

Risks and Benefits of Consumer Nicotine Delivery Systems

## Welcome to the 2024, 27<sup>th</sup> Nicotine and Tobacco Conference 💡 NTSC

#### THEME THIS YEAR:

Risks and Benefits of Consumer Nicotine Delivery Systems: Emerging Evidence and Open Questions

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August 1998

...and behind the curtain the real work gets done, so we need to thank...

- Avery Roberson
- Zack Olson
- Courtney Usher
- Michelle Forster
- Asia Abad

Adrian 5-days old today





- Nicotine as a replacement therapy:
  - Smoking cessation
  - Possibly for long-term maintenance of non-smoking
- Potential vs. medical disorders:
  - Ulcerative colitis, Alzheimer's disease, Parkinson's disease, Tourette's syndrome, attention deficit disorder, spasticity, and sleep apnea



- 2009: Congress integrates tobacco harm reduction into FDA umbrella (FDA-CTP)
- 2009-2024: Wide array of consumer nicotine products developed
- 2024: Tobacco harm reduction remains controversial
  - Risks and harms?
  - Benefits?
  - Short-term and long-term impacts?
- NTSC 2024: We hope to update the science on the risk and benefits of nicotine in different user groups including adults who smoke and non-smoking youth

## Moderator: Neal Benowitz Session 2: Safety and Toxicity of Nicotine Delivery Devices



A) Nicotine Pharmacology and Safety Concerns

VUSC

B) Cardiovascular Toxicity of Nicotine: Implications for Harm Reduction

#### **2. Suchitra Krishnan-Sarin** Yale University **Youth Addiction and Mental Health**

| 3. Michael Ussher    | Vaping During Pregnancy: A Systematic |
|----------------------|---------------------------------------|
| University of London | Review of Health Outcomes             |



| <b>4. Steve Cook</b>   | The Past is Prologue: Epidemiology of                                      |
|------------------------|--|
| University of Michigan | Exposure and Harm  |
| <b>5. Cindy Chang</b>  | Biomarkers of Potential Harm   |
| FDA-CTP                | by Tobacco Product Use   |
| 6. Panel Discussion    | Kevin Gray MUSC<br>Jed Rose Rose Research Center<br>Ted Wagener Ohio State |

Session 2: Safety and Toxicity of Nicotine Delivery Devices

Suchitra Krishnan-Sarin

Yale University



# Youth Addiction and Mental Health

NTSC

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Youth Nicotine Delivery Device Use: Addiction and Mental Health

#### Suchitra Krishnan-Sarin, PhD

Albert E. Kent Professor of Psychiatry, and Public Health Yale University



# **Relevant Funding and Disclosures**

# Yale TCORS (Tobacco Center Of Regulatory Science)

U50DA036151; Krishnan-Sarin/O'Malley, PI)

# **ENACT (End Nicotine Addiction in Children and Teens) Initiative**

20YVNR35460041; Krishnan-Sarin, PI)



National Institute on Drug Abuse





No relevance to current work : Free investigational drug from Novartis, Stalicla for alcohol drinking research;

#### **Mental Health vs. Mental Health Disorders**

Mental Health and Wellness

Cognitive, Behavioral, Emotional Wellbeing

#### Internalizing symptoms

Anxiety and depressive symptoms, somatic complaints, Social withdrawal, hopelessness, fearfulness.

#### •Externalizing symptoms

Impulsivity, hyperactivity, rule breaking, risk taking, aggression

Mental Health Disorders

Diagnosed conditions that influence mood, health, behaviors

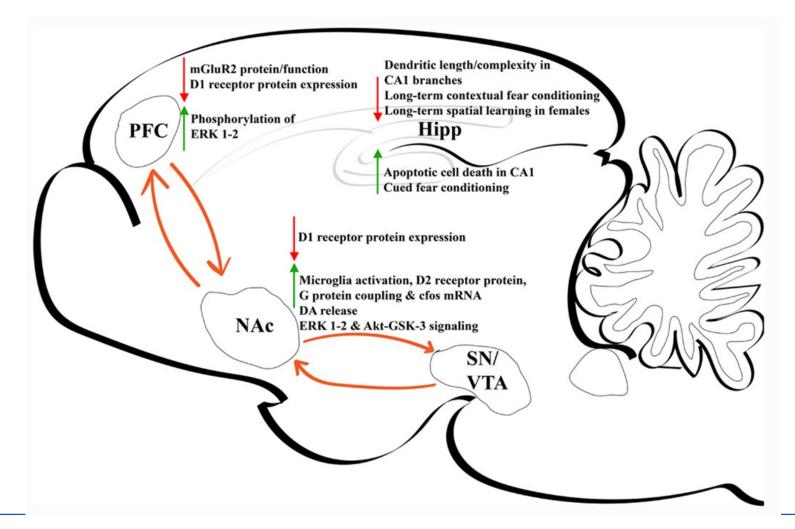
## **Nicotine & Adolescence: Preclinical findings**

Leslie, 2020; Castro, Lotfipour, Leslie, 2023; Yuan, Cross, Loughlin, Leslie, 2015

- Chronic nicotine exposure during adolescence
  - Substance Use
    - Greater sensitivity to, and use of alcohol, cannabis, cocaine
  - $\circ$  Cognition
    - Changes in cognition; for example, decreased contextual fear learning
  - $\circ$  Mood
    - Increases in anxiety and depression like behaviors.
  - Emotional Regulation
    - Neuronal and molecular alterations in regions critical for emotional regulation
- Adolescents vs Adults
  - Adolescents more sensitive to nicotine's acute behavioral effects, reward, anxiogenic effects
  - Adults more sensitive to nicotine's aversive effects and have more nicotine withdrawal

# Nicotine Changes the Adolescent Brain: Preclinical findings

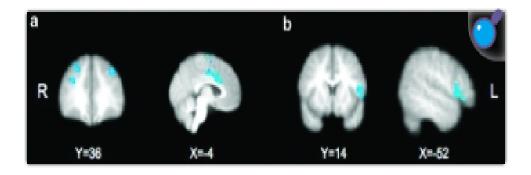
Castro, Lotfipour, Leslie, 2023



- Nicotine exposure changes
- In neurochemical system s in prefrontal cortex, nucleus accumbens, substantia nigra, ventral tegmental area (nACH, DA, GABA, Glutamate)
- In pruning and growth (e.g. white vs. grey matter), and neuronal connections

### Nicotine & Response Inhibition: Adolescent Smoking vs. Not

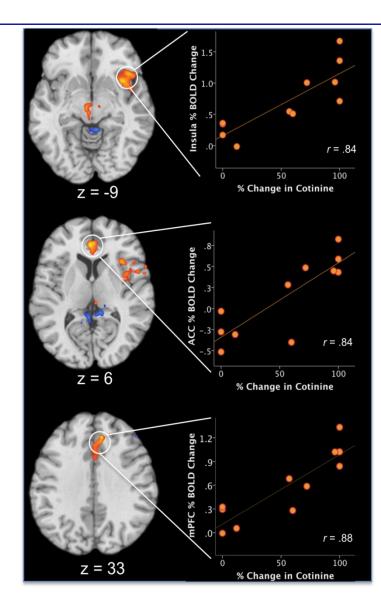
Adolescent heavy smokers. Vs nonsmokers, had lower neural activation in cortical regions in response to a Stop-Signal task (Galvan, Poldrack, Baker, McGlennen, London, 2011)



Heaviness of Smoking Index and neural activation. In smokers, HSI was negatively correlated with left and right MFG (x=-34, y=36, z=38; x=30, y=36, z=44), cingulate gyrus (x=0, y=14, z=28), supplementary motor cortex (x=0, y=-2, z=62), orbitofrontal cortex (x=-26, y=56, z=2), and right superior frontal gyrus (x=24, y=-2, z=66) in the Successful Stop>Baseline contrast (a), and with left IFG (x=-52, y=14, z=14) in the Successful Stop>Go contrast (b). There were no significant correlations with the Successful Stop>Unsuccessful Stop contrast.

### Nicotine & Cognitive Interference & Abstinence: Adolescent Smokers

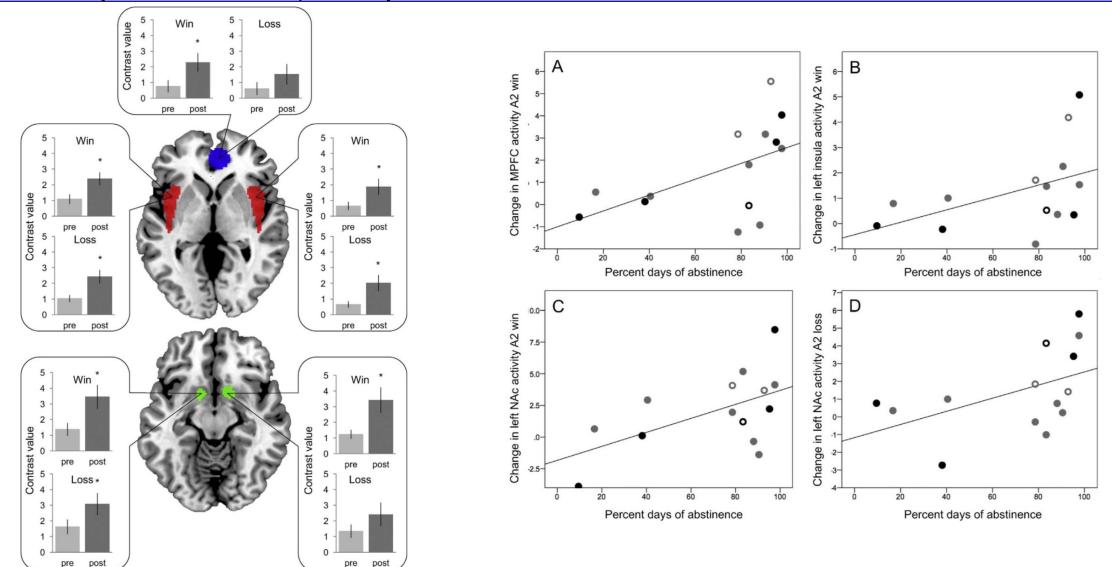
Stroop-related cognitive efficiency improves with abstinence (Krishnan-Sarin et al., 2013; Yip et al., 2016)



Greater percent drop in cotinine levels at EOT abstinence was positively correlated with Stroop-related reductions in anterior cingulate and insula suggesting improved cognitive efficiency with abstinence.

### Nicotine & Reward & Abstinence: Adolescent Smokers

Blunted response to non-drug rewards improves following treatment and is correlated with abstinence (Garrison et al., 2017)



pre

pre

### **Tobacco Initiation in Children: Changes in Neurocognitive Performance and Cortical Area**

Dai, Doucet, Wang, Puga, Samson, Xiao, Khan, 2022

- ABCD; Wave 1: 2016-2018; Wave 2: 2018-2021
- 11 729 participants at wave 1 (9.9 [0.6] years old)
- 116 children reported ever use of tobacco products at wave 1.
  - 80 use of e-cigarettes or cigarettes.
  - $\circ$  10 cigars
  - 12 smokeless tobacco
  - 5 pipes
  - 8- nicotine replacement
- Initiating tobacco use in late childhood was associated
  - Lower general cognitive performance with sustained effects at 2-year follow-up.
  - Lower cortical volume (frontal, parietal, temporal) cortices with sustained effects at 2-year follow up

## **E-cigarette & Youth: Depressive symptoms**

Moustafa, Testa, Rodriguez, Pianin, Audrain-McGovern, 2021

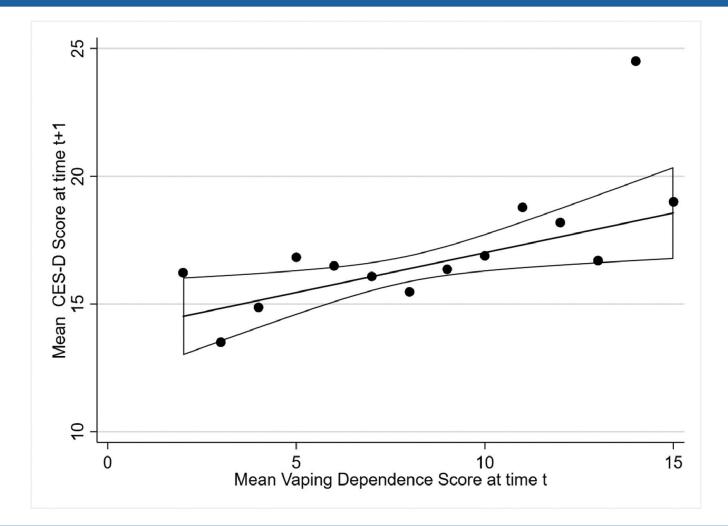
|                           | E-cigarette use |      |         |         |              |      |         |          |
|---------------------------|-----------------|------|---------|---------|--------------|------|---------|----------|
|                           | Baseline level  |      |         |         | Linear trend |      |         |          |
|                           | b               | SE   | z-value | p-value | b            | SE   | z-value | p-value  |
| Baseline depression       |                 |      |         |         | 0.01         | 0.00 | 4.26    | < 0.0001 |
| Sex                       | -0.04           | 0.08 | -0.56   | 0.57    | 0.00         | 0.03 | 0.04    | 0.97     |
| Black race                | -0.05           | 0.11 | -0.45   | 0.66    | -0.14        | 0.05 | -2.87   | 0.004    |
| Other race                | -0.05           | 0.13 | -0.36   | 0.72    | -0.09        | 0.05 | -1.76   | 0.08     |
| Ethnicity                 | -0.24           | 0.09 | -2.58   | 0.01    | 0.08         | 0.04 | 2.28    | 0.02     |
| Peer e-cigarette use      | 0.17            | 0.02 | 9.09    | <0.0001 | -0.02        | 0.01 | -2.49   | 0.01     |
| Household e-cigarette use | 0.19            | 0.10 | 1.90    | 0.06    | -0.07        | 0.04 | -1.69   | 0.09     |
| Marijuana use             | 0.54            | 0.10 | 5.30    | <0.0001 | 0.05         | 0.05 | 0.97    | 0.33     |
| Alcohol use               | 0.23            | 0.09 | 2.46    | 0.02    | 0.13         | 0.04 | 2.89    | 0.004    |
| Positive expectations     | 0.12            | 0.01 | 9.78    | <0.0001 | 0.01         | 0.01 | -1.89   | 0.06     |
| Cigarette smoking         | 0.31            | 0.05 | 5.77    | <0.0001 | -0.07        | 0.02 | -2.78   | 0.005    |
| Perceived benefits        | 0.10            | 0.01 | 1.14    | 0.25    | 0.01         | 0.01 | 0.45    | 0.66     |

Moustafa et al., 2021

- Greater depressive symptoms at age 14 (baseline) were significantly associated with an increase in the rate of e-cigarette use progression across 36 months
- E-cigarette use at baseline not significantly associated with depressive symptoms trend

#### **E-cigarettes & Youth: Dependence & Depressive symptoms**

Chaiton, Gan, Bondy, Cohen, Dubray, Eissenberg, Kaufman, Schwartz, 2023



Mean depression symptoms scores at subsequent 3-month follow-up by mean depressive symptom scores at previous survey among youth (aged 16–25 years) in Canada (N=1,226). CES-D, Center for Epidemiologic Studies Depression Scale

#### **E-cigarettes and Other Tobacco Use**

#### Soneji et al., 2017

Figure 2. Meta-analysis of Adjusted Odds of Cigarette Smoking Initiation Among Never Cigarette Smokers at Baseline and Ever e-Cigarette Users at Baseline Compared With Never e-Cigarette Users at Baseline.

|   | Probability of<br>Smoking Ini |                               |                           |                         |                                    |                    |                                   |           |
|---|-------------------------------|-------------------------------|---------------------------|-------------------------|------------------------------------|--------------------|-----------------------------------|-----------|
| Source  | Ever<br>e-Cigarette<br>Users  | Never<br>e-Cigarette<br>Users | Unadjusted OR<br>(95% CI) | Adjusted OR<br>(95% CI) | Favors Smaller<br>Increase in Odds |                    | Favors Larger<br>Increase in Odds | Weight, % |
| Miech et al, <sup>10</sup> 2017   | 31.1                          | 6.8                           | 6.23 (1.57-24.63)         | 4.78 (1.91-11.96)       |                                    |                    | • • •                             | 11.1      |
| Spindle et al, <sup>9</sup> 2017  | 29.4                          | 10.6                          | 3.50 (2.41-5.09)          | 3.37 (1.91-5.94)        |                                    | -                  |                                   | 18.1      |
| Primack et al, <sup>22</sup> 2016   | 37.5                          | 9.0                           | 6.06 (2.15-17.10)         | 6.82 (1.65-28.22)       |                                    |                    |                                   | 5.9       |
| Barrington-Trimis et al, <sup>8</sup> 2016  | 40.4                          | 10.5                          | 5.76 (3.12-10.66)         | 6.17 (3.29-11.57)       |                                    |                    |                                   | 16.6      |
| Wills et al, <sup>7</sup> 2016  | 19.5                          | 5.4                           | 4.25 (2.74-6.61)          | 2.87 (2.03-4.05)        |                                    |                    |                                   | 23.9      |
| Primack et al, <sup>6</sup> 2015  | 37.5                          | 9.6                           | 5.66 (1.99-16.07)         | 8.30 (1.19-58.00)       |                                    |                    |                                   | 3.5       |
| Leventhal et al, <sup>5</sup> 2015  | 8.8                           | 3.1                           | 2.65 (1.73-4.05)          | 1.75 (1.10-2.78)        |                                    |                    |                                   | 20.8      |
| Total   | 23.2                          | 7.2                           | 3.83 (3.74-3.91)          | 3.50 (2.38-5.16)        |                                    |                    |                                   | 100       |
| Heterogeneity: $\tau^2 = 0.13$ ; $Q_6 = 1$<br>Test for overall effect: $z = 6.34$ ; $t$ |                               | =56%                          |                           |                         | 1 2                                | 3 4<br>OR (95% CI) | 6 8 11                            |           |

The odds ratios (OR) for the studies 56789.10.22 are adjusted for a study-specific set of demographic, psychosocial, and behavioral risk factors. The size of the point estimate (black square) is proportional to the weight of the study in the random-effects meta-analysis model. The weights add to 99.9% and not 100% because of rounding. Q indicates Cochrane Q.

Figure 3. Meta-analysis of Adjusted Odds of Current (Past 30-Day) Cigarette Smoking at Follow-up Among Noncurrent Cigarette Smokers at Baseline and Current e-Cigarette Users at Baseline Compared With Noncurrent e-Cigarette Users at Baseline.

|  | Probability of<br>Cigarette Sn         | of Past 30-Day<br>noking, %                | 1                         |                         |                                    |                    |                                   |           |
|--|--|--|---------------------------|-------------------------|------------------------------------|--------------------|-----------------------------------|-----------|
| Source   | Past<br>30-Day<br>e-Cigarette<br>Users | Non–Past<br>30-Day<br>e-Cigarette<br>Users | Unadjusted OR<br>(95% CI) | Adjusted OR<br>(95% CI) | Favors Smaller<br>Increase in Odds |                    | Favors Larger<br>Increase in Odds | Weight, % |
| Unger et al, <sup>23</sup> 2016                              | 26.2                                   | 7.0  | 4.71 (2.27-9.77)          | 3.32 (1.55-7.11)        |                                    |                    |                                   | 48.6      |
| Hornik et al, <sup>24</sup> 2016                             | 19.0                                   | 2.0  | 11.18 (5.41-23.13)        | 5.43 (2.59-11.38)       |                                    |                    |                                   | 51.4      |
| Total  | 21.5                                   | 4.6  | 5.68 (3.49-9.24)          | 4.28 (2.52-7.27)        |                                    |                    |                                   | 100       |
| Heterogeneity: τ <sup>2</sup> = 0<br>Test for overall effect |  |  | %                         |                         | 1 2                                | 3 4<br>OR (95% CI) | 6 8 11                            |           |

The odds ratios (OR) for the studies<sup>23,24</sup> are adjusted for a study-specific set of demographic, psychosocial, and behavioral risk factors. The size of the point estimate (black square) is proportional to the weight of the study in the random-effects meta-analysis model.

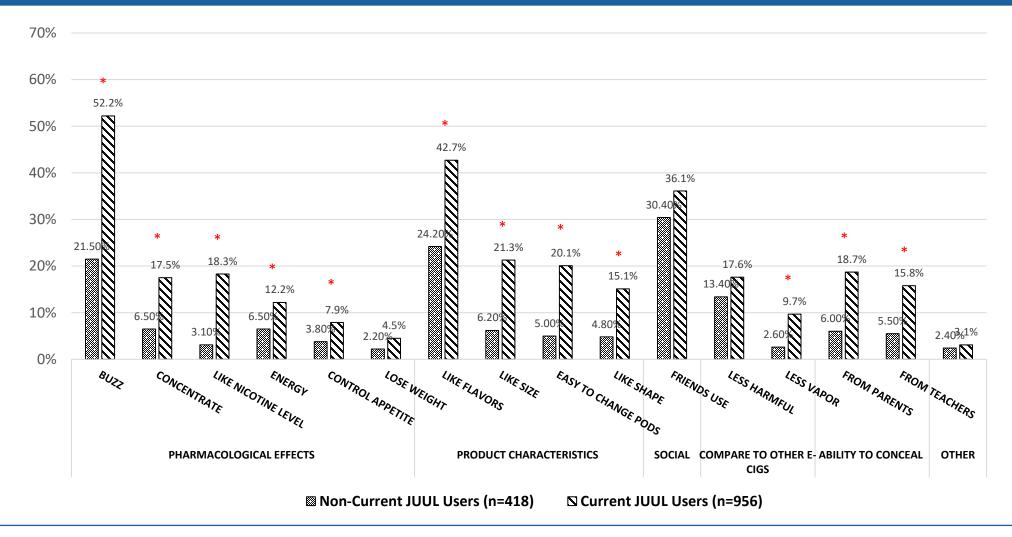
### **E-cigarettes and Other Substances**

Systematic review & meta-analysis: association between e-cigarette use and use of psychoactive substances in 10–24 yo youth Lau, Conti, Hemmati, Baldacchino, 2023

- Several longitudinal studies showed that ever e-cigarette users have an increased likelihood for subsequent use of other substances compared to never e-cigarette users.
- Some of these studies examined youth who reported use of e-cigarettes but no use of other substance (i.e. cannabis, alcohol) at the first wave.
  - Bentivegna et al., 2021 : PATH waves 1,2, 3.
    - Increased cannabis smoking (OR:2.55), cannabis vaping (OR:2.05), non-prescribed Ritalin (OR:2.13), polysubstance use (OR; 2.67)
  - Seidel et al., 2022: Prospective cohort from Germany 2017-2019
    - Increased rates of trying cannabis (ARR: 1.83)
  - Sun et al., 2022: PATH waves 4.5 and 5.
    - Increased rates of past 12-month (ARR: 2.57) and 30-day (ARR: 3.20) cannabis use.
  - Lozano et al., 2017: Longitudinal cohort from Mexico 2015-2017
    - No effect of only ecig use. Use of both ecigs and cigs at wave 1 increased rates of cannabis us.

#### E-cigarettes & Use/Addiction in Youth: Reason for use

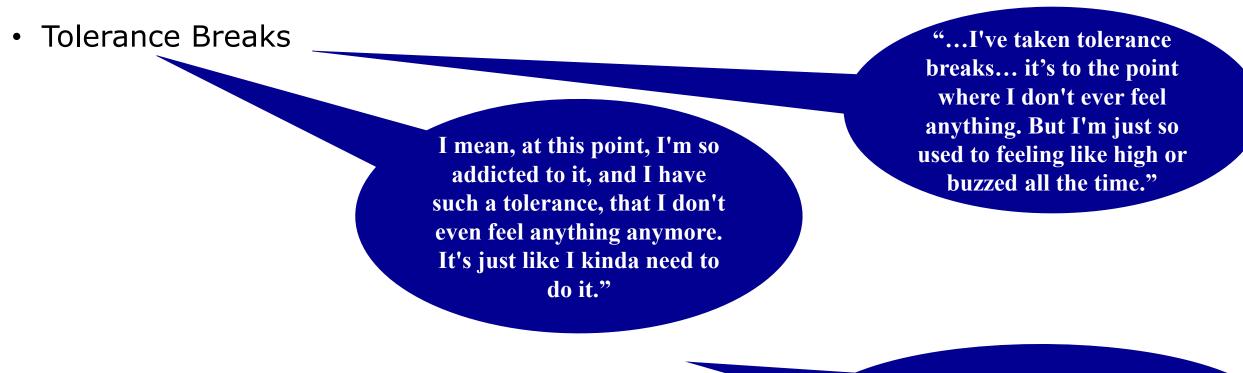
## Youth experience positive effects of nicotine Kong, Bold, Morean, Bhatti, Camenga, Jackson, Krishnan-Sarin 2019



#### Yale SCHOOL OF MEDICINE

### **E-cigarettes & Use/Addiction in Youth: Reasons for Use**

Youth report tolerance & preoccupation with use (Bold et al., 2016; Kong et al., 2021)



Feeling preoccupied with obtaining e-cigarettes

"It's more just like you're kind of itching to hit a JUUL all the time.."

Yale school of medicine

## **E-cigarettes & Use/Addiction in Youth**

#### Youth experience withdrawal symptoms and addiction (Bold et al., 2016; Kong et al., 2021

Addiction/Dependence

- Withdrawal symptoms
  - Negative emotions (e.g., anxious, angry, agitated)
  - $_{\circ}$  Increased cravings
  - Negative physical symptoms (e.g., headaches)
  - $_{\circ}\,$  Trouble focusing

I mean, honestly, in my opinion, I don't really get anything out of it. It's mainly just like a buzz, and then like for the rest of the day I'm just kind of like stuck on doing it... like it's just an addiction that I'm trying to quit. I mean, at this point, I'm so addicted to it, and I have such a tolerance, that I don't even feel anything anymore. It's just like I kinda need to do it."

Nicotine, it's like, at the beginning, you had it [a buzz], and now it's just like your stuck. Like, you're not doing it for the pleasure of doing it, you're doing it because you feel like you have to.

## **E-cigarette Dependence in Youth (PROMIS Measure)**

Morean, Krishnan-Sarin, O'Malley, 2018

- 1. When I haven't been able to vape for a few hours, the craving gets intolerable.
- 2. I drop everything to go out and get e-cigarettes or e-liquid/juice.
- 3. I vape more before going into a situation where vaping is not allowed.
- 4. I find myself reaching for e-cigarettes/a vape without thinking about it.

997 participants ages 13-20 years who self-reported using vaping nicotine 4+ days/week

E-cigarette Dependence

- Any: 98.5%
- Sometimes Very Often: 65.2%
- Often Very Often: 31.8%

# **E-cigarette Withdrawal in Youth**

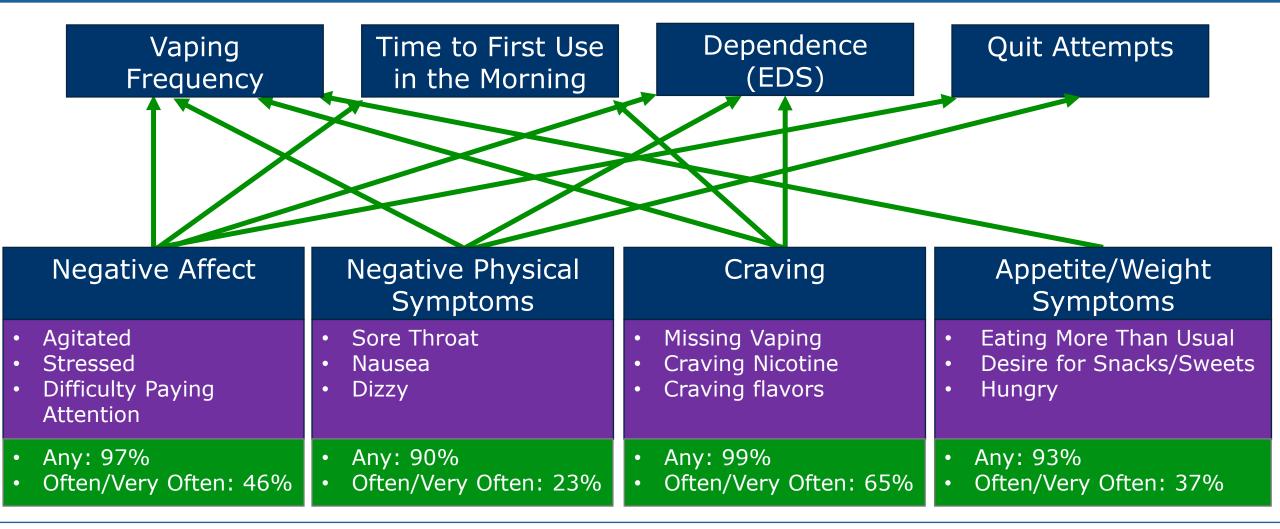
Morean, Rajeshkumar, Krishnan-Sarin, 2024

- Develop measure: Lit review, subject matter experts, cognitive interviews
- Validate measure: Survey with 997 youth and young adults ages 13-20 years who reported vaping nicotine 4 or more days/week

| Negative Affect   | Negative Physical<br>Symptoms                              | Craving   | Appetite/Weight<br>Symptoms  |
|---|--|---|--|
| <ul> <li>Agitated</li> <li>Stressed</li> <li>Difficulty Paying<br/>Attention</li> </ul> | <ul><li>Sore Throat</li><li>Nausea</li><li>Dizzy</li></ul> | <ul> <li>Missing Vaping</li> <li>Craving Nicotine</li> <li>Craving flavors</li> </ul> | <ul> <li>Eating More Than Usual</li> <li>Desire for Snacks/Sweets</li> <li>Hungry</li> </ul> |
| <ul><li>Any: 97%</li><li>Often/Very Often: 46%</li></ul>                                | <ul><li>Any: 90%</li><li>Often/Very Often: 23%</li></ul>   | <ul><li>Any: 99%</li><li>Often/Very Often: 65%</li></ul>                              | <ul><li>Any: 93%</li><li>Often/Very Often: 37%</li></ul>                                     |

# **E-cigarette Withdrawal in Youth**

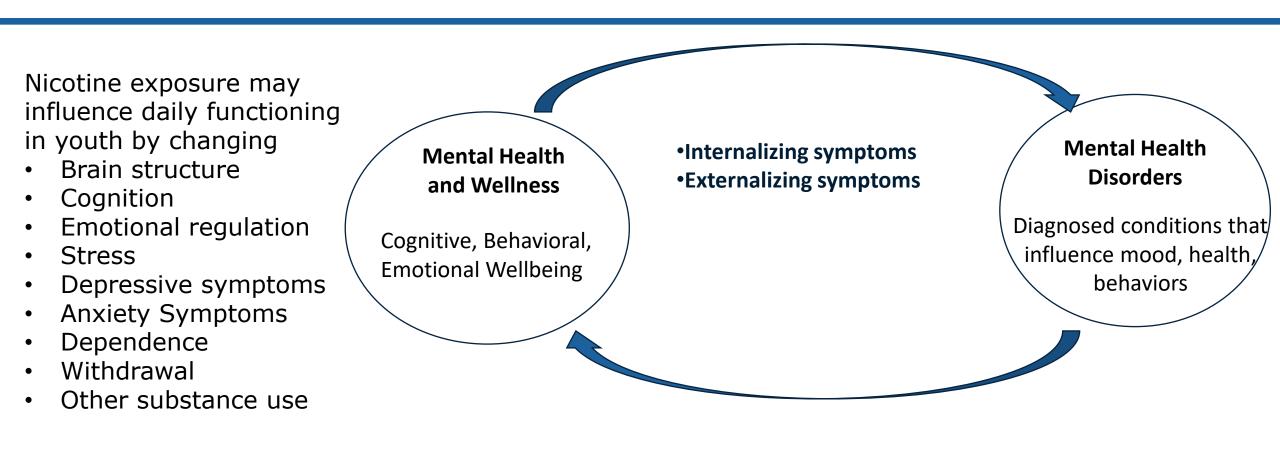
Morean, Rajeshkumar, Krishnan-Sarin, 2024



Covariates: sex, age, ethnicity, race, SES, daily nicotine vaping, past-month use of other tobacco products

Yale school of medicine

## Mental Health vs. Mental Health Disorders



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