American Association of Public Health Physicians
The voice of public health physicians, guardians of the public's health
Tobacco Control Task Force
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AAPHP Statement re State Regulation of E-cigarettes

The American Association of Public Health Physicians recommends the following State response to proposed legislation to ban or otherwise restrict the sale and use of nicotine vaporizers (commonly referred to as E-cigarettes or electronic cigarettes).

1. Sale to adults should be permitted.
2. Sale to minors should be banned.
3. AAPHP takes no stance on the question of whether E-cigarettes should be banned in no-smoking areas. (see explanation)

An E-cigarette is not a cigarette. It is a metal tube made to look like a cigarette, with a battery, heating element and cartridge containing the substance to be vaporized. The substance is usually a mixture of propylene glycol, glycerin, flavoring, and a specified quantity of nicotine. When the vaper (person using the E-cigarette) inhales, an LED lights up to make the device look more like a cigarette. When he or she exhales, there is a visible cloud of vapor that disappears within a few seconds.

Neither I (Dr. Joel Nitzkin) nor the organization I represent (the American Association of Public Health Physicians) have received or anticipate receipt of any financial support from any E-cigarette, tobacco-related or pharmaceutical enterprise.

AAPHP favors a permissive approach to E-cigarettes because the possibility exists to save the lives of four million of the eight million current adult American smokers who will otherwise die of a tobacco-related illness over the next twenty years.

The only feasible way to achieve this remarkable public health benefit will be to inform smokers of the differences in risk posed by different categories of nicotine-delivery products. Conventional cigarettes account for about 80% of nicotine consumption in the United States, but more than 98% of the illness and death. This harm is not caused by the nicotine, but by toxic products of combustion. A cigarette smoker can reduce his or her risk of future tobacco-related death by 98% or better by switching to a low risk smokeless tobacco product. He or she could cut that risk by 99.9% or better by switching to a nicotine-only delivery product like one of the pharmaceutical products or E-cigarettes.

Experience suggests that E-cigarettes may be more acceptable to smokers than the currently available pharmaceutical alternatives. A smoker can secure almost all the health benefits of quitting if he or she transitions to an E-cigarette.

Quitting, of course, is best. About 3% of smokers succeed in quitting each year. Pharmaceutical smoking cessation products, when used as directed, can increase that to about 7%. Thus, the current pharmaceutical products fail 93% of those who try them, even with the best of health education and counseling. Long term use of an alternative nicotine delivery product can achieve almost all of the benefits of quitting for those unable or unwilling to quit.

E-cigarettes can and should be marketed as a substitute for conventional cigarettes for smokers unable or unwilling to quit. State legislatures and, hopefully the FDA should see them in this light and regulate their marketing to reflect this purpose. Given the current lack of federal regulation, some, but not all, E-cigarette vendors adhere to this guideline.

Sales to minors should be prohibited. If someone does not become addicted to nicotine as a minor, it is unlikely that he or she will ever become addicted.

E-cigarettes deliver the same nicotine found in the pharmaceutical products, with no more contamination by toxic substances than the pharmaceutical products already approved by FDA. Propylene glycol and glycerin are used as

carriers of the nicotine. These cause the visible vapor. These substances are generally recognized as safe. They are commonly used in theatrical fog machines, asthma inhalers and air fresheners. There is no smoke, and no products of combustion. All this creates a situation in which we can confidently state that the risk to others sharing an indoor environment with one or more vapers (E-cigarette users actively using this product) is almost sure to be much less than 1% the risk posed by environmental tobacco smoke. Pharmaceutical nicotine vaporizers have been in use for years, with no visible vapor, and no apparent concern about use in non-smoking areas. This having been said, we cannot rule out the possibility that some individuals who may be extremely sensitive to indoor air irritants or to miniscule concentrations of nicotine in indoor air might be adversely affected by E-cigarette (or pharmaceutical nicotine vaporizer) vapor.

Another issue is that of modeling. Some worry that sight of E-cigarettes in non-smoking areas will make smoking restrictions harder to enforce, or encourage minors to see smoking as a "normal" and acceptable behavior. It is important to note that, on second glance, E-cigarettes are easy to distinguish from tobacco cigarettes. Those seeing this as a major issue are inclined to ban use of E-cigarettes in non-smoking areas.

We therefore recommend that research be done to address these two issues (possible hazard to a very small number of highly sensitive individuals and modeling). The problem here is that, with end points so difficult to document, such research could cost millions of dollars and take many years to complete. For the reasons noted above, we do not offer a stance in favor of or against banning E-cigarettes in non-smoking areas.

For the data and analyses behind these recommendations, please go to the Tobacco Issues page on our www.aaphp.org web site and download the two petitions to FDA (about 20 pages apiece). For yet additional information you can download other documents and the 303 pages of technical reference material relating to the petitions. I would also be happy to respond to any questions or concerns by E-mail.

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