

Should we curb e-cigs?

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The regulation of electronic cigarettes or “e-cigarettes” will be one of the most hotly debated health policy topics in 2014.

E-cigarettes are battery-powered, nicotine-delivery devices, which mimic the look and feel of smoking by converting heated, nicotine-laced liquid into a vapor that almost instantly evaporates. While e-cigarette manufacturers promise a less harmful and more socially acceptable alternative to conventional cigarettes, which use nicotine to addict and combustible tobacco to kill, current evidence of e-cigarette safety and therapeutic efficacy remains thin.

What is clear is that the use of e-cigarettes has skyrocketed over the last couple of years. There are over 250 brands of e-cigarettes now sold in stores and online. The most popular e-cigarette brand, Blu, can currently be found in 127,000 retail outlets – up from just 12,000 in 2012.

Likewise, e-cigarettes are poised to hit nearly \$2 billion in sales in the US for 2013, tripling 2012 sales figures – growth coinciding with big tobacco’s takeover of the e-cigarette market. The three largest tobacco companies – Altria Group, Lorillard, and Reynolds American – now control a majority of the US market share in e-cigarette sales.

Questions about the appropriate level of regulation of e-cigarettes now divide a public health community historically unified by opposition to the unquestioned threats posed by cigarette smoking and tobacco.

One view, recently articulated by New York Times columnist Joe Nocera, holds that the harm-reduction potential of e-cigarettes for those struggling to quit smoking is enormous and that, possibly, e-cigarettes may one day render “real” cigarettes obsolete. He concludes that e-cigarettes represent “an innovative device that can help people wean themselves from the deadly product. It has the same look and feel as the lethal product; indeed, that’s a large part of its appeal. It, too, is addictive. But the ingredients that kill people are absent.”

An opposing view counters that e-cigarettes should be regulated, and stigmatized, like conventional cigarettes. This camp also contends that there should be zero tolerance for “vaping” – the popular name for e-cigarette use – in workplaces and public settings where smoking is currently banned.

There is also concern about the largely unregulated marketing and glamorization of e-cigarettes. The top two e-cigarette brands recently launched national TV ad campaigns,

including multi-million dollar plans for this year's Super Bowl, even though TV commercials for cigarettes have been banned since 1971.

These developments threaten to upend decades of progress made by anti-smoking progress to denormalize smoking. A particularly troubling recent report from the Centers for Disease Control and Prevention reveals that 2 million middle and high schools students have smoked e-cigarettes and that e-cigarette use for both groups have doubled over the past year.

Some of these issues will be settled later this spring when the Food and Drug Administration issues new regulations clarifying whether or not e-cigarettes will be required to seek approval as a drug or drug-delivery device. Others will play out as policymakers and the public wrestle with a meager, yet accumulating evidence base on the health consequences of electronic cigarettes.

John Packham, PhD is Director of Health Policy Research at the University of Nevada School of Medicine and Past President of the Nevada Public Health Association.