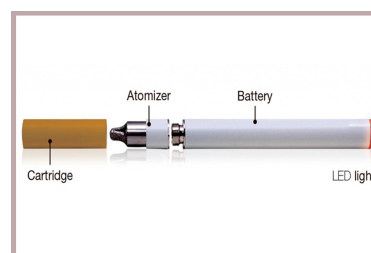


Position Paper: Electronic Cigarettes

Issue Background

Commonly known as “e-cigarettes,” electronic smoking devices are battery-operated devices that employ the use of a cartridge to deliver vaporized nicotine to users. The devices typically contain three components – a battery, an atomizer and a cartridge for liquid nicotine. The devices can also be modified by users to be used with other drugs such as marijuana.



Since the mid-2000s, e-cigarettes have seen exponential growth and now all three major Tobacco Companies in the United States own an e-cigarette company or market their own brand. As of early 2014, there were 466 brands and 7764 unique flavors of e-cigarette products. Over the past ten years the products have evolved rapidly resulting in a wide variety of product size, nicotine concentration, and e-liquid formulations.

As the products have become more popular, survey data is starting to show an increase in youth use. An August 2014 report by the U.S. Centers for Disease Control and Prevention reported that youth use of e-cigarettes tripled between 2011 and 2013, with more than a quarter of a million youth who had never smoked a cigarette reporting that they used electronic cigarettes in 2013.

E-cigarettes are currently unregulated at the federal level. However, in April 2014 the Food and Drug Administration (FDA), under its authority granted in the Tobacco Control Act of 2009, issued a proposed rule that would give the agency the authority to regulate e-cigarettes as a tobacco product, banning their sale to people under 18 and prohibiting free samples, among other constraints. The FDA is currently reviewing the public comments submitted regarding the proposed rule before issuing a final rule, likely sometime in 2015.

In Washington state, in 2013, a state law was created that decrees that “every person who sells or gives, or permits to be sold or given, to any person under the age of eighteen years any cigar, cigarette, cigarette paper or wrapper, tobacco in any form, or a vapor product is guilty of a gross misdemeanor.” In addition, several local jurisdictions have created local regulations related to the sale, use in public places and places of employment and the marketing of these products.

Despite concerns by health officials about emerging health risks, relatively little is known currently about the impact of electronic cigarettes, including the long-term health effects of breathing the vapor, their efficacy as cessation device, and whether they “re-normalize” traditional tobacco and cigarette use. More study is needed to determine long-term impacts and to assess product safety.

E-cigarettes and youth

WSALPHO supports policies to restrict e-cigarette use in youth. These include setting a minimum legal age for purchase, requiring a license to sell e-cigarettes and setting penalties for sales to minors.

E-cigarettes are available in a large variety of kid-friendly flavors, can be sold in youth-accessible locations, and can be widely advertised without running afoul of tobacco advertising restrictions. Increasingly, there is marketing using celebrities, social media, and even print outlets that have not been allowed to have traditional tobacco marketing for the past several decades. These factors have caused concern in the public health community that e-cigarettes may be a gateway for youth nicotine addiction and/or traditional tobacco use, and may act to “re-normalize” cigarette use as a social norm.

Use in helping people quit tobacco

WSALPHO encourages clinicians to be educated about e-cigarettes and to be prepared to counsel their patients regarding comprehensive tobacco cessation strategies. There is not yet enough evidence for clinicians to counsel their patients who are using combustible tobacco products to use e-cigarettes as a primary cessation aid.

The FDA has not approved e-cigarettes as safe and effective for the purpose of smoking cessation. Limited studies that tested the effectiveness of e-cigarettes as a cessation device led to mixed results. Some studies found that using e-cigarettes, with or without nicotine, genuinely helped smokers reduce smoking or fully quit smoking; other studies found that e-cigarettes did not aid cessation and may actually prolong users’ nicotine addictions.

Because e-cigarettes are currently unregulated, individuals using e-cigarettes for cessation have no way of knowing with confidence whether e-cigarettes are safe for that specific use, how much nicotine or other potentially harmful chemicals are being inhaled during use, or what, if any, objective benefits are associated with using the products. While certain studies have shown positive results, the efficacy of e-cigarettes as an aid for sustained smoking cessation has not been proven conclusively. Clinicians should counsel their patients that there is not enough evidence to support e-cigarettes as a cessation aid and should encourage them to try other FDA-approved methods for quitting such as nicotine replacement therapy.

Product Safety

WSALPHO supports requirements for e-cigarette producers to put labels on e-cigarettes which include all ingredients and safe usage and handling instructions, and requiring packaging of nicotine cartridges to be in child proof containers.

Equally troubling to public health officials as the lack of health information on e-cigarettes use is the lack of e-cigarette product standards and standards accountability. Because e-cigarettes are currently unregulated at the federal level, consumers do not have access to accurate information on e-cigarette ingredients, product quality, and safe product usage. Several studies, including preliminary FDA research, have found

potentially dangerous inconsistencies in the manufacturing of e-cigarettes. These inconsistencies led the FDA to conclude, “quality control processes used to manufacture these products are substandard or nonexistent.”

Calls to poison control centers about liquid nicotine poisoning have risen dramatically. In Washington State, during the first 7 months of 2014, the Washington Poison Center had 72 calls related to e-cigarettes—an increase of nearly 600%. Of those calls, 85% were for children between ages 1-3. Children exposed to liquid nicotine may experience adverse health effects such as vomiting, nausea, and eye irritation; ingesting concentrated nicotine solutions can be fatal to children.

Use in public/secondhand vapor

WSALPHO supports policies restricting the use of e-cigarettes in public places and places of employment.

It is well established that secondhand cigarette smoke is harmful to the public’s health. The secondhand aerosol created by electronic cigarettes, however, has not been studied sufficiently yet to determine the environmental impacts. While e-cigarette vapor almost certainly contains fewer toxins and carcinogens than the 7000 found in traditional tobacco smoke, that fact alone does not mean that breathing e-cigarette vapor is “safe.” No one contends that e-cigarette vapor is chemical-free, and there is not enough evidence to allow anyone to conclude there are no long-term effects of breathing e-cigarette vapor. Only recently have research efforts begun to identify the chemicals found in e-cigarette vapor and examine the short-term health effects of e-cigarette use. Unregulated e-cigarette use in public has the potential to recreate social norms around tobacco use in public and backtrack years of work on clean air laws. Until secondhand aerosol vapor exposure is deemed safe, it is prudent to protect non-users under the assumption that it is best to protect the public from unknown harms.