

## LIFE &amp; ARTS

## HEALTH

## Few Options for Teens Hooked On Nicotine

BY BETSY MCKAY

**L**uka Kinard started vaping shortly after he entered high school in 2017. Many other students were using a kind of e-cigarette called a Juul—and he thought he would give it a try.

Before long, he wanted to vape all the time. He would Juul at home, school, and with friends, going through about four pods a day, he says, using a slender device that resembles a thumb drive. Each liquid-filled pod contains about the same amount of nicotine as a pack of cigarettes. Mango and menthol were his preferred flavors. “It was like a stress reliever,” he says.

The honor-roll student’s parents became concerned when his grades slid and he lost interest in sports and hobbies. Normally a fun-loving 14-year-old freshman on track to become an Eagle Scout, he now would lash out at his parents in explosive anger, recalls his mother, Kelly Kinard, of High Point, N.C.

She spent months searching for doctors or a treatment program to help him quit. Whenever he put the Juul away, he says, the stress and negative feelings would return. “I felt kind of trapped,” he recalls. He would go back to it. “I couldn’t stop,” he says.

Youth use of e-cigarettes has soared over the past year, thanks largely to Juul, whose sales have skyrocketed. One out of every five high school students—more than three million teens—reported using e-cigarettes recently, according to a federal survey conducted this past spring. Some, like Mr. Kinard, have become addicted to the powerful doses of nicotine that Juuls and similar e-cigarettes pack.

Now, parents and medical professionals are struggling to help addicted adolescents kick the habit. Addiction experts report a surge in calls in recent months



**Luka Kinard, at right and below, at his home with friends, became addicted to nicotine after trying a Juul e-cigarette, above, which is popular among high-school students.**

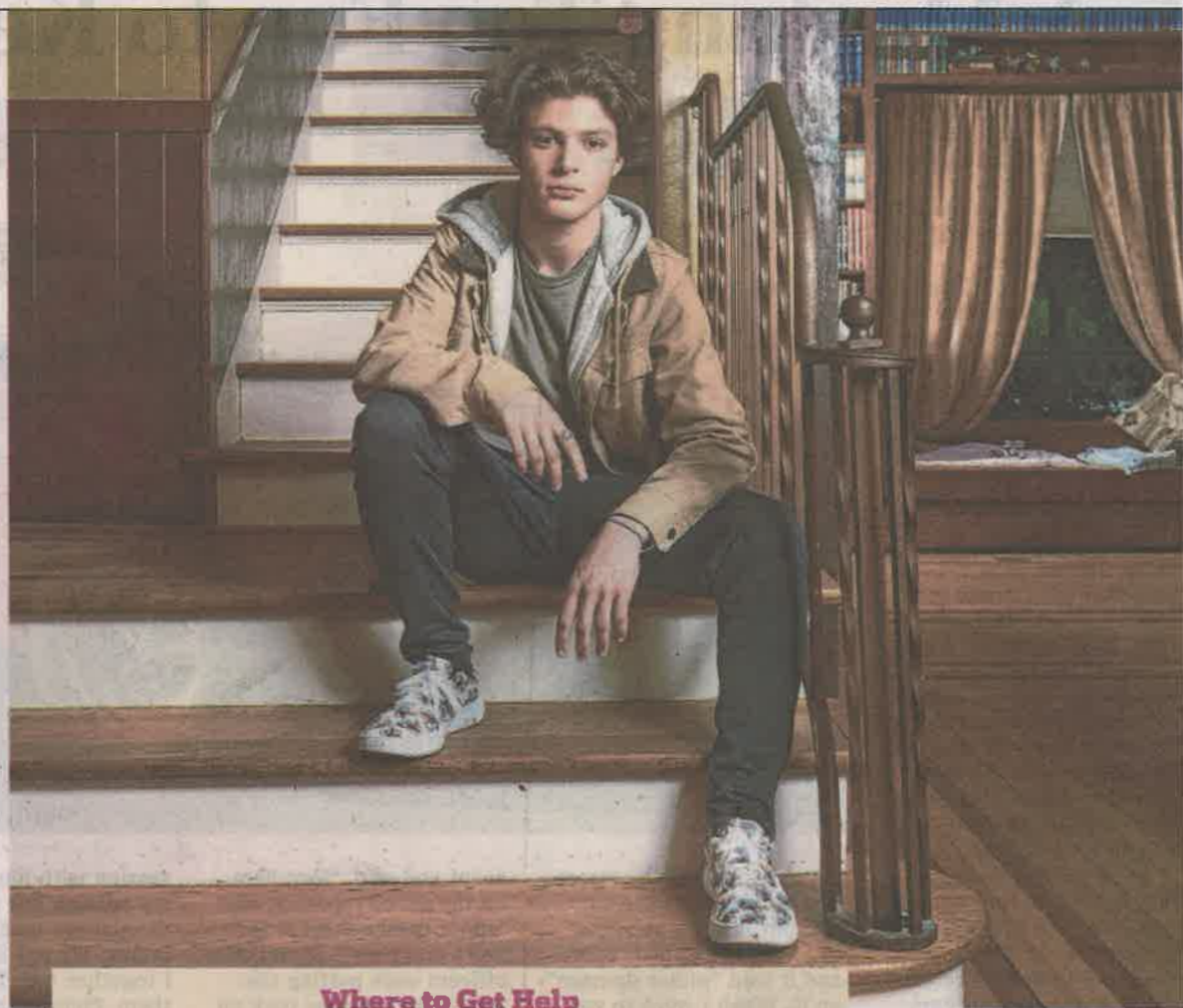
from worried parents, as well as pediatricians who aren’t sure what to do.

Nicotine is highly addictive and its hold is particularly powerful over teens, wiring their developing brains in a way that makes them vulnerable to addiction. Yet there are few options to treat teens for nicotine use disorder from e-cigarettes, parents and experts say. It isn’t clear what therapies might work for addiction to e-cigarettes like the Juul, whose nicotine is delivered in a different form from regular cigarettes, experts say.

Addiction experts rely mostly on counseling for teens. Treatment programs and adolescent psychiatrists are in short supply, though.

The lack of treatment options is so acute that the Food and Drug Administration plans to hold a public hearing Jan. 18 about developing some. The agency has imposed restrictions on the sale of certain flavors of e-cigarettes that it says appeal to teens.

Juul Labs Inc. has taken steps to restrict sales to minors, including



## Where to Get Help

Experts say it can be hard to know if your teen is addicted to nicotine. Some symptoms may be subtle, and many teens try to hide their habits from their parents.

Get to know what e-cigarettes like the Juul and its pods look like, and if you find them in your home, talk to your teen. If he or she is vaping frequently, has strong cravings and can’t quit, those are sure signs of nicotine dependence. They may also display signs of withdrawal, like irritability. Other symptoms may include decline in academic performance, deteriorating relationships, changes in eating and sleeping habits and loss of interest in favorite activities.

If you think your teen is addicted, talk to his or her pediatrician about the symptoms. Make an appointment for your child with a mental-health professional. If you feel your teen needs more intensive therapy,

look for a treatment center that specializes in mental health and substance-abuse care for adolescents, and talk with your insurance company about coverage. Avoid over-the-counter nicotine replacement therapies like lozenges, gum or patches, which haven’t been fully tested on people under 18.

## Some resources:

- Department of Health and Human Services/National Institutes of Health
- U.S. Surgeon General
- Center for Discovery
- Boston Children’s Hospital
- The Addiction Institute of Mount Sinai
- Weill Cornell Medicine Addiction Psychiatry
- Parents Against Vaping E-Cigarettes

pulling all but its mint, menthol and tobacco-flavored products from bricks-and-mortar stores.

Ms. Kinard initially tried to wean her son by giving him vape juice with less nicotine than the amount in his Juul pods. The family also started seeing counselors. Luka’s counselor diagnosed a mental-health disorder but didn’t think vaping was an issue, Ms. Kinard says. She was frustrated, believing the vaping was a major factor. “Before he started vaping, he wasn’t like this,” she says. “But I couldn’t get anyone else to recognize it.”

Luka didn’t want to quit or cut back. “I didn’t recognize I had a problem at all,” the 15-year-old says. He felt even more need for his Juul amid stress over his sliding grades and other “social things going on,” he says. His Juuling also led to other behaviors, like trying marijuana, he says.

Last summer, Ms. Kinard took

Luka to a psychiatrist, who prescribed Wellbutrin, an antidepressant that also helps people stop smoking. Things seemed to improve for a while, but Luka started vaping again when he reunited with his friends after several weeks away on a family visit.

He went off the Wellbutrin after developing chest pains and cold sweats, but then had a seizure, his mother says. A neurologist couldn’t find the source of the seizure, and suggested that he get more sleep, Ms. Kinard says. A cardiologist also found nothing wrong, but told Luka his chest pains and cold sweats were likely from inflammation of the chest wall due to his vaping, she says. She looked into over-the-counter nicotine-replacement therapies, but discovered they weren’t meant for adolescents.

Researching websites for the National Institutes of Health, Psychology Today, and other sources,

she read that nicotine addiction needs to be treated as a substance-abuse problem. “That’s what got me to think, ‘OK, I need to look at this differently, not as a nicotine problem but as a drug problem,’” she says.

Finding a treatment program that fit her criteria was hard. She wanted one for adolescents that would address behavioral and substance-abuse problems, and that would take an understanding rather than punitive approach.

She was finally able to get Luka a spot at a mental health residential treatment center in California run by the Center for Discovery.

Luka recently completed a 40-day stay in a house with five other teen boys, meeting regularly with therapists, engaging in group

sessions about mindfulness, relapse prevention and other topics. He was given medications for anxiety and sleep, and taught coping skills such as writing and listening to music to help him overcome a desire to vape, he says. “Treatment teaches you ways just to say no,” he says.

Ms. Kinard, happy with her son’s progress, believes the health hazards from the nicotine in e-cigarettes are worse than medical professionals recognize and says more needs to be done to help teens and their parents. “It’s not like with cigarettes. It’s so much stronger,” she says.

Now back home, Luka will continue with intensive outpatient therapy. His parents are scrambling to find enough teen-focused therapy options in their area. “I’m not gonna make the promise that I’m not ever gonna do it again,” he says. But for now, he says, “I don’t have the desire to Juul.”

