KEYNOTE COMPANION · EXECUTIVE SUMMARY

Seeing Through the Vapor

Build Your Life — a practitioner's guide to the decision framework, the industry playbook, and the language that actually works with young people who vape.

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Not Another Puff
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Thank you for a genuinely great room. This is the working version of what we covered — the frameworks, the verified facts, and the specific language you can use Monday. Every statistic here has been checked against its primary source, and where the research is contested or evolving, this document says so. Sources are listed on the final page.

01 The Core Framework: Build Your Life

Why "make good choices" doesn't work, and what to say instead

Prevention messaging usually leads with consequence. *This will hurt you. This could ruin your life.* That framing has a short shelf life with an adolescent, because it is somebody else's fear about their distant future. It also makes every choice feel like a cliff edge — which produces either paralysis or defiance.

> ### Decisions = Building Blocks.
>
> A block is neutral. It's just material. But you set one down, then another, then another — and eventually you're standing inside something you built without ever deciding to build it. That's how vaping starts. It's also how everything else starts.

The reframe does three things a warning cannot:

- **It removes shame.** A block is a piece, not a moral failure. The next one can go down differently.
- **It makes the invisible visible.** No young person decides to become dependent. They set down one block, then twenty more. The structure arrives before the decision does.
- **It transfers ownership.** "Don't ruin your life" is an adult's anxiety. "You are building something right now, today" is the young person's project.

The prerequisite: they need a destination first

The framework is inert without a picture of the person they want to become. Career questions ("what do you want to be?") produce shallow answers. The useful questions are about the *life*:

- When you're older, do you want to be healthy? Do you want to be financially okay?
- What kind of family do you want? Is it like the one you have now, or different?
- What would have to be true about you for that to happen?
- Working backward from that — what does today's version of you need to do?

Then the operative question at every decision point becomes simply: **is this block moving me toward that, or away from it?** Purpose is what makes a hard decision survivable in the moment. Without it, refusal is just compliance, and compliance evaporates the second an adult isn't watching.

> **THE LINE WORTH KEEPING**
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> You are not one decision away from a different life. You are one block away from a different structure. "One decision away" is paralyzing. One block is manageable. One block is Tuesday.

02 The Three Rules of a Smart Decision

The teachable structure from the coin-flip demonstration

The volunteer who agreed to the coin flip before knowing the stakes was doing something every adolescent does daily. Three rules fall out of it, and they transfer to almost any risk conversation.

1 **Get all the information first.**

Know what you're walking into before you agree to it. Where are we going? Who's there? What's likely to happen? With vaping: what's in the device, and who profits from you using it? Information gathered *in advance* is a decision. In the moment, it's a reaction.

2 **Don't put your health and well-being in someone else's hands.**

There is exactly one person whose primary job is looking out for them. Outsourcing that — to a friend, a dealer, an influencer, or a company — is the decision, whether or not it feels like one.

3 **If you have nothing to gain and everything to lose, don't flip the coin.**

The volunteer flipped because everyone was watching and it felt like the script. Nobody made him. Naming that dynamic out loud — *you always had the option not to play* — is often the single most useful thing a young person takes from the session.

03 Rule One Applied: What's Actually In It

Sourced answers to the six things students say most

Young people are fluent in the counterargument, and the fastest way to lose them is a statistic they can disprove on their phone. The right-hand column is worded to survive a challenge.

WHAT THEY'VE HEARD	WHAT THE EVIDENCE ACTUALLY SUPPORTS
"It's just water vapor."	It's an **aerosol** — ultrafine droplets carrying nicotine, flavor chemicals and metal particles, made of propylene glycol and glycerin, not water. CDC: it is "NOT harmless water vapor."
"The ingredients are FDA approved."	PG and glycerin are **generally recognized as safe for use in food** — 21 CFR 184.1666 and 182.1320 are food rules, written in percent-as-served. The National Academies: GRAS substances "are safe for ingestion, but not necessarily for other routes of administration like inhalation." Safe to swallow is not safe to inhale, and this is the least disputable point available.
"There's nothing bad in there."	Johns Hopkins measured aerosol from 56 daily users: median lead was **25× the level in the refill liquid**, and 48% of samples exceeded EPA limits. The coil is the source. A 2025 UC Davis study found one disposable released more lead in a day than nearly 20 packs of cigarettes.
"It doesn't affect my lungs."	In a four-year prospective study of 2,094 adolescents, past-30-day vaping carried **55% higher odds of bronchitic symptoms** — persistent cough or phlegm apart from a cold — after adjusting for cigarette and cannabis use. Note the wording: these are *symptoms*, not a diagnosis of chronic bronchitis.
"It's clean."	A Harvard T.H. Chan study of 75 top-selling products found bacterial endotoxin in **23%** and fungal glucan in **81%** — cell-wall toxin residues, not live organisms. The authors were explicit that health effects have not yet been evaluated.
"It has nothing to do with my heart."	The American Heart Association reports **arterial stiffness, impaired vessel function and elevated blood pressure and heart rate** in young people who vape. AHA is explicit these are acute changes, not demonstrated disease — say so, and you'll be believed on everything else.

THREE PHRASES TO AVOID, AND WHY

Don't say "propylene glycol is in antifreeze." It's true, but PG is the *food-safe* antifreeze — used precisely because it's harmless swallowed. The toxic one is ethylene glycol. A nurse in the room will catch it. The GRAS point above is stronger and can't be argued with.

Don't say "chronic bronchitis." The studies measure bronchitic *symptoms* on a questionnaire. To a clinical audience, "chronic bronchitis" implies a COPD-spectrum diagnosis the data don't support — and adolescents essentially aren't given that diagnosis.

Don't say vaping "paralyzes the cilia." That's cigarette language, and current e-cigarette data conflict. Say nicotine dehydrates the airway surface so cilia clear less — that's the mechanism the in-vivo work actually supports.

04 Stats for the Classroom

Numbers that land with a fifteen-year-old — and hold up when they check their phone

These are organized by what a student actually says, because that's how they arrive. Every figure is current and sourced on page 6. Deliver them flat, without alarm — the numbers do the work, and a teenager who senses you're trying to scare them stops listening immediately.

"Mine's nicotine-free."

Researchers blinded and lab-tested 35 US e-liquids *labeled zero nicotine.* Nicotine turned up in **91% of them** — and six contained between 5.7 and 23.9 milligrams per milliliter. A product sold as nicotine-free can hold more nicotine than one sold as nicotine-containing.

"It's just flavoring and water."

UC Davis tested popular disposables in 2025. **One device released more lead in a single day of use than nearly 20 packs of cigarettes.** The metal comes from the heating coil, so it gets worse as the device is used up.

"The ingredients are food-grade."

They are — for *food*. Propylene glycol's safety listing is 21 CFR 184.1666, a food regulation written in "percent as served." As the National Academies put it, those substances are *"safe for ingestion, but not necessarily for other routes of administration like inhalation."* **Safe to swallow is not safe to heat and inhale two hundred times a day.**

"If it were dangerous it'd be illegal."

As of May 2026, FDA has authorized exactly **45 e-cigarettes.** About **6,957 different products** are on American shelves. More than **99% of what's being sold is illegal** — nobody checked it, and nobody had to.

"I'd know if it was hurting me."

You wouldn't, necessarily. Claire Chung was 19 when vaping put her in intensive care. In her own words, she had *"never experienced any shortness of breath, coughing, wheezing, chest pain, or ANY signs of respiratory distress."* She just felt sick. Her scans showed both lungs almost entirely clouded over. Other teens have needed **double lung transplants — one of them at 16.** You don't know what's in the device, and the damage can arrive well before the symptoms do.

"Everybody's doing it."

In 2025, **7.1% of high schoolers and 2.6% of middle schoolers** used e-cigarettes. **More than nine out of ten are not vaping** — and youth vaping has dropped about 18% a year since 2022. The majority is real; it's just invisible.

"I'll quit whenever I want."

Among teens who vape daily, the share who *tried to quit and couldn't* rose from **28% in 2020 to 53% in 2024.** Over half. And the share reaching for a device within five minutes of waking went up more than tenfold in four years.

"The flavors are the whole point."

They were designed to be. A former U.S. Tobacco sales rep on the industry's earlier version of the same play: *"Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying."* Today, **89% of teens who vape use a flavored product.** The flavor isn't a feature they happened to like. It's the entry point, and it was chosen for them.

THE ONE THAT DOES THE MOST WORK

If you only carry one of these into a hallway conversation, make it the legality number. **Forty-five authorized products; roughly seven thousand on the shelf.** It reframes the whole thing from "adults are worried about my health" to "someone is selling me something nobody inspected" — which is a fact about *them*, not a warning about you. That's the difference between a student feeling lectured and a student feeling played.

05 The Playbook: Make Them Feel Played

Adolescents will not accept being protected. They will not tolerate being manipulated.

The highest-leverage move in the session. Health consequences are abstract and distant. *Being used* is immediate and infuriating — and it works *with* the drive toward autonomy instead of against it. The goal isn't for them to feel warned. It's to feel **played**. The history is documented, quotable and public:

- **1946–52 — manufactured authority.** R.J. Reynolds ran "More Doctors Smoke Camels." Its own ad agency surveyed physicians at conventions just after handing them free Camels. The "doctors" in the ads were actors.
- **1981 — the target named.** Philip Morris researcher Myron Johnston, internal report: *"Today's teenager is tomorrow's potential regular customer… The smoking patterns of teenagers are particularly important to Philip Morris."*
- **1984 — the business logic.** R.J. Reynolds researcher Diane Burrows, in a strategic report to senior management: *"Younger adult smokers are the only source of replacement smokers."*
- **1994 — the flavor strategy, said out loud.** Bob Beets, a former U.S. Tobacco sales rep, to *The Wall Street Journal*: *"Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying."*
- **2012–14 — the reframe.** blu — owned by cigarette maker Lorillard — called itself "the smarter alternative to cigarettes" and said its product would "allow smokers the chance to take back their freedom." Autonomy language, aimed at people being sold a dependency.
- **2015 — the youth pivot.** Juul's "Vaporized" campaign: a June launch party plus ~25 sampling events in New York, LA, Las Vegas and Miami; models in their twenties; a month-long animated billboard in Times Square. A contract that March hired an agency to "curate and identify **280 influencers in LA/NY to seed JUUL product**." A 2019 Congressional review of ~55,000 internal documents found Juul paid schools at least $10,000 for classroom access and sent a rep into a ninth-grade class, no teachers present, to call the product "totally safe." Internal emails conceded the programs were "eerily similar" to Big Tobacco's.
- **2020 — the loophole.** FDA's flavor policy covered *cartridge-based* products; footnote 21 exempted "completely self-contained, disposable products." Disposable sales rose 206%.
- **2021–22 — the workaround.** Manufacturers switched to lab-made nicotine to escape tobacco regulation. Congress closed it in March 2022. The products largely stayed on shelves.
- **2023 — the rename.** Two weeks after FDA placed Elf Bar on import alert, a trademark application appeared for "EBCreate," listing a different Hong Kong company — same patent attorney. As the Public Health Law Center's Desmond Jenson put it: "E-cigarette manufacturers have proven themselves to not operate in good faith. FDA has confiscated more heads of romaine lettuce than it has illegal e-cigarettes in the last five years."

45	6,957	86%	93%
e-cigarettes with FDA authorization (May 2026)	distinct products sold at US retail (Mar 2026)	of US e-cigarette *sales* are unauthorized (2024)	of products on the market are disposables

The question that lands: Why do you think they need *you*? Why not wait until you're thirty? — Because it works far better on a developing brain, and they know it.

06 Why "I'll Quit Later" Fails

The dependence data, stated precisely

Per CDC: nicotine can harm brain development that continues to about age 25, damaging the circuits governing attention, learning, mood and impulse control — and "youth can start showing signs of nicotine addiction quickly, sometimes before the start of regular or daily use." That is the reason for the targeting, and it lands better as strategy than as health warning.

- **What cigarettes taught us.** In the DANDY cohort — *cigarette* research from 2002 — 33% of youth who developed dependence symptoms had their first while smoking only one day a month; 70% before ever smoking daily. Median time to first symptom: 21 days for girls, 183 for boys.
- **What the vaping data shows.** There is no vaping equivalent of DANDY — nobody has measured it. But by 2022, dependence indicators among youth who vape had risen to **match or exceed those of youth who smoke**, and the share of teen vapers reaching for a device **within five minutes of waking rose more than tenfold** between 2017 and 2021.
- **And they can't get out.** Among teens who vape daily, the share who tried to quit and failed rose from **28.2% in 2020 to 53.0% in 2024** — while daily use among current teen vapers nearly doubled. Researchers describe the population as having "hardened."

> **THE REVERSAL THAT WORKS**
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> When a student says *"I could quit whenever I want"* — the useful reply isn't a statistic. It's: **"So you're mentally strong enough to quit, but not to not start?"** It reframes non-use as the demonstration of strength rather than the absence of it, without arguing.
>
> The 2012 Surgeon General's Report found roughly **3 in 4 teen smokers continue into adulthood**, even when they intend to stop after a few years. There is no vaping equivalent yet — those cohorts are still too young.

07 Preparing Them for the Moment

Be prepared, not scared

A working definition of peer pressure

Most young people define it as "when your friends make you do something." That's useless, because it describes something that rarely happens — and if it does, it isn't peer pressure, it's coercion, and the answer is to leave and call someone.

> **Peer pressure is being forced to make a split-second decision, in front of other people, while managing your own insecurity.**
>
> Every element matters. **Split-second** is why rehearsal works. **In front of people** is why it feels enormous. **Insecurity** is why logic evaporates. Nobody performs well under those three conditions without having practiced.

Two things to give them. First, the perspective correction: *everyone in that circle is as self-absorbed as you are.* Nobody is analyzing their refusal — they're all monitoring themselves. Second, an actual sentence, pre-loaded. Not a speech. A short, low-stakes exit that costs no social capital:

- "Nah, I'm good."
- "Tried it. Didn't like how it made me feel."
- "I don't want to mess with that stuff."
- "Can't — I've got asthma."
- "My mom tests me. Randomly. It's a whole thing."
- And when someone else uses anyway: *"You do you, man."* — no judgment, no lecture, relationship intact.

The parent version of the last one is practical: **buy the test kits.** You don't have to administer them. Their existence on a shelf, mentioned once in front of visiting friends, gives your child a socially costless refusal for years. And role-play the sentence out loud — reading it silently isn't rehearsal.

Stress: the biggest single driver

When a young person says they vape for stress or anxiety, they are describing the actual mechanism, and it deserves a real answer rather than a redirect. The problem is that we have collectively taught them stress is a malfunction to be eliminated — *don't be stressed, have a drink, have a pill, have a vape.* Every one of those trains the same lesson: **when things get hard, reach for a substance.**

The reframe. Stress is the body mobilizing energy to get through something that matters. Kelly McGonigal's *The Upside of Stress* synthesizes the research: in a study of 28,753 adults, high stress predicted elevated mortality risk mainly among those who *believed* stress was harming them — those reporting high stress without that belief showed no elevated risk. A separate randomized experiment shifted employees' stress mindset in a week and produced more adaptive cortisol responses. The first is correlational, so frame it as "how you view stress is associated with how it affects you," not as a promise.

The image that sticks. Rabbi Abraham Twerski's lobster: its shell doesn't grow. It grows inside the shell until it becomes uncomfortable, then shelters in the rocks, sheds the shell, and generates a larger one. The discomfort is the *signal* to grow. Without it, the lobster would never make a new shell.

And a real outlet. Breathing (slow, ten to fifteen seconds in and out, resisting the urge to gulp a deeper breath — that resistance *is* the training), physical exercise, meditation. The point isn't which one. The point is that they have one before they need it.

"Life isn't fair"

It isn't, and saying otherwise costs credibility. The poker frame is honest and still leaves room to act: **you have no control over the hand you're dealt, and total control over how you play it.** The best hand doesn't guarantee a win. The worst doesn't guarantee a loss. And sometimes you fold and play the next one — which is a workable definition of resilience.

Comparison is the accelerant here, and social media has industrialized it. Worth naming directly: the feed is everyone's edited highlight reel measured against your unedited interior. As the saying goes — comparison is the thief of joy.

Boredom

Boredom is not a problem to solve. It generates creativity, imagination, and self-reflection, and young people get very little of it. The intervention is one phrase: **be productive, not destructive.**

08 Beyond Education: What Actually Moves the Needle

Information is necessary and insufficient

Knowledge alone does not change adolescent behavior — and the best meta-analysis of school-based vaping prevention found no durable effect on use. Education has to be wrapped in five other things:

- ☐ **A destination.** Written goals, and the decisions each step requires. Every choice measured against it: toward, or away?
- ☐ **The "yeah, buts."** Rehearse the objections and hard situations in advance, not the ideal ones.
- ☐ **A why.** Purpose that belongs to them, not compliance that belongs to you.
- ☐ **Student leaders.** Peer influence is the strongest force in the building. Deploy it rather than compete with it.
- ☐ **Accessible resources** for students *and* parents, at the moment of need, not in a folder.

Defeating the perception: a chapter model that scaled

The most damaging belief in any school is *everybody's doing it* — and it's almost always false. In 2025, **7.1% of US high schoolers and 2.6% of middle schoolers** reported current e-cigarette use, and youth vaping has fallen about 18% a year since 2022. The overwhelming majority are not vaping; they just can't see each other. Research bears out the lever: across nine schools, *perceived* pro-vaping norms predicted uptake more consistently than friends' actual behavior. The Non-User Group model was built to make the real majority visible, and grew from 13 members to over 225:

- **Make it an activities group, not an abstinence group.** Bowling, movies, after-hours facility access. Fundraise through local Lions Clubs, Chamber of Commerce, in-school drives.
- **Substance-free status is the price of admission,** not the programming. Nobody says "don't do drugs." Membership itself is the message.
- **Recruit varied student leaders** across social groups — not only those already predisposed to join.
- **Protect the integrity of the group.** Using means you're out. That accountability is what makes membership mean something.
- **Reward the smart decision.** Most systems only punish the wrong one. That asymmetry is the design flaw.

TWO THINGS TO CARRY OUT OF THE ROOM

The cost is not abstract. Lifetime cost of smoking now averages roughly **$4.3 million** per person nationally, about **$3.5 million in Alabama** — counting purchases, health care, lost income and foregone investment returns.

And your work is the intervention. Harvard's Center on the Developing Child, synthesizing decades of resilience research: *"The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult."* One. Not a program. One adult — and everyone in that room already holds that job.

Resources mentioned in the session

Vaping Redemption — an online course for students caught vaping: video modules, quizzes, a printable study guide and a certificate of completion. · **WellHubs** — a localized wellness hub built around your school's own policies and referral pathways. · **Presentations** — K–12 assemblies, parent nights, staff development, keynotes.

For details on any of these, use the form here:

dynamicinfluence.com/vital-conference

Sources

Adolescent brain & dependence: CDC, *Health Effects of Vaping* (2025). U.S. Surgeon General, *E-Cigarette Use Among Youth and Young Adults* (2016); *Preventing Tobacco Use Among Youth and Young Adults* (2012). DiFranza JR et al., *Tobacco Control* 2002;11(3):228–235; and (DANDY-2) *Arch Pediatr Adolesc Med* 2007;161(7):704–710.

Respiratory & cardiovascular: Tackett AP et al., "Prospective study of e-cigarette use and respiratory symptoms in adolescents and young adults," *Thorax* 2023. Wold LE et al., "Cardiopulmonary Consequences of Vaping in Adolescents: AHA Scientific Statement," *Circulation Research* 2022. Clapp PW et al., "Flavored e-cigarette liquids and cinnamaldehyde impair respiratory innate immune cell function," *Am J Physiol Lung Cell Mol Physiol* 2017;313(2).

Constituents & contaminants: National Academies, *Public Health Consequences of E-Cigarettes* (2018), ch. 5. Olmedo P, Rule AM et al., "Metal Concentrations in e-Cigarette Liquid and Aerosol Samples," *Environmental Health Perspectives* 2018. Lee M-S, Allen JG, Christiani DC, "Endotoxin and (1→3)-β-D-Glucan Contamination in Electronic Cigarette Products," *EHP* 2019. CDC, *About E-Cigarettes* (2024).

Prevalence: Park-Lee E et al., "Tobacco product use among middle and high school students — National Youth Tobacco Survey, 2025," *Nicotine & Tobacco Research* 2026. FDA, 2025 NYTS release (June 2026). Truth Initiative youth cessation survey (Dec 2025).

Industry conduct: Johnston ME, "Young Smokers: Prevalence, Trends, Implications," Philip Morris internal report, Mar 31, 1981 (Bates 1000390803). R.J. Reynolds, "Young Adult Smokers: Strategies and Opportunities," Feb 29, 1984 (Bates 501928462). Freedman AM, *Wall Street Journal*, Oct 26, 1994. Jackler RK et al., *JUUL Advertising Over its First Three Years on the Market*, Stanford Research into the Impact of Tobacco Advertising, 2019. U.S. House Committee on Oversight and Reform, Subcommittee on Economic and Consumer Policy, July 25, 2019. Stanford Research into the Impact of Tobacco Advertising, "More Doctors Smoke Camels" collection.

Regulation & market: FDA, *Enforcement Priorities for ENDS* (Jan 2020). FDA, *New Law Clarifies FDA Authority to Regulate Synthetic Nicotine* (2022). FDA import alert and CTP statements on Elf Bar/EB Design (2023). Truth Initiative / CDC Foundation retail sales analysis. FDA, authorized ENDS product list.

EVALI: CDC, final EVALI update, Feb 25, 2020 (2,807 hospitalized cases; 68 deaths). Blount BC et al., "Vitamin E Acetate in Bronchoalveolar-Lavage Fluid Associated with EVALI," *NEJM* 2020;382(8):697–705.

Cost, resilience & stress: WalletHub, *The Real Cost of Smoking by State* (2026 edition). National Scientific Council on the Developing Child / Center on the Developing Child at Harvard University, Working Paper 13, *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience* (2015). McGonigal K, *The Upside of Stress* (2015). Keller A et al., *Health Psychology* 2012;31(5):677–684. Crum AJ, Salovey P, Achor S, *J Pers Soc Psychol* 2013;104(4):716–733. Twerski AJ, "The Lobster" (JInsider, 2008).