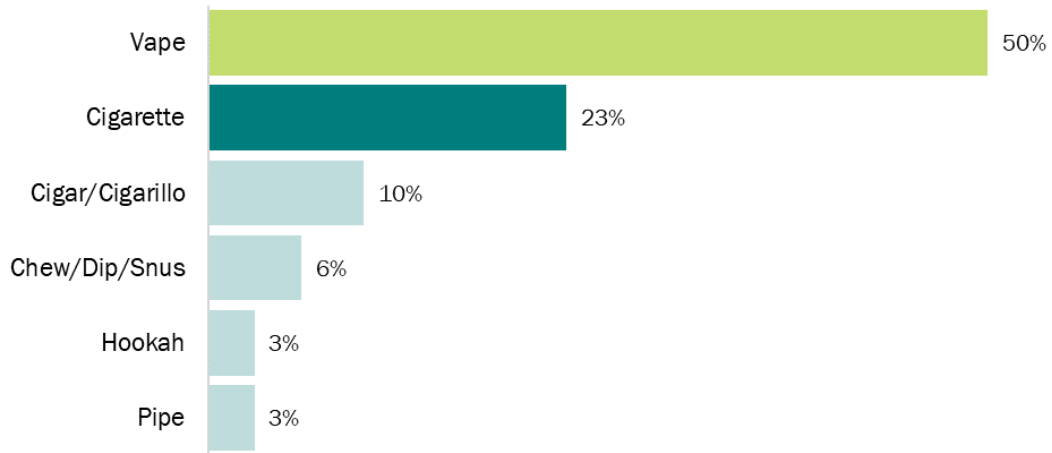
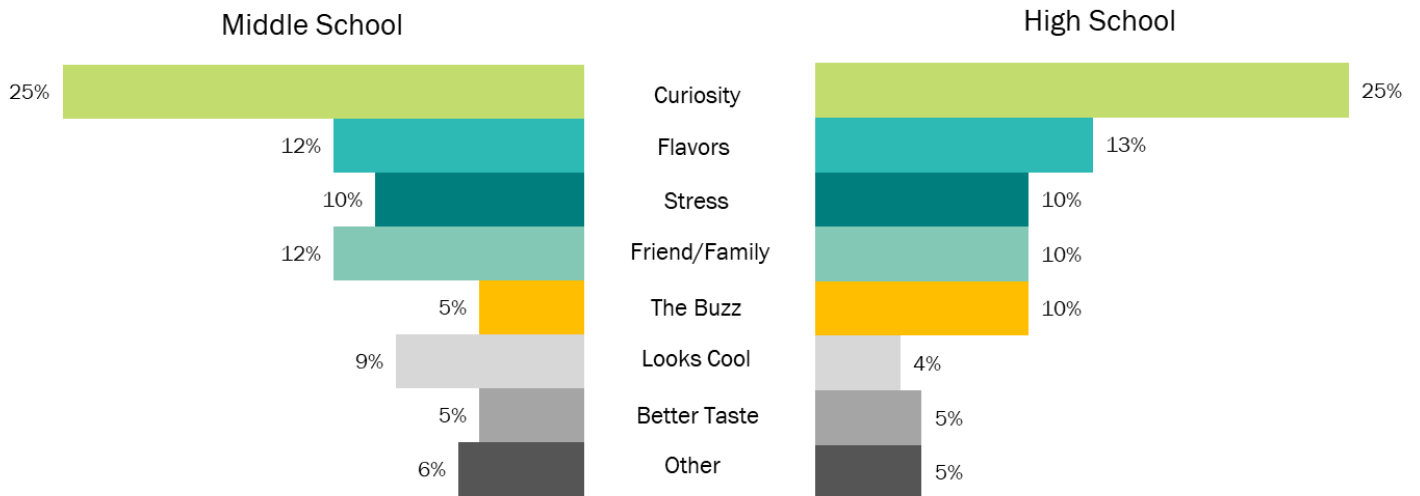


Figure 22.

Curiosity and flavors are the main reasons middle and high schoolers try vapes.*



*Figure 22. Lower reliability due to high RSE for Looks Cool MS (61%).

Youth’s peers act as primary social influencers and reinforcers for vaping, and inclusion in a popular activity can be a strong driving force among teens in general.³² Thus, youth are more likely to use tobacco products if they see their peers using these products.³³ To analyze social desirability, middle and high schoolers were asked if vaping and/or smoking cigarettes made you look cool or fit in, or if using these products made you have more friends.

Figure 23. **High schoolers believe that vaping and smoking cigarettes are more socially desirable than middle schoolers.***



*Figure 23. Lower reliability due to overlapping CIs: Vaping makes you have more friends for MS [27.5, 34.7] compared to HS [17.5, 31.4]; Vaping makes you look cool or fit in for MS [17.8, 40.9] compared to HS [17.5, 31.4]; Smoking makes you have more friends for MS [16.9, 41.3] compared to HS [18.6, 32.4]; Smoking makes you look cool or fit in for MS [7.5, 33.1] compared to HS [9.9, 24.2].

³² Groom AL, Vu TT, Landry RL, et al. The Influence of Friends on Teen Vaping: A Mixed-Methods Approach. *Int J Environ Res Public Health*. 2021;18(13):6784. Published 2021 Jun 24. doi:10.3390/ijerph18136784

³³ Centers for Disease Control and Prevention. Youth and Tobacco Use, 2022. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Access

Tobacco advertisements tempt youth to start using tobacco products.³⁴ In Louisiana, it has been illegal since 2021 for individuals under 21 to purchase tobacco products.³⁵ However, Big Tobacco continues to target youth through advertising, such as posting signage at retail outlets near schools and playgrounds.³⁶ Youth were asked to report where they saw advertisements for vapes and where they obtained vapes.

Figure 24. **Youth reported seeing advertisements for vapes most often at supermarkets, convenience stores, or gas stations.**

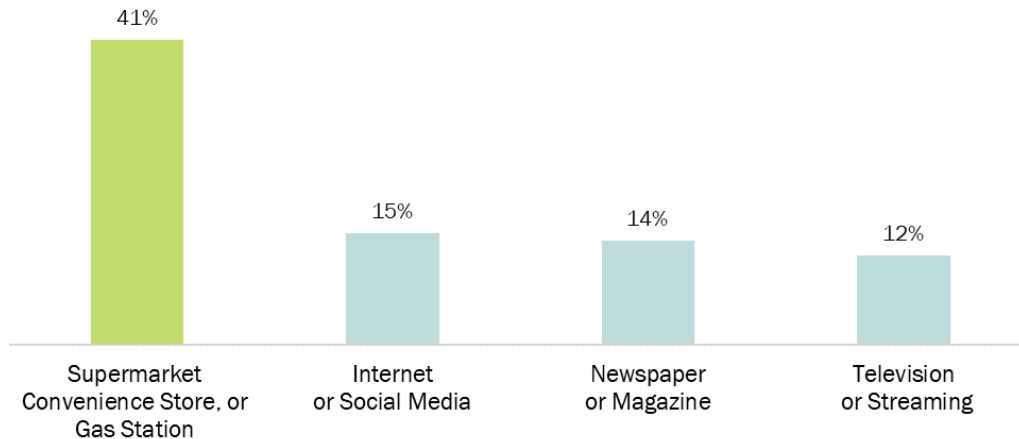
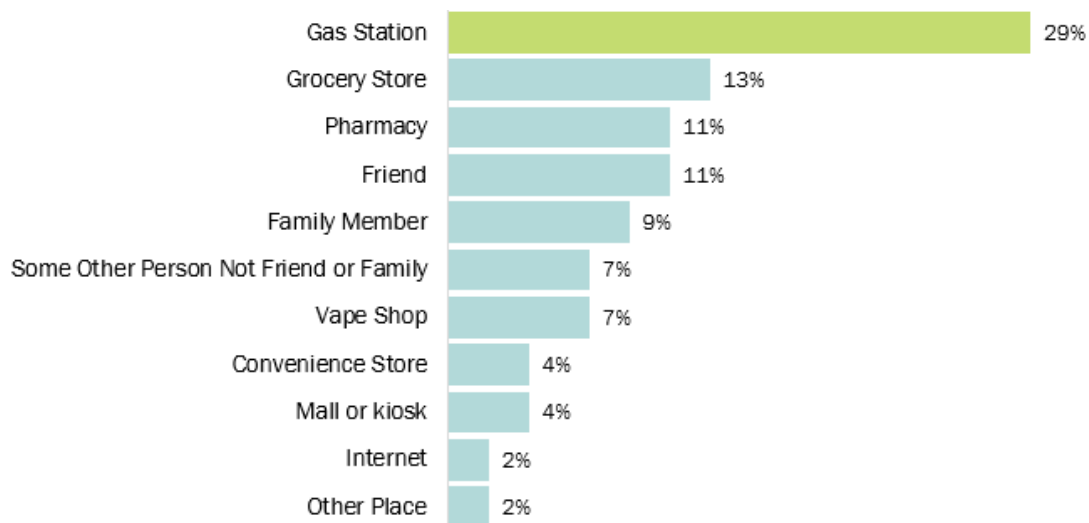


Figure 25. **Youth are more likely to get vapes from gas stations than from other sources.***



*Figure 25. Lower reliability due slightly overlapping CIs: Gas Station [20.7, 37.8] compared to Pharmacy [1.1, 21.2]. Lower reliability also due to high RSEs for Pharmacy (44%), Family Member (35%), Some Other Person Not Friend or Family (32%), Mall or Kiosk (39%), Internet (47%), and Other Place (41%).

³⁴ Centers for Disease Control and Prevention. Tobacco Industry Marketing, 2021.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm

³⁵ Louisiana Law RS 14:91.8. Louisiana State Legislature. Published 2022. <https://legis.la.gov/legis/Law.aspx?d=78717>

³⁶ Campaign for Tobacco-Free Kids, Boonn A. Tobacco Company Marketing to Kids, 2023.

<https://www.tobaccofreekids.org/assets/factsheets/0008.pdf>

Figure 26. **White, non-Hispanic youth had more ability to purchase tobacco products from stores than other races and ethnicities.***

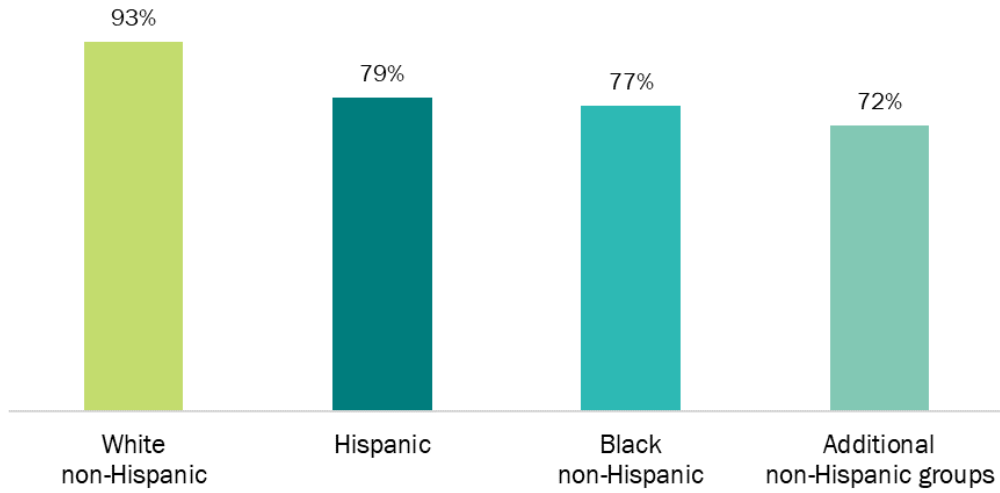


Figure 27.



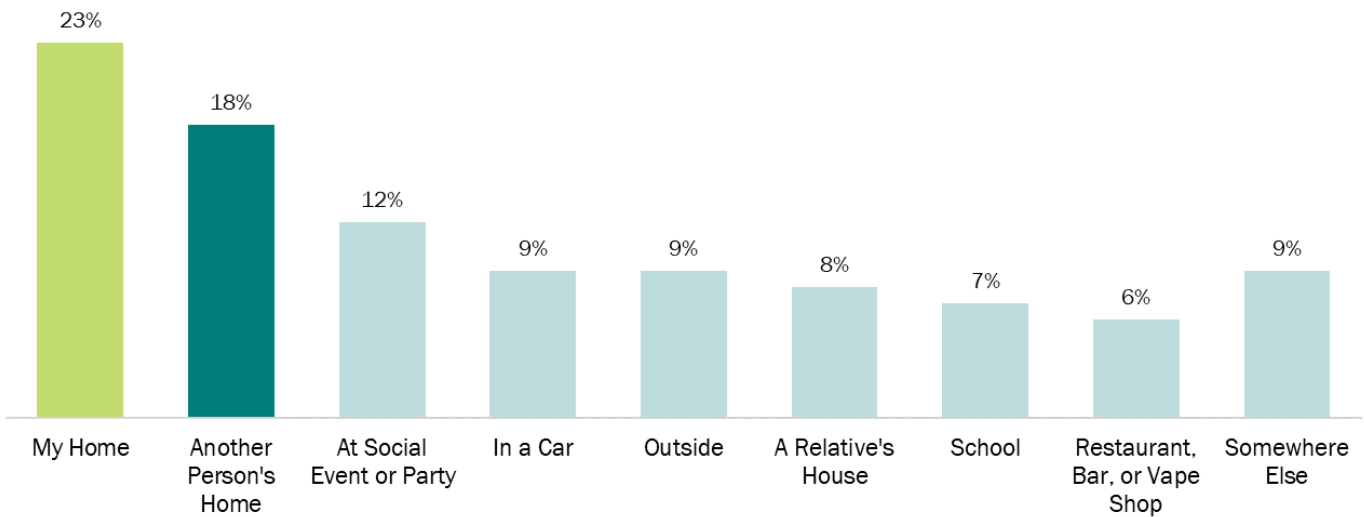
*Figure 26. Lower reliability due to overlapping CIs: White non-Hispanic [87.2, 99.5] compared to Black non-Hispanic [63.1, 90.3]. Lower reliability due to small sample size for additional non-Hispanic groups (n=42).

Figure 28.



Figure 29.

Youth are most likely to vape at home or another person's home.



Perception

Youth's perceptions of the dangers of tobacco products are correlated with their tobacco use. Youth who perceive tobacco products as less harmful are more susceptible to use tobacco.³⁷ While most youth report that tobacco products are dangerous, over half do not consider vapes to be a tobacco product. However, vapes are a tobacco product because they contain nicotine, the most addictive chemical found in tobacco.³⁸ Youth's perceptions of tobacco products were analyzed by middle and high school and stratified by race and ethnicity.

Figure 30.

Most middle and high schoolers agree that "all tobacco products are dangerous."

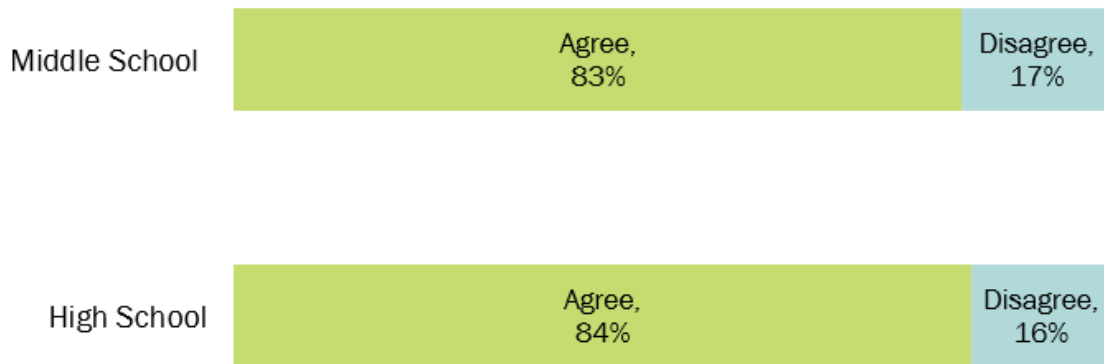
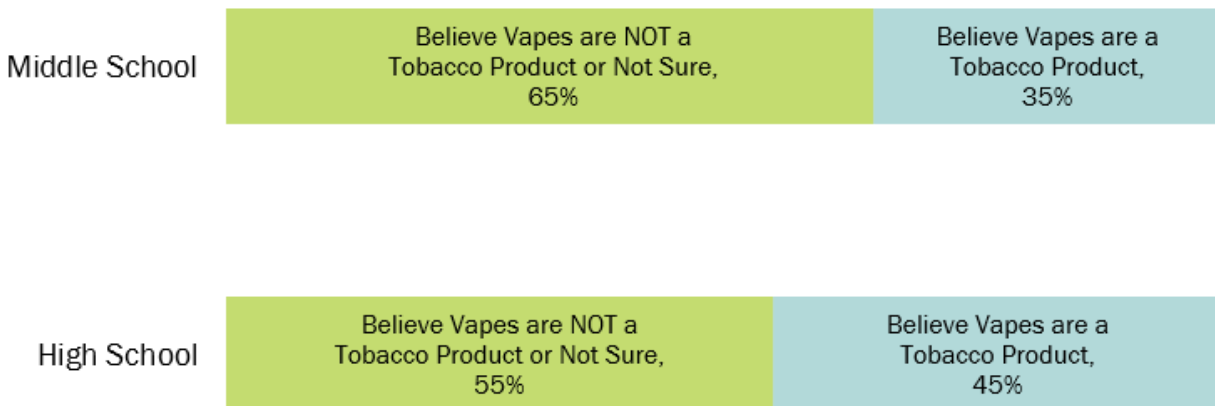


Figure 31.

Over half of middle and high schoolers believe vapes are NOT a tobacco product or are not sure.



³⁷ Parker MA, Villanti AC, Quisenberry AJ, et al. Tobacco Product Harm Perceptions and New Use, 2018. doi:10.1542/peds.2018-1505

³⁸ Centers for Disease Control and Prevention. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults, 2022. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

Figure 32.

Hispanic youth are more likely to believe that vapes are a tobacco product than other races and ethnicities.

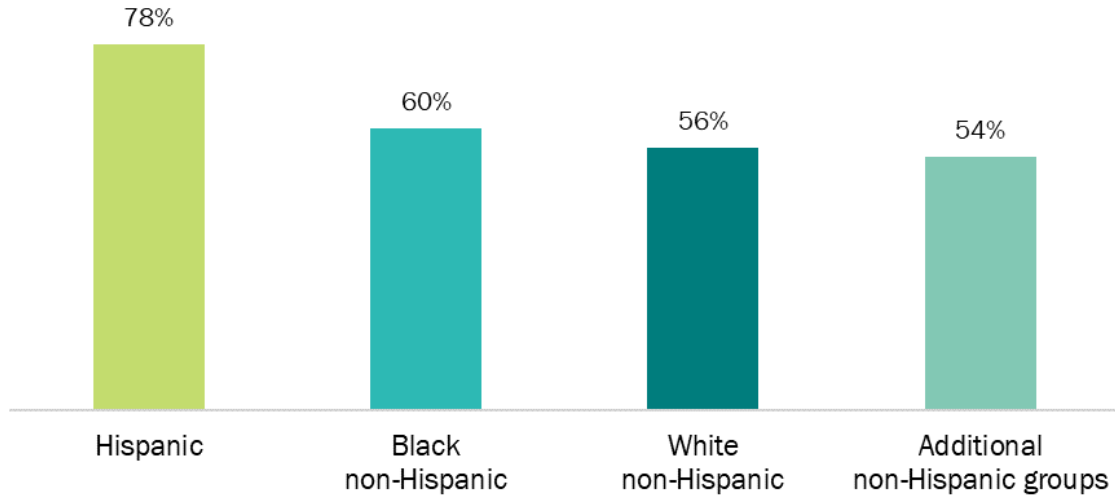


Figure 33.

3 in 4 middle schoolers and almost 4 in 5 high schoolers believe that vaping is harmful to their health.

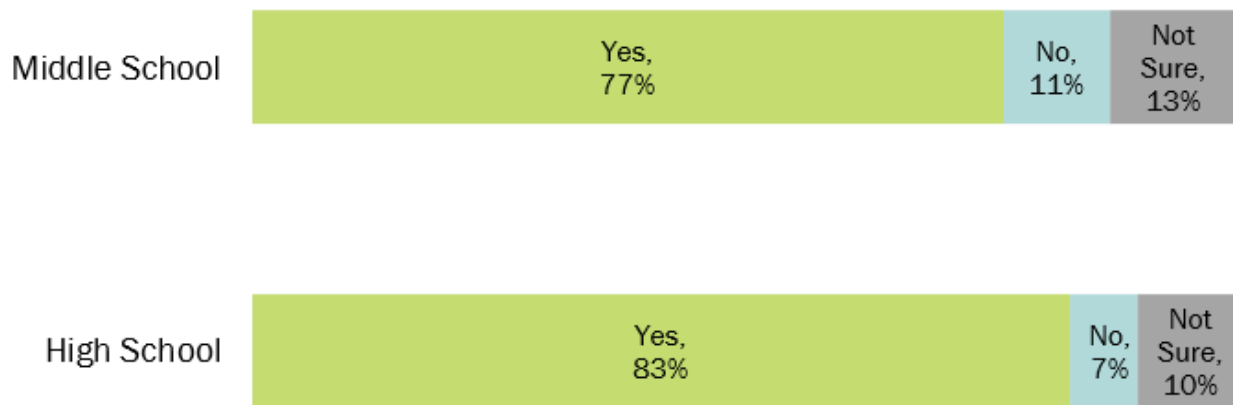


Figure 34.

White, non-Hispanic youth are most likely to believe that vapes are harmful to their health.

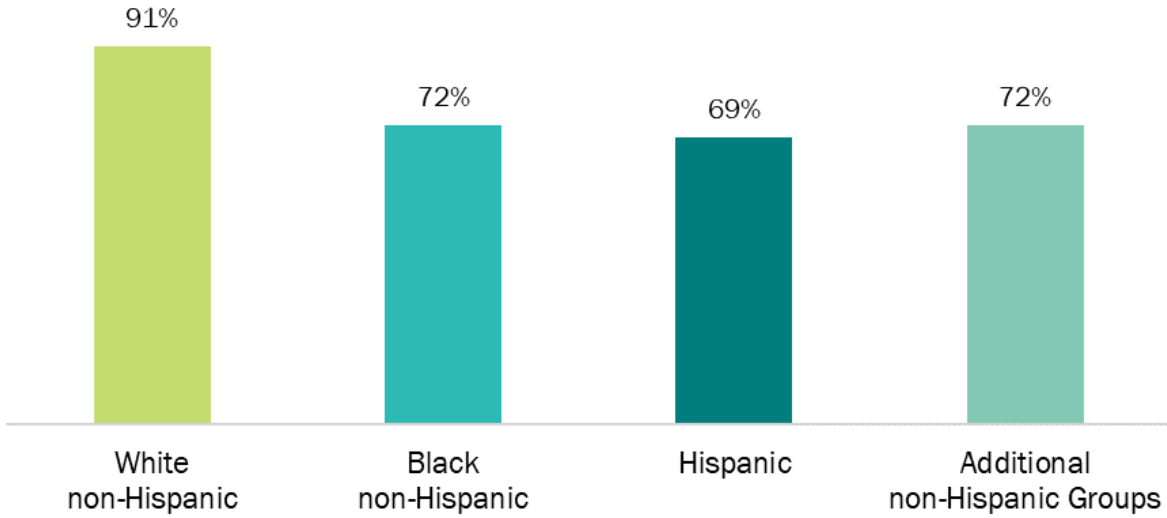


Figure 35.

Almost half of middle schoolers and almost a third of high schoolers believe vaping is less harmful than cigarettes or are not sure.

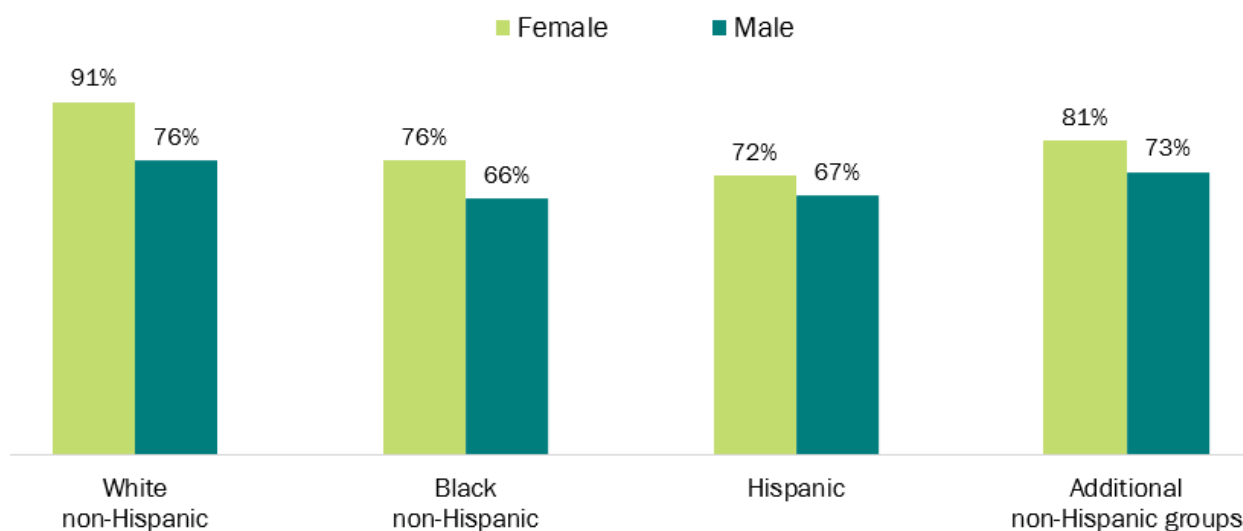


Each year, Big Tobacco invests billions in advertising and marketing for its products. Although youth may be aware of Big Tobacco’s tactics, advertisements for vapes through social media have a strong association with friend networks that experiment with vapes.³⁹ Evidence indicates that these marketing efforts significantly impact youth and influence them to initiate tobacco use.⁴⁰ Youth’s perceptions of Big Tobacco were analyzed for middle and high schoolers and stratified by race, ethnicity, and gender.

Figure 36.



Figure 37. **Across race and ethnicity, female youth are more likely than male youth to believe that Big Tobacco tries to get young people hooked on tobacco products.***



*Figure 37. Lower reliability due to overlapping CIs: White non-Hispanic female [86.6, 95.3] compared to White non-Hispanic male [62.1, 89.9]; Black non-Hispanic female [67.9, 83.9] compared to Black non-Hispanic male [60.1, 72.7]; Hispanic female [57.4, 85.8] compared to Hispanic male [62.4, 77.1]; and additional non-Hispanic groups female [69, 92.8] compared to additional non-Hispanic groups male [50.6, 96.2].

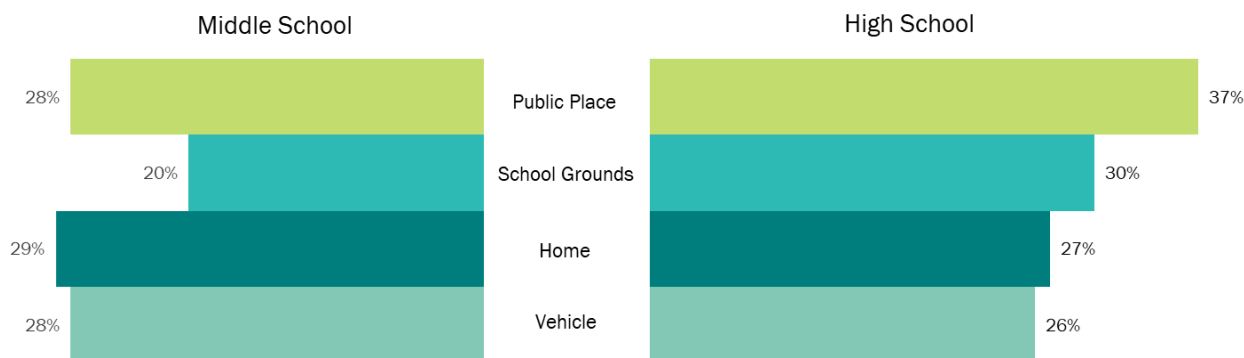
³⁹ Groom AL, Vu TT, Landry RL, et al. The Influence of Friends on Teen Vaping: A Mixed-Methods Approach. *Int J Environ Res Public Health*. 2021;18(13):6784. Published 2021 Jun 24. doi:10.3390/ijerph18136784

⁴⁰ Centers for Disease Control and Prevention. Tobacco Industry Marketing, 2021. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm

Secondhand Smoke (SHS) and Secondhand Aerosol (SHA)

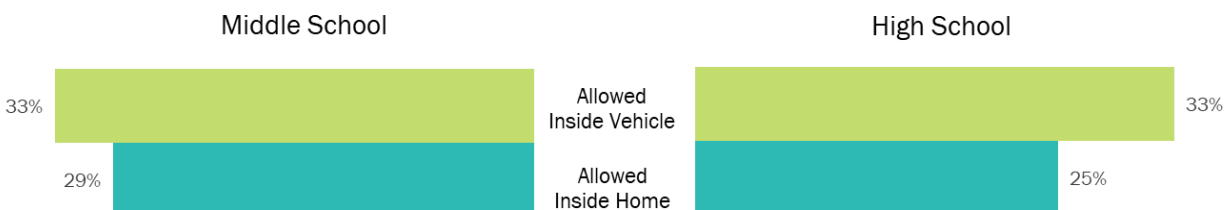
There is no safe level of exposure to SHS at any age. Among children and youth, SHS exposure can cause respiratory infections, ear infections, and asthma attacks. Among adults, SHS exposure can cause coronary heart disease, stroke, lung cancer, and premature death. The effects of SHS on the body are immediate, such as harmful inflammation and respiratory effects within 60 minutes of exposure up to at least 3 hours.⁴¹ SHS exposure was analyzed for middle and high schoolers.

Figure 38. **High schoolers are more likely to be exposed to secondhand smoke at public places and school grounds than middle schoolers.***



Another primary place that youth experience SHS is in their home.⁴² Even if a family does not smoke, youth can be exposed to SHS that travels through vents, doors, and windows. SHS that travels in this manner mainly affects low-income youth because they are more likely to live in apartment complexes or multi-unit buildings rather than affluent youth, who typically live in single-family homes.^{42, 43} The allowance of smoking inside the home was analyzed for middle and high schoolers.

Figure 39. **Nearly 1 in 3 middle and high schoolers report that their families allow smoking inside their family vehicles or inside their homes.**



*Figure 38. Lower reliability due to slightly overlapping CIs: Public Place for MS [23.6, 32.8] compared to HS [38, 54.1]; School Grounds for MS [15.9, 24.7] compared to HS [24.1, 35.9].

⁴¹ Centers for Disease Control and Prevention. Secondhand Smoke, 2022. <https://www.cdc.gov/tobacco/secondhand-smoke/index.html>

⁴² Centers for Disease Control and Prevention. Trends and Disparities in Secondhand Smoke, 2022. <https://www.cdc.gov/tobacco/secondhand-smoke/disparities.html>

⁴³ Centers for Disease Control and Prevention. People with Low Socioeconomic Status Need More Protection from Secondhand Smoke Exposure, 2023. <https://www.cdc.gov/tobacco/health-equity/low-ses/secondhand-smoke.htm>

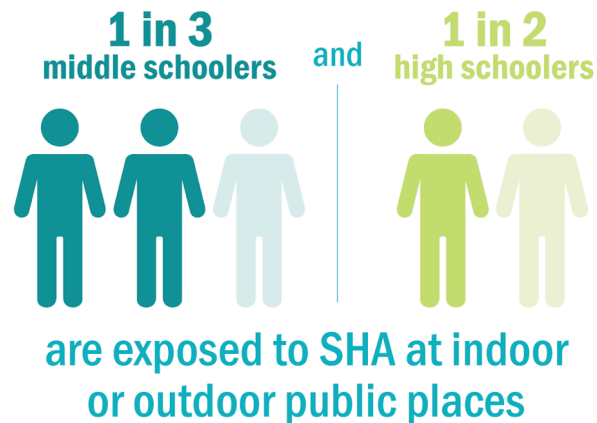
Louisiana state law prohibits youth from working inside casinos, but there are exceptions where youth ages 16 years or older can be exposed to secondhand smoke in bars, hotels, or workplaces with designated smoke-break areas. SHS exposure was analyzed for middle and high schoolers.

Figure 40.



Another emerging trend similar to SHS exposure is SHA exposure from vaping. This relatively new health risk emerged due to concerns surrounding the exhaled aerosolized chemicals from vapes. SHA can expose others to many harmful substances such as nicotine, ultrafine particulate matter, diacetyl, VOCs such as benzene, and heavy metals such as nickel, lead, and tin. SHA exposure may lead to an increased risk of shortness of breath, asthma complications, bronchitic symptoms, and other cardiovascular health issues.^{44, 45} SHA exposure was analyzed for middle and high schoolers.

Figure 41.



⁴⁴ Islam T, Braymiller J, Eckel SP, et al. Secondhand Nicotine Vaping at Home and Respiratory Symptoms in Young Adults. *Thorax*. 2022;77(7):663-668. doi:10.1136/thoraxjnl-2021-217041

⁴⁵ Gunnerson, T. American Heart Association. May 31, 2022.

<https://www.heart.org/en/news/2022/05/31/in-secondhand-vape-scientists-smell-risk>

COVID-19 Pandemic Implications

Since nearly 1 in 3 youth report an increase in tobacco use during the COVID-19 pandemic, it is imperative to contextualize this increase with the risks of COVID-19 transmission. It is especially relevant as smoking tobacco increases the risk for severe COVID-19 infection, as with other respiratory infections such as pneumococcal disease, influenza, and tuberculosis.^{46,47} The perceptions of the relationship between COVID-19 and tobacco use were analyzed for middle and high schoolers.

Figure 42. **Almost 1 in 3 middle schoolers and over 1 in 3 high schoolers reported they used tobacco more during the COVID-19 pandemic.**

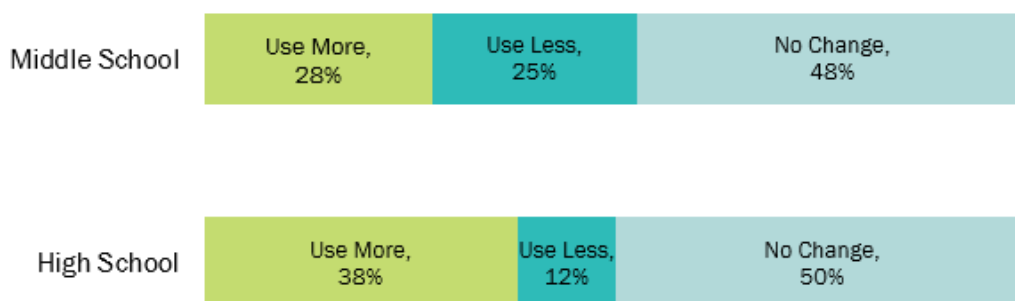
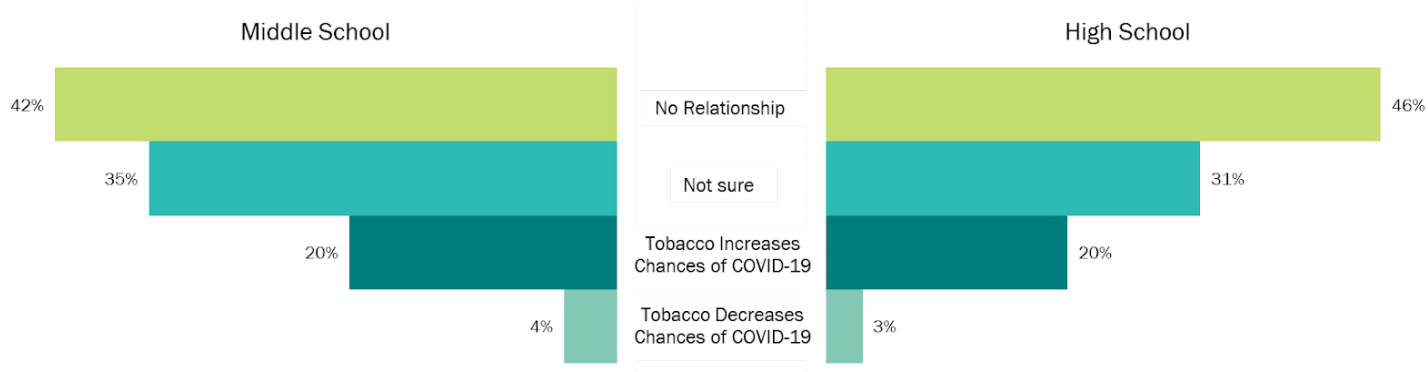


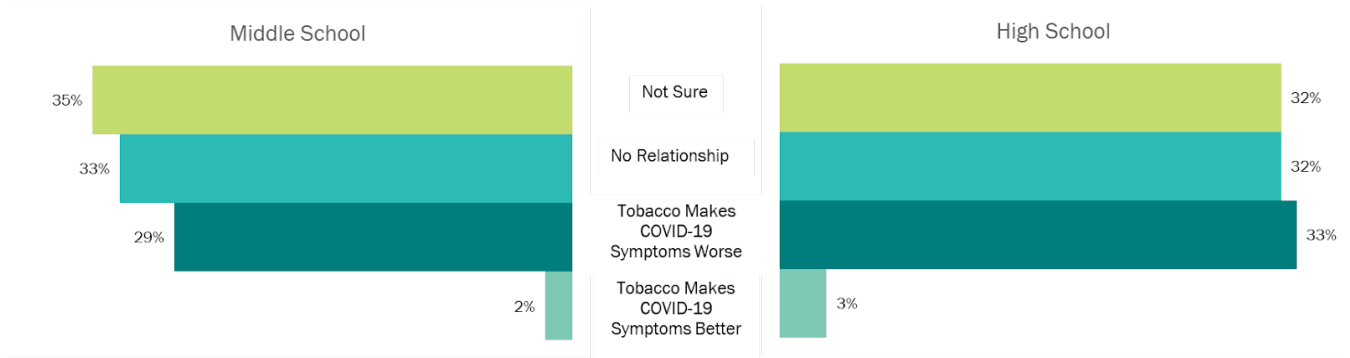
Figure 43. **Over 3 in 4 middle and high schoolers believe there is no relationship or are not sure of the relationship between tobacco use and getting COVID-19.**



⁴⁶ Ahmed N, Maqsood A, Abduljabbar T, et al. Tobacco Smoking a Potential Risk Factor in Transmission of COVID-19 Infection. Pak J Med Sci. 2020;36(COVID19-S4):S104-S107. doi:10.12669/pjms.36.COVID19-S4.2739

⁴⁷ Arcavi L and Benowitz NL. Cigarette Smoking and Infection. Arch Intern Med. 2004;164(20):2206–2216. doi:10.1001/archinte.164.20.2206

Figure 44. **Most middle and high schoolers are *not sure* or believe there is *no relationship* between tobacco use and the severity of COVID-19 symptoms.**



Tobacco Use Among Louisiana Youth

DISCUSSION

Health Impacts of Tobacco Use

Big Tobacco's promotion of vapes has propelled the youth vaping epidemic across the United States.⁴⁸ Tobacco use among youth is a growing public health concern due to vapes being tried at a younger age, thus becoming the gateway for dual use.⁴⁹ The LYTS reported that the prevalence of tobacco products in Louisiana remains higher than the national average. Although significant progress has been made in reducing the prevalence of youth cigarette smoking, higher concentrations of nicotine found in vapes pose serious health risks for our nation's youth. Nicotine addiction interrupts brain development during adolescence, and currently, no laws in the US set an upper limit for the levels of nicotine found in vapes.⁵⁰ Youth are more likely to use tobacco if their friends are using products such as vapes, and their perception of vapes not being a tobacco product can also increase the likelihood of trying tobacco.⁵¹

Big Tobacco spends billions of dollars each year on advertising and uses several strategies to specifically target youth by demographic characteristics.⁵² These strategies include marketing mint/menthol in communities of color, offering vapes in candy/fruit flavors in areas closer to schools, and creating misleading health claims, such as vapes not being harmful to your health.⁵³ These strategies have caused youth to start vaping at a younger age and directly fuel the youth vaping epidemic. Individuals who first use tobacco in adolescence are more at risk for developing respiratory illnesses, decreased physical fitness, adverse effects on lung growth, and more severe addiction to nicotine.⁵² Although the health implications of vaping are not fully known, vapes act as the gateway to other tobacco products, especially chew/dip/snuff and cigarettes.⁵⁴ Approximately 307,400 of Louisiana's youth in 2023 will become cigarette smokers, and 98,000 of these youth will die from smoking in their lifetime.^{55,56}

Health Inequities in Tobacco Use

Big Tobacco targets youth based on demographics such as age, race, ethnicity, and family income level. Across race and ethnicity, research indicates there are varying levels of tobacco use, tobacco-related disease, disability, and death. These disparities are driven by unjust and avoidable

⁴⁸ Jones K and Salzman G. The Vaping Epidemic in Adolescents. *Mo Med.* 2020;117(1):56-58.

⁴⁹ U.S. Department of Health and Human Services. 2012 Surgeon General's Report: Preventing Tobacco Use Among Youth and Young Adults, 2021. <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/tobacco/sgr/2012/index.htm>

⁵⁰ Jones K and Salzman G. The Vaping Epidemic in Adolescents. *Mo Med.* 2020;117(1):56-58.

⁵¹ Centers for Disease Control and Prevention. Youth and Tobacco Use, 2022. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

⁵² American Lung Association. Tobacco Use Among Children and Teens, 2022. <https://www.lung.org/quit-smoking/smoking-facts/tobaccouse-among-children>

⁵³ American Lung Association. 10 Really Bad Things the Tobacco Industry Has Done to Entice Kids to Start Smoking, 2023. <https://www.lung.org/research/sotc/by-the-numbers/10-bad-things-to-entice-kids>

⁵⁴ Centers for Disease Control and Prevention. Youth and Tobacco Use, 2023. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

⁵⁵ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress>

⁵⁶ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs, 2014. http://www.cdc.gov/tobacco/stateandcommunity/best_practices/

health inequities, which include discriminatory practices perpetuated by Big Tobacco.⁵⁷ Communities of color experience institutionalized racism and local zoning policies that result in higher densities of stores that sell and advertise tobacco compared to neighborhoods that are predominately White and wealthy. Big Tobacco undoubtedly uses predatory marketing and advertising, such as the promotion of flavors to target communities of color.⁵⁸ The psychological and physiological consequences of racism, limited financial resources, and barriers to healthcare access and/or higher education can make prevention, cessation, and treatment more difficult for communities of color.⁵⁹

Other population groups are also likely to experience tobacco-related health disparities, including LGBTQ+ youth and youth with behavioral health conditions. Although these groups are not measured in the LYTS, national LGBTQ+ youth report using tobacco products at two to four times the rate of straight, cisgender youth.⁶⁰ The tobacco industry has targeted the LGBTQ+ community by advertising in LGBTQ+ press publications, sponsoring Pride parades, and donating to organizations serving LGBTQ+ people since the 1990s. Additionally, LGBTQ+ people experience discriminatory practices and policies that can lead to poor mental health outcomes, coupled with an increased likelihood to use tobacco and have tobacco-related health problems.⁶¹ Similarly, youth with behavioral health conditions who experience tobacco-related health inequities report using tobacco, particularly vapes, as a way to cope with stress, anxiety, and depression.⁶² National data indicates that people with certain behavioral health conditions and substance use disorders are more likely to use tobacco than people without these conditions.⁶³ Big Tobacco targets people with behavioral health conditions by giving away cigarettes to psychiatric facilities, promoting tobacco use as a form of self-medication, and marketing tobacco as a form of stress relief. The existing youth mental health crisis has only worsened since the COVID-19 pandemic, and this amplification of depression and anxiety may ultimately lead to a sustained increase in youth tobacco use.⁶²

Recommendations for Tobacco Prevention and Cessation

Preventing youth from initiating tobacco begins with family support and is cultivated through engagement by healthcare providers, education from schools, and shaped through policy. Family support can be a safe space to mold youth's attitudes toward tobacco use and is the first step in prevention. Healthcare providers are a critical component to preventing youth tobacco initiation and support cessation. Unfortunately, in Louisiana, only one in five middle schoolers and one in three high schoolers are asked by health professionals about their tobacco use. Youth who are engaged by healthcare providers about tobacco use tend to have more accurate knowledge in terms of the dangers of tobacco use, more plans to quit if they currently use tobacco, and more quit attempts.⁶⁴

⁵⁷ Centers for Disease Control and Prevention. Health Disparities Related to Commercial Tobacco and Advancing Health Equity, 2022. <https://www.cdc.gov/tobacco/healthequity/index.htm>

⁵⁸ Read UM, Karamanos A, João Silva M, et al. The Influence of Racism on Cigarette Smoking: Longitudinal Study of Young People in a British Multiethnic Cohort, 2018. doi:10.1371/journal.pone.0190496

⁵⁹ Centers for Disease Control and Prevention. 2012 Surgeon General's Report: Preventing Tobacco Use Among Youth and Young Adults, 2012. <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/tobacco/sgr/2012/index.htm>

⁶⁰ Truth Initiative. Tobacco Use in LGBT Communities, 2021. <https://truthinitiative.org/research-resources/targeted-communities/tobaccouse-lgbt-communities>

⁶¹ Centers for Disease Control and Prevention. Unfair and Unjust Practices Harm LGBTQ+ People and Drive Health Disparities, 2023. <https://www.cdc.gov/tobacco/healthequity/lgbtq/unfair-and-unjust.html>

⁶² Truth Initiative. Colliding Crises: Youth Mental Health and Nicotine Use, 2021. <https://truthinitiative.org/research-resources/emergingtobacco-products/colliding-crises-youth-mental-health-and-nicotine-use>

⁶³ Centers for Disease Control and Prevention. People with Behavioral Health Conditions Experience a Health Burden from Commercial Tobacco, 2023. <https://www.cdc.gov/tobacco/health-equity/behavioral-health/health-burden.html>

⁶⁴ Truth Initiative. Read This Before Trying to Quit Smoking 'Cold Turkey,' 2017. <https://truthinitiative.org/research-resources/quittingsmoking-vaping/read-trying-quit-smoking-cold-turkey>

Although most youth in Louisiana do not try to quit tobacco, the youth that do try to quit are most likely to use NRT or the “cold turkey” method. However, NRT is not sold to those under the age of 18, and 95% of those who try to quit “cold turkey” will fail after six months.⁶⁵

CDC’s best practices suggest that policy change is fundamental to educating and protecting youth. When the Louisiana Smokefree Air Act took effect in 2006, many employees were protected from secondhand smoke, but this law exempted bars, casinos, hotel rooms, nursing homes, and veterans’ homes, among others.⁶⁶ These exempted workplaces typically have the highest rates of secondhand smoke.⁶⁷ Nearly half of working youth in Louisiana were exposed to secondhand smoke in their workplace, which demonstrates the urgency for a comprehensive statewide smoke-free law to protect all places of employment.

In 2017, Louisiana passed state-level comprehensive tobacco-free legislation (Act 351) covering all K-12 schools. The legislation removed designated smoking areas, expanded the definition of “school property” to include vehicles and school grounds, and modified the definition of “smoking” to include vapes.⁶⁸ This legislation covers students, faculty, staff, and family members who may be disproportionately exposed to SHS and/or affected by tobacco use.

In 2021, the passage of T21 allowed Louisiana to raise the minimum legal sales age of tobacco products from 18 to 21.⁶⁹ Nonetheless, 68% of youth reported they purchased vapes from either gas stations, grocery stores, pharmacies, vape shops, convenience stores, or malls/kiosks. Additionally, the enactment of Act 230 in 2021 requires Louisiana elementary and secondary schools to have a curriculum on the health risks of vaping.⁷⁰ However, this approved legislation is not enough to end the youth vaping epidemic. Louisianans would benefit from additional tobacco access laws, such as raising the tax on tobacco products, limiting the sale of flavored tobacco products including vapes, limiting the nicotine content found in vapes, and limiting the number of tobacco retailers found near schools. Unfortunately, Louisiana preempts local governments from enacting stricter youth access laws than those found at the state level, which prevents communities from passing stricter policies to protect their youth. Removing preemptive language from the state’s youth access law would allow a quicker response to the needs of youth living in those communities. Tobacco prevention efforts, such as policy changes, are consistently undermined by Big Tobacco’s exploitation of health inequities among youth.

A statewide comprehensive smoke-free policy and stricter access laws are evidence-based measures that can prevent Louisiana youth from initiating tobacco use or help them stay tobacco-free. The foundation to prevent tobacco use consists of unwavering family support, engagement by healthcare providers, access to evidence-based cessation resources, education on the dangers of tobacco by schools, and policy that reinforces anti-tobacco use as a new cultural norm. These five recommendations will ensure that current and future youth are properly educated and protected from the detrimental lifelong health effects associated with tobacco exposure.

⁶⁵ Pepper JK, Ribisl KM, and Brewer NT. Adolescents’ Interest in Trying Flavored e-Cigarettes, 2016. doi:10.1136/tobaccocontrol-2016-053174

⁶⁶ Louisiana State Senate. 2006 Regular Session Highlights. <https://senate.louisiana.gov/SessionInfo/2006/RS/Highlights/LinkShell.asp?s=HumanResources>

⁶⁷ Smoke-Free Louisiana, 2021. <https://www.smoke-freelouisiana.org/>

⁶⁸ Louisiana State Legislature. Louisiana Law Act No. 351, 2017. <https://www.legis.la.gov/legis/ViewDocument.aspx?d=1052215>

⁶⁹ Louisiana State Legislature. Louisiana Law RS 14:91.8, 2022. <https://legis.la.gov/legis/Law.aspx?d=78717>

⁷⁰ Louisiana State Legislature. Louisiana Law Act No. 230, 2021. <https://legis.la.gov/Legis/BillInfo.aspx?s=21RS&b=HB368&sbi=y>

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